winter 2019

for today's Christian doctor

triple helix

hope in suffering

do not be afraid, abortion requests in general practice, suffering, sudden death, juniors' forum, reading groups, I was in prison and you came to visit, beyond the bars

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contents

Assisted Suicide – much to report

Predictably, many took this outcome as signifying that 'doctors have dropped their opposition to assisted dying'

There has been plenty of activity in recent months around assisted suicide, or 'assisted dying' as it is often euphemistically referred to. The Royal College of Physicians (RCP) polled its 35,000 members in February, yet has caused great controversy by the decision of their Council, in advance of the vote, to move to a position of *neutrality unless more than 60% of respondents opted for another position*. In a three-way vote, this decision virtually guaranteed a neutral outcome. When results came in, opposition remained the favoured response with 43.4%, and neutrality the least favoured option at 25%, yet the Council pressed ahead in announcing that the RCP would now be neutral.[1]

Predictably, many took this outcome as signifying that 'doctors have dropped their opposition to assisted dying' and the RCP's new position was quoted as justification for the renewed High Court action by Paul Lamb, a paralysed man with chronic pain who wants the option of assisted suicide despite not being terminally ill.[2]

A group of doctors, including CMF members David Randall and Kathy Myers, have mounted a legal challenge to the questionable processes followed by the RCP Council in imposing neutrality. This legal action has had various stages, but in October a judge granted them permission to take the case to the High Court, stating that 'it is difficult not to see an element of irrationality' in some of the decisions taken by the RCP Council.[3] The doctors are pursuing the legal option whilst offering the College the option of negotiation to avoid undue conflict in court.

Meanwhile, other medical organisations are pursuing their own plans. The Royal College of GPs (RCGP) launched its own poll of members on 1 November, and the results will inform the decision of their Council in February 2020. We urge all who are members or fellows of the RCGP to engage with this process.

Likewise, the British Medical Association (BMA) voted at its Annual Representatives' Meeting (ARM) in June to poll all members on their view of assisted dying. Details of this have not yet been announced, but will most likely take place early next year in order to inform further debate and policy decisions at the ARM in June 2020.

In all these organisations, the issue of 'neutrality' is highly contentious. Organisational neutrality may appear to many as a reasonable response when members have diverse opinions. However, it is a key campaign goal of assisted dying activists. Once medical organisations have moved from opposition to neutrality, then parliamentarians will be informed that medical opinion is no longer opposed to assisted dying, and pressure will increase to legalise it. David Randall writes on this at greater length in the accompanying *CMF File*.[4]

Although no assisted dying bills are currently before Parliament, we believe it very likely that at least one will be presented in 2020, either in Scotland or in Westminster.

Internationally, there has been much happening as well. In Quebec, in September, two disabled patients who are not terminally ill mounted a successful challenge to the current Canadian stipulation that 'medical aid in dying' can only be provided to a patient whose death is 'reasonably foreseeable'. This has been deemed 'too restrictive and discriminatory'.[5] It is highly significant that such a ruling has been made just four years after the original Canadian legal case that introduced assisted dying there. This, along with the case of Paul Lamb in the UK, simply underlines the case that CMF has been making for years that proposed laws in the UK for terminally ill and mentally competent adults with less than six months to live would be wide open for legal challenge from the day they came into effect, as many chronically, suffering patients seeking assisted suicide would be excluded by these stipulations.

There is also more encouraging news. On 10 June, the American Medical Association (AMA) voted 71% to 29% to retain its opposition to assisted suicide and euthanasia. They also adopted a recommendation retaining the term 'physician-assisted suicide', instead of more euphemistic phrases such as 'assisted dying' or 'aid in dying'. The AMA's Council on Ethical and Judicial Affairs concluded in its report that, 'despite its negative connotations, the term "physician-assisted suicide" describes the practice with the greatest precision.'[6]

Furthermore, the World Medical Association (WMA) has also reconfirmed its longstanding opposition, after holding consultative conferences involving every continent in the world. At its 70th General Assembly in October, it announced that:

'The WMA reiterates its strong commitment to the principles of medical ethics and that utmost respect has to be maintained for human life. Therefore, the WMA is firmly opposed to euthanasia and physician-assisted suicide.[7]

Although we expect pressure for legal change to continue unabated during 2020, the RCP legal ruling gives hope, and the decisions of the AMA and WMA are also highly encouraging. We encourage all members to keep informed and to engage where opportunities arise.

Mark Pickering *is CMF Chief Executive*

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news reviews

No smoke without a fire?

Controversy over flavoured vapes

Review by **Oluwatosin Oyeniyi**
CMF Editorial Assistant

Juul, the 'iPhone of e-cigarettes'[1] maintains that its flavoured 'vapes' are safe to use in the UK, despite concerns over a 'mysterious lung illness' that has led to over 20 deaths and more than a thousand medical cases in the US.[2]

Seen as an alternative to cigarettes, Juul insists its target market is smokers trying to quit, but this has not stopped accusations that it has been targeting young people with its fruity flavoured vapes.[3] (The proportion of young people who have not smoked, but vaped has increased in the UK.)[4]

Juul was worth more than $38 billion dollars at the start of the year,[5] with '*to juul*' a verb in high schools across America, where vaping has reached epidemic proportions.[6] Efforts have begun to curb the company's influence on teenagers.

A ban on flavoured e-cigarettes has been announced in the USA[7] and India[8] with both Scotland[9] and Ireland[10] drawing up their own measures.

Juul, using its own research conducted by the Centre for Substance Use Research in Glasgow, found that non-tobacco flavours helped smokers move away from cigarettes by 30%.[11] While *their* evidence may suggest that vaping helps long-term smokers break the habit, the question of whether vaping is safe is another matter.[12]

Public Health England has insisted that vaping is 95% safer than smoking and that the 'mysterious lung illness' is largely linked to the vaping of cannabis substances.[13] But only time will tell the effect that vaping has on its users, and whether this vaping controversy evaporates into thin air.[14]

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Abortion in Northern Ireland

Devolving the problem?

Review by **Jennie Pollock**
CMF Associate Head of Public Policy

After a breakdown in the power-sharing agreement at Stormont in January 2017, Westminster has been caretaking ever since, and has been in power ever since. In July 2019, MPs at Westminster passed the Northern Ireland (Executive Formation and Exercise of Functions) Bill, designed 'to keep public services running and delay another assembly election'.[1] However, amendments liberalising Northern Ireland's homosexual marriage and abortion laws were also tacked on to the Bill, which was to come into effect on 21 October 2019 if a Stormont Executive had not been reinstated.

Despite the valiant efforts of Christians and other pro-life campaigners, a last-minute attempt to restore the Northern Ireland Assembly broke down, and the Bill was enacted.

The section of the Bill affecting abortion repeals Sections 58 and 59 of the Offences Against the Person Act 1861 and thus decriminalises abortion, at least up to the point of viability (currently set at 28 weeks).[2] This makes it one of the most liberal abortion laws in Europe.

Worse still, new regulations will not be put in place until 31 March 2020, meaning that 'there will be no limitations on where abortions can take place, no requirements for abortion providers to be inspected and no notification requirements for at least the next five months.'[3] During this period, women requesting abortions will be directed to travel to England for the procedure. All costs, including travel and any necessary accommodation will be covered.[4]

The government's guidance for the interim period states that 'consideration is being given to providing for conscientious objection in the new legal framework from the end of March 2020.'[5] What of conscientious objection between now and then? The guidelines simply state that in the interim period, 'anyone who has a conscientious objection to abortion may want to raise this with their employer.' This means there is currently 'no explicit legal protection for medical professionals who conscientiously object to abortion'.[6]

In other words, on 21 October a doctor could have been prosecuted for terminating the life of a healthy, unborn baby; today he or she could face GMC referral for refusing to.

CMF is continuing to watch developments closely. Our support is with our members in Northern Ireland as they navigate this brave new world.

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Transgender Genesis

Incompatible with human dignity?

Review by **Mark Pickering**
CMF Chief Executive

The current transgender environment presents Christians with many challenges as they seek to respond with an appropriate balance of care for vulnerable individuals, clarity over terms, and exposure of unhelpful, underlying ideologies.

In a highly significant legal ruling issued on 2 October 2019, belief in Genesis 1:27 ('God created man in his own image…male and female he created them.') was ruled as 'incompatible with human dignity' and in 'conflict with the fundamental rights of others; specifically here, transgender individuals'.[1]

The case concerns Dr David Mackereth, a Christian, who after many years working in A&E, had been appointed as a Health and Disabilities Assessor. During initial training, he became aware he would be expected to refer to transgender patients by their preferred pronouns (eg 'she' for a male to female). He stated that he could not do this in good conscience as a Christian, although he would be happy to use their chosen names.

After further discussions, an impasse was reached and Dr Mackereth's employment was ended. He went to tribunal, where the panel ruled against him, resulting in the above comments about the biblical foundations of his conscientious objection.

This is a delicate case. The current judgment is not binding beyond its immediate context, but decisions around an appeal are currently pending. Should an appeal confirm the findings of the original panel, this would be of wider relevance to future cases.

The details are also very relevant and have been lost in some of the media coverage. In the judgment, 'belief in Genesis 1:27' refers to a specific contextual application of the verse, rather than the verse itself. Furthermore, the original legal arguments that the panel considered use particularly polarising language, describing transgender patients as 'impersonating the opposite sex'.

Christians draw different lines on their willingness to adapt their language to the deeply held beliefs of a vulnerable patient group. There seems little moral difference between using a name that is clearly for their chosen gender identity and using the pronoun that goes with the name. But these are difficult issues.

CMF is engaging with Dr Mackereth's legal team as they decide on their appeal options. Much discernment is needed to tread a path between caring for individuals whilst challenging the wave of ideology that is not only ripping up cultural and biblical norms, but also harming these same vulnerable people.

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Losing 'measles-free status'

No cause for compulsion

Review by **Steve Fouch**
CMF Head of Communications

In August it was reported that the UK, along with four other EU nations, had lost its 'measles-free' status.[1] The government response included calls for social media campaigns to counter the misinformation of so-called 'anti-vaxxers', greater public awareness and vaccine reminder campaigns. At one point, Health Secretary Matt Hancock even suggested mandatory vaccinations.[2]

The US faces a similar challenge to its measles-free status,[3] despite measures such as school registration being dependent on vaccination. In New York, an exemption from compulsory vaccination for religious groups (particularly the Orthodox Jewish community) was withdrawn in June as the state has seen significant decreases in MMR vaccinations and a corresponding upswing in measles cases. The result has been an ongoing confrontation between religious groups and the state government.[4]

Overall confidence in vaccinations in the UK is high and above regional and global averages.[5] A report from the National Audit Office instead places the blame squarely on poor and inconsistent administration of vaccine reminders for pre-school children. It also notes that there are problems with getting reminders to marginalised groups such as travellers. In London, with a large, transient population, uptake is particularly low.[6] Some blame NHS funding cuts for this, and it seems clear that this area of public health needs attention and resourcing.[7]

Vaccines do save lives globally. It is also clear that public trust in vaccinations is diminishing around the world. Some of this is due to misinformation from anti-vaccine campaigners, but the general decline of trust in institutions and science as well as failures of health infrastructure are equally at fault.

Rebuilding trust and truth-telling are going to be vital in reversing these trends, as is investment in health infrastructure. Furthermore, globalisation and the movement of people means that it is in all our interests to invest in good vaccine education worldwide.

This will take time – instant answers, like compulsory vaccinations are a distraction that could backfire badly.

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Ella Moulton, a Christian OT relates the negative consequences of her attempt to address the spiritual needs of a client and reflects on the challenges to all Christians in the health professions

DO NOT BE AFRAID

key points

- While doing PIP assessments, the author's faith led her to a concern for the spiritual needs of many of those she was assessing – an experience that others in this line of work will recognise.
- Addressing the spiritual needs raised by one client by sharing from her own faith and experiences led to her dismissal from the role.
- While such stories can lead us to be fearful and cautious, we should not refrain from addressing spiritual needs. We need instead to work with other Christians in healthcare and our own professional bodies to ensure professional codes of conduct recognise and respect the discussion of faith-related matters in a respectful way as appropriate in clinical care.

I truly love my calling as an Occupational Therapist. Torn between a love of science and art, I thrived during my training on the unusual mixture of anatomy, physiology, woodwork, pottery and creative arts. I loved the work, despite its ups and downs. So, when I started work as a 'Disability Assessor', I embraced the role, though it proved to be very tough going.

However, I usually thrive on a challenge, and I soon got into the amazing breadth of the disability benefit world, from 16-year-old anorexics to the more typical conditions of older age. I could choose my hours and enjoyed being out and about in the community.

However, as a Christian, I started to really grieve and mourn for so many of the people that I met. A large number were in chronic pain and had felt abandoned by health and social services, friends, family and church. Many cried in despair at some point during the assessment. As a therapist with a very compassionate heart but with the knowledge and expertise to help people, I started to go the extra mile, signposting whatever might help to start to solve their concerns. At the same time, I was praying silently for each of them before and after their assessment.

> ...as a Christian, I started to really grieve and mourn for so many of the people that I met.

Part of the 'Personal Independence Payment' (PIP) assessment is getting an overview of previous lifestyle and how disability may have changed this. I felt emboldened by love and ready to serve with the '*readiness that comes with the gospel of peace*'.[1]

What is the worst that could happen?

After one assessment with a woman who had lived with life-limiting and intractable pain for decades I had a faith discussion with the client. She felt abandoned by the church that she used to attend.

On the day of her assessment with me, she was warm and welcoming. She poured out her story in deep despair. After the assessment was completed, I thought we had a truly human connection. I felt moved to share some of my own

experiences; and how God had truly met with me in the darkest places. I shared one Bible verse which had been very meaningful to me.

I left her at peace and smiling. Our chat was no more than 10 minutes. I had recognised that this lady needed a lot of counselling and support, and so I had encouraged her to seek help via counselling, talking with a good friend or a GP etc; but most of all, what is readily available to everyone is to seek help from God.

Crash and burn

So, it was a shock that I was telephoned a few days later by a manager (whom I had never met) with a formal complaint that she had received about this meeting, followed a couple of days later by a letter entitled 're: Termination of Service Agreement', and that was it! After three years of hard work I was unemployed overnight. Because of my 'self-employed' status I had no recourse.

I approached Christian Concern who raised an alarm that this could also present a threat to my professional registration. It felt like cutting off my own right arm when I reached to the phone to report myself to the Health and Care Professions Council (HCPC). I was advised that it would look better if it was given first as a self-report rather than coming from my former employer. I gave myself a few sleepless nights going through some of the public cases which have had to be heard and are readily available on their website. However, with my faith and a lovely group of believers praying for and with me, I came to understand that the HCPC are not in the business of getting rid of health professionals but are there to protect the public.

I also then discovered the resources of CMF. With support from Steve Fouch, I prayerfully constructed my 'reflective piece' for the HCPC. I was very conscious that the highest authority that we are accountable to is The King of Kings. We are to respect the law, but not if it means that we have to denounce or compromise our faith. In carrying out some research, I came across a paper that one of our OT 'gurus' had written about a slightly forgotten approach called the 'Therapeutic use of self'.[3] This is how I explained the approach of using my brief testimony to enable the lady to know that I understood her pain and distress, and how I had turned to the Lord and he had helped me. I stated that my overall learning point was:

'To seek and explore how the Occupational Therapy profession is ensuring that a holistic approach is possible, including the use and recognition of the value of spiritual, religious and cultural beliefs, whilst ensuring that the practitioner maintains professional boundaries at all times'.

Live in fear or continue to walk in faith?

'Therefore, be as shrewd as snakes and as innocent as doves.'[4]

Since that day of reckoning, there have been many days wasted living in fear. At one point I had to challenge myself to realise that there are far worse things that could happen than losing my registration. My actual life was not under threat in the UK; far worse atrocities are going on worldwide. Yet I am very concerned that this kind of draconian approach to any expression of faith is becoming more commonplace, even when done in response to genuine need. Stories like mine mean that health professionals are becoming more and more reserved and afraid to be there when patients actually ask for help in their spiritual journey. In one of the core Occupational Therapy models of practice 'spirituality' is supposed to be at the centre,[5] as well as written into our code of ethics;[6] yet so many of us are completely avoiding this area now, as it seems to be such difficult and treacherous ground.

What next?

I am so pleased to say that after a very long time of waiting and nervously checking my inbox, that the HCPC wrote to me stating:

'The case file has now been closed and no further action will be taken. We are satisfied that there is no credible evidence to suggest that your overall fitness to practise is impaired... In arriving at this determination, we considered that the nature of the breach of professional boundary concern to be at the lower end of the severity scale. We also took into account the contents of your comprehensive reflective statement, which we felt demonstrated sufficient insight, reflection and a commitment to act in accordance with appropriate ethical and professional standards'.

Ideas for the future

We need to stand up for our right not to be silenced in this way. Our motives must always remain focused on compassion and care for our patients, and never for any kind of selfish gain or pride. But the hospital chaplain cannot be in several places at the same time; the health professional out there in the community may be the only face that someone sees in weeks; the night nurse may be the only one available to hold the hand of a dying or very distressed patient in need.

Christians in all health and caring professions need training in how to appropriately broach spiritual questions and address spiritual needs in our patients; to work within professional and workplace guidelines without fear.

Ella Moulton *is a pseudonym to protect the privacy of all parties involved in this story. She works as an Occupational Therapist in southern England*

Christians in all health... professions need training in how to appropriately broach spiritual questions and address spiritual needs in our patients; to work within professional and workplace guidelines without fear.

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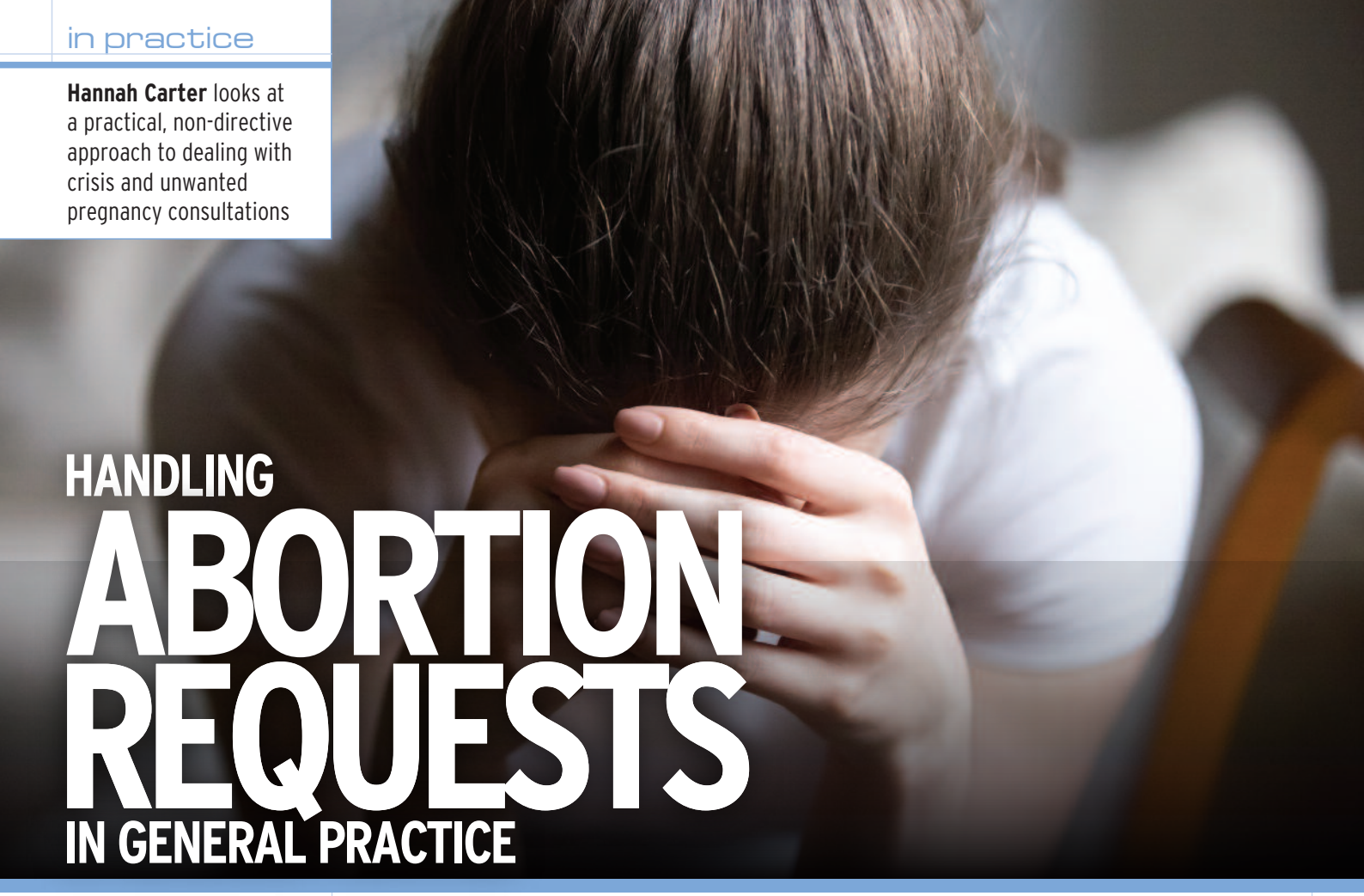
Hannah Carter looks at a practical, non-directive approach to dealing with crisis and unwanted pregnancy consultations



HANDLING ABORTION REQUESTS IN GENERAL PRACTICE

key points

- Aiming to address the practical realities for GPs presented by women requesting abortions for unplanned pregnancies, this article focuses on a non-judgmental approach based upon John 8:2-11 that will not coerce the woman nor violate the doctor's conscience.
- Focusing on the needs of the woman, the approach helps her explore her options, sources of support and advice, and the influences on 'head and heart' for her decisions on whether or not to proceed with the pregnancy.
- One or two consultations will not be enough in most cases, so knowing points of referral, especially crisis pregnancy centres and befriending networks is vital to ensure ongoing support, whatever the woman's final decision.

The aim of this article is to provide a framework for GPs addressing abortion requests. There will be a lot that is left unwritten on this grey topic – such as how gynaecology trainees might deal with the pressure to perform terminations or how we might ever bridge the impasse between the 'pro-choice' and 'pro-life' campaigners with their diametrically opposed agendas.

This article will explore a non-judgmental approach to women presenting to their GP with an unplanned pregnancy (without compromising the doctor's conscience); tools that can help explore the patient's understanding of her options and world view; and highlight the support available in the local community.

Access to terminations in the UK is changing, with women often self-referring directly to the abortion provider, removing the GP from the process. However, from my experience, it means that those women who do contact the GP with an unplanned or unwanted pregnancy, are more willing to explore their feelings and options and as Christian GPs, if we are equipped to do so, are in the perfect place to support them.

A biblical perspective

In John 8:2-11, we read about the woman caught in adultery who is brought before Jesus to be condemned. The Pharisees saw the woman as guilty and contemptible. However, instead of condemning her, Jesus showed her compassion, respect and forgiveness. He turned his eyes away from her as he wrote on the ground and judged her accusers with the words '*Let any one of you who is without sin be the first to throw a stone at her*' (John 8:7). She was not sinless, but Jesus met her sinfulness and vulnerability with grace –'*Go now and leave your life of sin*'. (John 8:11)

So, how can we treat these vulnerable women presenting with unplanned pregnancies with the grace, truth and compassion that Jesus showed this woman?

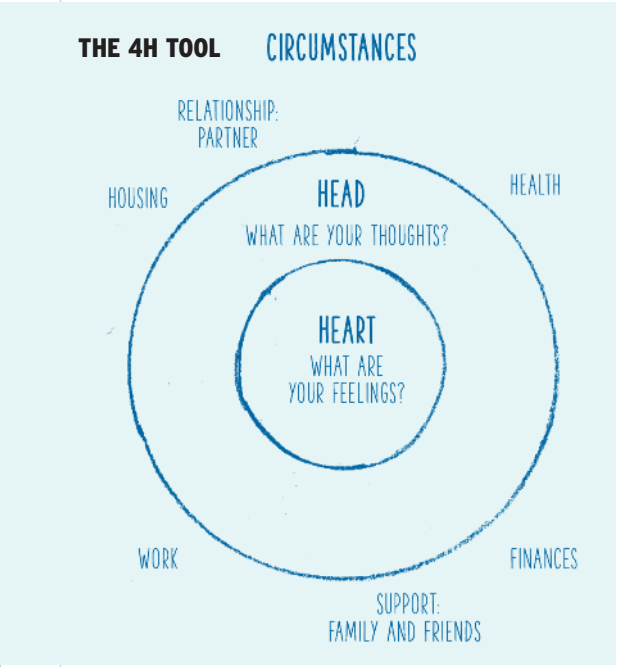
Not compromising your conscience

While training, I used my rotations in gynaecology to enhance my objective perspective on the termination of pregnancy services (TOP) offered within the NHS. I attended TOP clinics and saw women having early pregnancy scans and being told that they had already miscarried the pregnancy, breaking down in tears. But I also saw a woman being told that she had a multiple pregnancy and deciding to proceed with it, although she had been ready to terminate a singleton pregnancy.

There was so much pain and hurt in this TOP service that I couldn't help but want to find a compassionate response. Mandatory counselling was almost non-existent. So, I trained in crisis pregnancy counselling, initially using these skills as a volunteer at the pregnancy crisis centre I was involved in, and then began using the same tools in the GP consultation room.

Consultation skills

Rather than engaging in the pro-life vs pro-choice debate, I view the discussions that I have as



'pro-woman' – helping this vulnerable individual make the right decision for her. For some, they will proceed with a termination, but others will opt to keep a baby they may have otherwise aborted.

Women may present determined to have a termination, or unsure and willing to discuss their options. In the former group, I have rarely found any way to open up a deeper conversation and tend to signpost them to self-referral for termination and also a crisis centre in case their presentation is a façade for the GP and there might be underlying indecision.

In the latter group, often questions such as, 'Have you spoken to anyone about this pregnancy yet?' enables the conversation to start to explore their thoughts, or 'You've come in today to request an abortion – tell me how you feel about that decision and how you reached it?' The aim is not to coerce a patient or tell her what she's feeling but to get her to talk. As much as possible, leave the space open for the patient to explore her feelings.

One tool that crisis pregnancy counsellors are encouraged to use is the Head-Heart diagram also known as 'The 4H tool'.[1] This involves scribbling two circles on a piece of paper and filling in the influences that might affect a woman's decision to proceed with or terminate a pregnancy. I would encourage you to grab a blank sheet of paper as it draws the attention from a face-to-face consultation to the paper, which can encourage the woman to open up (see above).

Heart influences may include her conscience, beliefs, values, instincts and thoughts towards the pregnancy. These tend to be unchanging despite changes in circumstances and tend to be a good indicator of how the woman is really feeling. Head influences may include work, partner, family and friends, mental and physical health, studies/career, finances and housing. These things may change but at the time can seem like the most overwhelming obstacles to a woman considering her options.[2]

Once these influences are on paper, they can be explored further. Are there benefits or bursaries available to the woman? How does she think her family will respond to news of the pregnancy and why? Another thought-provoking question might be 'If you could change one thing in this situation, what would it be?' It is rarely the pregnancy!

I have found it helpful to be practical – how old is she and what are her future fertility options like? A woman in her mid-thirties may wish to make the most of her opportunity to be a mother.

At the end of these consultations, it's unlikely you will know how the woman will proceed – that decision will take time and, ideally, the support of family and friends. So, you can provide her with the information she requires to self-refer (if this is an option to you locally), with information to access further support and you can book her in for a follow-up appointment.

Local centres

Identify and contact your local crisis pregnancy centre by searching the 'Pregnancy Choices Directory' online. It is likely that these centres may offer phone consultations, so don't be discouraged if there aren't centres for miles. Ensure that you are happy with the service being offered and that you are prepared to signpost your NHS patients in their direction.

On this highly politicised topic, it is important that the services recommended meet with the high standards that the NHS expects. Visit the centre and collect some of their literature to hand to patients. If the service is good, tell your colleagues about it as they can also benefit from the support of these charities. You can also get involved with these centres – most are small charities desperate for support in prayer, finances or time – as a volunteer or trustee.

The crisis centres may offer services beyond counselling which you can utilise. For example, Choices offers befriending services which are able to signpost women to further local community support and advice: a community mums' group, a baby boutique – supplying quality baby equipment and self-esteem workshops.

A further resource is the Pregnancy Centres Network (*pregnancycentresnetwork.org.uk*), to support the non-directive pregnancy crisis centres with prayer, resources, and encouragement. They have a wealth of resources to help support and signpost women.

For many GPs, a patient presenting with an unplanned or unwanted pregnancy may result in feelings of heart sink, but I have found that these consultations can be the most rewarding. Vulnerable women can explore their personal worldviews and complex thoughts towards their pregnancy and can be met with grace, love and truth; they can be offered a space to think, away from the pressure and coercion around them.

Hannah Carter *is a GP in north London and Chair of Trustees for Choices, a centre offering counselling for women facing unplanned pregnancy or those experiencing distress following an abortion. choicesislington.org*

For many GPs, a patient presenting with an unplanned or unwanted pregnancy may result in feelings of heart sink, but I have found that these consultations can be the most rewarding.

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David Cranston explores the mystery of suffering and the presence of God

SUFFERING

A **PROBLEM** THAT **REQUIRES AN ANSWER,** OR A **MYSTERY** THAT **REQUIRES A PRESENCE?**

key points

- Suffering is an inescapable part of being human that leads some believers to lose faith and others to grow in Christ.
- Scripture and Christian writers down the ages have wrestled with this and learned that acceptance and knowing God's presence amid suffering mattered more than the reasons for it.
- Christian health professionals must deal with the reality of suffering acutely and daily, so we must wrestle with these questions honestly ourselves before we can help patients and colleagues.

Suffering has been part of the human condition since the garden of Eden.[1] Philosophers have tried to explain it, theologians have tried to understand it, ministers have preached about it, and atheists have used it to justify their position. But the eternal question remains; if God is good and all powerful, why does he allow suffering?

All of us have wrestled with that question in some form or another.

Why did a five-year-old die in a road traffic accident, leaving me as a young senior house officer in A&E to certify his death in the ambulance, and then go and break the news to his mother? Why has the 34-year-old son of a friend died of metastatic colon cancer leaving behind his young wife and three-year-old daughter? Why was the diagnosis of meningitis delayed in a friends' son, leaving him with severe disability and wheelchair bound until he died 15 years later?

All of us will have faced similar situations in our own lives or in the lives of those closest to us, not to mention the suffering witnessed from tragedies like the Aberfan disaster in 1966 or more recently, 9/11. There are also the other disasters that we read about on an almost daily basis in our newspapers and on television.

> ...the eternal question remains; if God is good and all-powerful, why does he allow suffering?

Some seem to have lost their faith as a result, while for others their faith has not only survived but matured, even when the problem has remained. In his classic book, *The Cross of Christ*, John Stott writes:

'*The fact of suffering undoubtedly constitutes the single greatest challenge to the Christian faith and has been in every generation. Its distribution and degree appear to be entirely random and therefore unfair. Sensitive spirits ask if it can possibly be reconciled with God's justice and love.*'[2]

Of course, there are partial answers, and suffering can have a positive purpose.

In his book, *Long Walk to Freedom* Nelson Mandela says:

'*The policy of Apartheid created a deep and lasting wound in my country and my people. All of us will spend many years if not generations, recovering from that profound hurt. But the decades of oppression and brutality had another, unintended effect and it was that it produced the Oliver Tambos, the Walter Sisulus.*

The Chief Luthulis, the Yusuf Dadoos, the Bram Fischers, the Robert Sobukwes of our time – men of such extraordinary courage, wisdom and generosity that their like may never be known again. Perhaps it required such depths of oppression to create such heights of character.' [3]

And perhaps when we get to heaven we will be like Shasta in one of CS Lewis' Narnia stories, *The Horse and his Boy*, who travelling in the mist with an unseen presence by his side, describes his treacherous journey across the country and how he met so many lions upon the way, only to find that there had been one sovereign lion allowing times of comfort and suffering.

'"There was only one lion", said the Voice, "but he was swift of foot"

"How do you know?"

"I was the lion."

And as Shasta gaped with an open mouth and said nothing the Voice continued,

"I was the lion who forced you to join with Aravis. I was the cat who comforted you among the houses of the dead. I was the lion who drove the jackals from you while you slept. I was the lion who gave the horses the new strength of fear for the last mile so that you should reach King Lune in time, and I was the lion you do not remember who pushed the boat in which you lay, a child near death, so that it came to shore where a man sat, wakeful at midnight to receive you".' [4]

Yet in this life, we probably identify more with CS Lewis' experience after the death of his wife:

'When you are happy, so happy that you have no sense of needing [God]... you will be, or so it feels, welcomed with open arms. But go to him when your need is desperate, when all other help is vain, and what do you find? A door slammed in your face'. [5]

And that must have been Mary and Martha's reaction when Lazarus was seriously ill, and they sent for Jesus. Did he drop everything and rush to his bedside as we would have done? Not on that occasion. [6] We know the end result, but for about a week, the only question on their minds must have been 'Why has he not come?' Love was paradoxically combined with delay, but that love was never in doubt. Karl Barth, perhaps the greatest theologian of the 20th century, when asked to summarise all his theological learning, answered 'Jesus loves me, this I know...'. [7]

The book of Job lifts the curtain a fraction for us (although not for Job) to a God who is in control. The suffering he permits Satan to inflict on Job comes with two strict limits. First, not to touch Job himself, and second, when Job can be touched, his life has to be spared.

Job does not find the answer to his suffering, but he experiences an encounter with his Creator. His perspective is enlarged, his horizon is broadened, and his eyes are lifted away from himself to his Creator, on a trip through eternity.

'"Where were you when I laid the earth's foundation? Tell me if you understand. Who marked off its dimensions? Surely you know! Who stretched a measuring line across it? On what were its footings set, or who laid its cornerstone – while the morning stars sang together and all the angels shouted for joy?"' [8]

Job's three friends are decidedly unhelpful. They talk *about* God in contrast to Job who talks *to* God. And, in talking to God, Job, like Jesus in Gethsemane, found that the place of prayer can become the place where we wrestle, trust, accept and affirm God's ways.

Mrs Gordon-Smith experienced this after the death of her surgeon son, Ian, his wife and their two children in a road traffic accident in Thailand in 1978.

'And no one told to me, but I found out for myself, that as, in the darkest moments one threw oneself upon the Lord, time and time again and unfailingly there would be the whisper "Peace be still – and there was a great calm". And I knew that God was real that he was there and that he cared for me enough to entrust me with an experience such as this.' [9]

We may receive an affirmation of God's presence but not an explanation, an encounter but not an enlightenment. So perhaps it is more helpful to seek less for an answer that may never come this side of heaven and concentrate more on the One who came and lived and suffered and died. As Edward Shillito, a pastor and poet has described:

'The other gods were strong, but Thou wast weak.
They rode but Thou didst stumble to a throne.
But to our wounds only God's wounds can speak
And not a God has wounds, but Thou alone' [10]

or as John Stott said:

'The reasonableness of trust lies in the known trustworthiness of the object and no one is more trustworthy than the God of the cross. The cross does not solve the problem of suffering, but it gives us the right perspective from which to view it. So, we need to learn to climb the hill called Calvary and from that vantage point to survey all life's tragedies.' [11]

As Christian health professionals we all wrestle with these questions. But it is as we learn to trust God in our own sufferings, to find hope in him before anything else, to see life from his perspective as the one who suffered for us and with us on the cross, that we then can best help patients, relatives and colleagues as they grapple with the mystery of suffering.

Perhaps it is fitting to leave the final word to Charles Spurgeon:

'When we cannot trace God's hand, we can trust God's heart'. [12]

David Cranston *is Associate Professor of Surgery University of Oxford and an Honorary Consultant Urological Surgeon for the Oxford University Hospitals Foundation Trust.*

...it is as we learn to trust God in our own sufferings... that we then can best help patients... as they grapple with the mystery of suffering.

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Rob Crouch shares how his experiences as a lead nurse in a trauma unit has shaped his understanding of life, death, God and relationships

SUDDEN DEATH
LESSONS IN LIFE

key points

- The sudden death of someone we know is a reality that can affect any of us – but as health professionals it is something we have to deal with frequently.
- Death is a profound, spiritual mystery, and facing it causes us to ask the deepest questions about identity, the meaning of life and whether there is hope beyond the grave.
- The author shares how dealing with sudden death on a regular basis has changed his views of God and relationships with other people.

Sudden death is an important topic to consider from a Christian perspective. Terrorist atrocities (such as Westminster, Manchester, London Bridge) and the Grenfell Tower disaster bring the matter into stark relief. In my professional life, working with a Helicopter Emergency Medicine Service (HEMS) and in an Emergency Department, I am sadly well acquainted with sudden death.

I have often been asked 'Do you get used to dealing with sudden death?' The answer is both 'yes' and 'no'. Yes, because you develop strategies to help you manage challenging situations and to deliver the worst news. No, because I don't think you ever get used to the raw human grief that cascades from loved ones when they hear those irrevocable words that their child, parent, partner, brother or sister has died.

Over the years the sense of injustice and anguish often associated with sudden death has caused me to struggle with my faith. Along this journey a few observations have helped me.

Reflections on sudden death

Humans as spiritual beings

It took me a while to rationalise that death is an absolute transition. At the point of death, when the last breath has been taken, the person is gone – replaced by the empty shell of a former life, devoid of spirit. Breath is fundamental to life. The Hebrew word *ruach* means wind, breath, spirit of God or the Holy Spirit. (*pneuma* is the corresponding Greek word.) *Ruach* is also used in reference to breath or the human spirit.[1] Similarly, the soul appears to be another deeply spiritual part of us. Often in the Scriptures, references to the soul are linked to the heart, anguish, rejoicing, yearning and finding rest. It is the part of our inner being where we relate to God. With the departure of the spirit, the person ceases to be the person; all that is left is the physical body.

Transition from body to person

Another question is whether there is a feeling of detachment during resuscitation. Again, my answer would be both 'yes' and 'no'. On the one hand, there is little cognitive space to consider 'who' it is you are resuscitating; you have a job to do. Whilst resuscitating, the individual seems to have no context. However, you soon become aware of that individual's connection to people or places. Then the individual becomes a person, with family, life and purpose.

This can happen in unexpected ways. It is now common for an individual's phone to ring whilst you are resuscitating them, or after they have died. The phone bears the caller's identification, the parent, partner or significant other, who will soon be confronted by a starkly, different reality. It is a moment of connection that is both tangible and surreal.

Lessons for life

Keep short accounts

I have lost count of the times that loved ones have mentioned their regret at parting on poor terms. The issue that caused an unresolved argument is often so trivial in the greater scheme of life. Their lives have changed forever by the sudden death of their loved one. So often their grief is made worse by the feeling of guilt and regret, the parting words perhaps sharp, cutting and negative (rather than affirmative) were the last words shared.

Comfort those who mourn

This is one of the greatest privileges, as well as challenges, of my job: to be there at times of absolute devastation and to provide comfort. For the individual who has died there is little more that can be done; the focus now is on those who cared for them. I think by now I have witnessed every possible reaction to sudden death; anger, denial, verbal and physical outbursts, disbelief and overwhelming grief to name a few. I will never get used to that rawness of human reaction. This is testament to the power of love between humans, of the spiritual roots of our connections to one another.

I am always struck by the passage in Scripture where Jesus weeps about the death of Lazarus.[2] He knew that he would raise him from the dead, and yet he wept with those who mourned. I have witnessed many senior colleagues weep with families in the resus room. Of course, uncontrollable grief would not be appropriate, but there is something important about human connection and sharing sadness even when you have not known the person.

Providing comfort and human connection can be difficult depending on the nature or circumstances of death. For example, we are sometimes treating both the perpetrator of an alleged crime and the victim. I have often had to remind myself that the perpetrator is also made in the image of God and dearly loved by him.

Perhaps some of the most challenging times have been supporting people who are on their own as they die. Holding the hand of a person who is dying is perhaps one of the greatest privileges of our roles. There are individuals, who have no significant other to be with them, just a legal guardian to inform of their passing.

Celebrating individuals

I have attended a number of funerals of people I know. Some had died suddenly, others after short illnesses. Whilst often these have been celebrations of life, there is a tangible difference between those who died with a faith and those who did not; a difference in sense of hope and finality.

I am always struck by the words of affirmation shared, of admiration and value made clear in the eulogies and stories told about the person who has passed away. Did those individuals know how much they were loved and celebrated? Do people really know what we think of them and how we value them? Certainly, my experience of the fragility of human existence has driven me to be clearer in my affirmation of others and to express what they mean to me.

Making sense of sudden death

Unanswered questions about suffering and sudden death caused me to question my faith. The suffering and pain seemed juxtaposed to the concept of a loving God who is in control of the world. But I concluded that rather than these concepts being incongruous, it is only through faith in a God of love, who is in control of this world that you can make any sense of sudden death or draw any comfort from it. For without faith, one is left with no hope, no sense of purpose, just a sense of futility. That this fragile human existence is all that there is. If that were the case, what would be the point of life?

Job, who suffered extraordinarily, often asked God 'Why?'[3] He never got the answer he was looking for.[4] I have become more at ease with knowing that there are many questions that I will not receive the answer to in this life. I am more comfortable with those 'grey' areas.

Am I still saddened by sudden death? Does it still trouble me? Yes to both, but I draw great comfort from two Bible passages in particular:

'For I am convinced that neither death nor life, neither angels nor demons, neither the present nor the future, nor any powers, neither height nor depth, nor anything else in all creation, will be able to separate us from the love of God that is in Christ Jesus our Lord.' (Romans 8:38-39)

We have hope that we will see again those we love and who share our faith and who have been parted from us by death. We will also experience a new heaven and a new earth:

'...Look! God's dwelling-place is now among the people, and he will dwell with them. They will be his people, and God himself will be with them and be their God. 'He will wipe away every tear from their eyes. There will be no more death' or mourning or crying or pain, for the old order of things has passed away.' (Revelation 21:3-4)

Dealing with death is a reality in our roles as healthcare professionals, how we respond to it and how it affects each one of us will be different. Considering sudden death and learning from it has been part of my journey. I hope these reflections in some small way, help you as you face life's challenges ahead.

Rob Crouch *is a specialist nurse working with a Helicopter Emergency Medicine Service in southern England.*

A longer version of this article originally appeared in *Spotlight* in autumn 2017

... I have become more at ease with knowing that there are many questions that I will not receive the answer to in this life.

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Sarah Wright shares the lessons learnt from helping set up a CMF Group at Shrewsbury District General Hospital

FINDING FELLOWSHIP IN SHREWSBURY

In the West Midlands, on the border of Wales, lies Shrewsbury with its district general hospital. I started here as an FY1 back in August 2018 and now look forward to my FY2 year. When I started as a junior doctor, I knew a couple of Christians who worked at Shrewsbury Hospital, but that was about it. It can be a lonely time starting out as a doctor, or in any healthcare job for that matter. Suddenly from the lovely comforts of university and home, one is thrown into a new setting, with new colleagues and a new lifestyle. It can be difficult to remain firm in your faith when a crippled healthcare system makes demands upon your energy and strength. But it's not our strength we should be relying on.

'*Therefore encourage one another and build each other up, just as in fact you are doing.*' (1 Thessalonians 5:11)

Fellowship with our church is key, but we must remember a huge part of our life is spent at work. We would be ignoring our calling if we were to leave our faith and fellowship at the hospital doors.

With the help of vascular surgeon Mr Andy Houghton and GP Louise Houghton, who both had much valuable experience of CMF, we started a regular, local CMF group in Shrewsbury. Our aim was to pull together Christian health professionals from Shropshire for a time of fellowship, to pause and reflect over God's word and what he is speaking into our lives – both in and out of work.

Whilst I was reaching out to my junior doctor colleagues, Andy was doing so with his consultant colleagues. To gather support, we created a simple poster outlining the details of the meeting: a discussion led by a supper. This poster went everywhere, from the doctors' mess to every staff room in the hospital. It was emailed to the postgraduate administrator who forwarded it to all junior doctors. This led to a huge set of positive responses. People often ask how is it that publicity is possible in an environment that shelves faith, and I say to people, 'If I wanted to set up a cycling club, I would do the same thing.' God had the true vision for this and saw how to bring it to fruition.

From a small group of individuals, it has grown to over 20 attending the Christmas gathering. We meet up once a month, at the same time, at the Houghton's. We have created a mailing list, have the support of the hospital chaplain and it has been great to see new members lead sessions. Most recently, we heard Derek Willis, Medical Director of Severn Hospice, speak to us about the ethics of palliative medicine, with practical explanations of real-life scenarios. As Proverbs mentions: '*As iron sharpens iron, so one person sharpens another*' (Proverbs 27:17). Our faith is made stronger by gathering in his name.

Over the year, I have seen God's blessing upon our group in the way he has guided us towards each other. I give thanks for the fellowship and prayers we have shared.

Top tips for setting up your own group:

- **Create an audience**: who is it that you're trying to attract to the group? Some groups have a variety of backgrounds, whereas others cater for a specific group ie students, junior doctors, nurses, etc. Think about who you want to target.
- **Gather support**: do you know of any Christians in your area who can help you? The chaplaincy at the hospital could be a good place to start as they may know of other Christians within the hospital, especially among the consultants and seniors. Find another Christian to help you even if the first meeting is just the two of you. God has promised to be there. '*For where two or three gather in my name, there am I with them.*' (Matthew 18:20)
- **Find a venue**: try to keep it consistent so that people can find you even if they miss a meeting. Some groups meet in a member's home, whereas some groups meet over lunch in the hospital chapel.
- **Decide what you want to achieve**: do you want to meet and chat about prayer requests and pray with each other? Do you want to have a talk from a local health professional, or do you want a social meeting to get to know each other? It can often be good to have a mix of these over a term.
- **Advertise**: ask if it can go on the staff notice board, in the mess, emailed around to staff etc Make sure the poster or email is clear and mentions where, when and why you are meeting. Consider putting a contact number or email address so that people can find out more.
- **Consider using WhatsApp to keep in touch and support each other at work**. Sometimes a quick message to say 'I'm having a bad day at work' can result in messages of support and prayers to lift your spirit.
- **Pray**. If God wants it to happen, it will happen. '*Commit to the Lord whatever you do, and he will establish your plans.*' (Proverbs 16:3)

To find out more about CMF groups that might be meeting in your area or place of work, contact the office, or check the website at *cmf.org.uk/doctors/cmf-local-contacts*

***Sarah Wright** is a FY2 in Shrewsbury*

Daniel Porter looks at setting up reading groups to go deeper into complex issues and differing worldviews

CMF READING GROUPS

I have benefitted enormously by being part of a CMF reading group for over three years now. It has been a wonderful opportunity to engage with some of the big issues that concern us as Christians in healthcare. You get to dig deeper into particular topics by reading a whole book as opposed to just a short article or talk. You can then regularly discuss these issues with other people, bounce ideas off each other, be challenged by something you hadn't thought of, or even just clarify your own thoughts through the process of expressing them out loud.

Why?

Christians have a radically different worldview to the prevailing culture that surrounds us; we are in the world but not of it.[1] Sometimes communicating with the secular world, both understanding it and making ourselves understood by it, can feel like building a bridge between two different lands. All good bridges need firm foundations on both sides to work effectively. This is the point of a reading group: to build those foundations, to search for Christian perspectives on tricky issues and to better understand secular culture.

What?

In our groups, we choose a topic or theme and then decide on two books to read; one that comes from a biblical, Christian perspective and another that reflects the attitudes and values of contemporary secular culture. Everybody reads both books before the reading group and then during the meeting itself we discuss it, asking each other questions about our reactions to, and contrasting understanding of both books.

At the end of each meeting, we agree the next theme, books and the date on which we will meet.

Choosing the books can be hard – we try to avoid obscure books that will be hard to find, books that are too lengthy, or ones that no-one has checked (to make sure they are challenging and relevant). Some book pairs might not tackle exactly the same issue, but might offer contrasting worldviews on wider issues.

We try to choose topics that are relevant to us both as health professionals and Christians. CMF book reviews are useful ways of finding relevant Christian books (see page 20). On that point, we sometimes use CMF articles and blogs (*cmfblog.org.uk*) rather than a book to explore the Christian perspective on a topic.

Where?

The real value of reading groups is in their communal nature. It's not just about learning but doing so in community with other believers and edifying one another. Therefore, meeting around a meal, be it breakfast, brunch, lunch or dinner is a great way of building relationships.

For the same reason, meeting in a home works particularly well. Welcoming somebody into a home with a plate of food before any discussion begins is a great way of helping members feel included and valued. So, as well as fostering intellectual growth, reading groups can be great opportunities to practice Christian hospitality and community.

When?

This is going to vary from one group to another. My group meets every 3-4 months on Saturday afternoons, as people are less regularly available on weekday evenings and tend to go to church at different times on Sunday. It also allows people plenty of time to travel.

Usually starting with a light lunch around 12:30, we sit down to talk from about 13:00 and close with prayer around 16:00-16:30. While that may sound too long for a meeting, it does allow plenty of unrushed time for discussion. With a good topic and good books to discuss, we often feel like we could go on for much longer!

I act as administrator for my group, which mostly involves keeping people informed about the next meeting and letting the hosts know about numbers for catering and seating purposes.

Worth?

I thought it would be worth letting you hear from other members of my reading group, on what they feel the value of the group has been for them:

'As Christians in healthcare we must be well-versed in both the secular and sacred thinking of our time. [We need to understand] the way these ideas have been shaped by past thinkers from a variety of Christian traditions... The onus is on us to make these links so we can build bridges and talk confidently about how our perspectives stand in comparison to other worldviews. Spending time together with others who share these interests has been a real blessing to me.'

'It's been enlightening to delve into difficult bioethical issues and to compare Christian and non-Christian approaches... I've engaged with several important works which I just wouldn't have done had it not been for this group. Sometimes it is only through reading different viewpoints alongside each other that you can fully understand the distinctions, and this has been very helpful in deepening my understanding of important biblical principles.'

'It's been refreshing to discuss some quite weighty ideas in a relaxed and positive setting, with people who bring a range of experiences. I think the discussion has been just as helpful as reading the books themselves.'

***Daniel Porter** is a final year medical student in London*

reference

1. John 17:14-15

Jo Blaker recounts how a miscarriage of justice led to a ministry to prisoners in Uganda

I WAS IN PRISON AND YOU CAME TO VISIT

key points

- 70% of all prisoners in Uganda are on remand, and many are innocent.
- Support for prisoners is almost non-existent, leading a former remand prisoner to set up a practical Christian response to help deal with the social, spiritual and health issues and help those released re-integrate with society.
- In partnership with PRIME, this ministry is now also training prison officers, pastors and community workers in a whole person model of healthcare to provide essential support to prisoners and their families.

Ten years ago, Godfrey Kule found himself in a Ugandan prison after he was falsely accused of stealing equipment from his office in Kasese. Godfrey had developed a good relationship with his boss and his colleagues were jealous, so they staged a break in and took the equipment, blaming Godfrey for the loss. He was arrested and put in prison for 70 days. While there Godfrey was forced to do hard labour in the fields, was beaten by the guards and had an asthma attack from which he nearly died, because he was not allowed any treatment. He suffered several other 'untold stories'.

However, Godfrey believed God had a purpose for him in his suffering. He befriended his fellow prisoners, most of whom he realised, like him, had not been convicted. (I have been reliably told that up to 70% of prisoners in Uganda are either on remand or innocent and that people can wait many years for their day in court.) Godfrey listened to their stories, learned the language of prison, started Bible studies and resolved to try and improve conditions for them once he was released. In his heart, he set up the Centre for Hope And Life in and After Prison Initiative (CHALAPI) and once he was released, proved innocent and had forgiven his colleagues, he made CHALAPI a reality.

Using his 'inside' knowledge, Godfrey started by buying telephones for each prison so that prisoners could let their loved ones know where they were, and to allow them to contact a lawyer. In the years since then, CHALAPI has supported children of prisoners with school fees, and arranged training in carpentry, shoe-making and tailoring for those recently released from prison to reduce the need to turn to petty crime. He has also established a school in the main prison, and incarcerated teachers now teach prisoners who have not been able to complete their primary education. The prison is now an official examination centre and several prisoners have the basic education needed to get a job.

Godfrey advises prisoners of their rights through the court process and helps to connect them with potential employers on their release. He has also negotiated the setting up of a small claims court, so instead of being imprisoned for a small debt, people can work to pay it off.

Godfrey is an intelligent, reliable, enthusiastic and well-respected family man, who has made enormous improvements in the lives of prisoners,

ex-prisoners and their families in the last few years. He is very well known in the town and surrounding area for his advocacy for prisoners and has drastically improved local people's attitudes towards them. This has increased prisoner's chances of rehabilitating back into the community on release. Godfrey asks all ex-prisoners to become CHALAPI members. They pay a small fee to fund projects. Godfrey receives no salary for his work but survives on the generosity of others, and his clever use of the little he has.

So why does he do this? Because in Matthew 25:36 it says, '*I needed clothes and you clothed me, I was ill and you looked after me, I was in prison and you came to visit me*', and in Hebrews 13:3 '*...Remember those in prison as if you were together with them in prison and those who are ill-treated as if you yourselves were suffering.*'

As Christians, we are instructed to look after the needs of the poor and marginalised, and also those in prison. In fact, at least eight of the New Testament books were written from prison, and most of the New Testament writers were jailbirds at one time!

How I met Godfrey

I met Godfrey five years ago, while I was volunteering for a couple of weeks at Kagando Hospital, a small mission hospital near where CHALAPI operates. I had been a nurse for 28 years and was working as a forensic nurse practitioner with the police in Sussex at the time. I found myself drawn to the small prison nearby, and when I heard Godfrey's story, God gave me a desire to help the prisoners. I felt God clearly say, 'this is what I want you to do'.

I had been involved with PRIME International, a healthcare charity, for several years. They teach about the importance of compassionate whole person medicine, taking into consideration the impact of illness on body, mind, spirit, family and community, with the values that Jesus healed people with.

Three years ago, Godfrey and I realised that the healthcare in prisons is poor because the prison officers are not educated in common health conditions, for example Godfrey's asthma. We decided to run a whole person healthcare training course for prison officers to educate them on physical conditions like asthma, the importance of good food and hand hygiene, on mental health issues, on the importance of spiritual care and the impact that being in prison can have on the family. We wrote a three-day programme and in 2017, with a team of three other PRIME tutors, taught around 20 prison officers and some inmates too! Delegates who were initially reluctant to join in soon became involved with the engaging and informal teaching style. We received excellent feedback.

Reports about the training spread, and for the last two years Godfrey and I have run similar workshops with village health workers, pastors and community leaders in the local area. Godfrey translates for me and puts the teaching into a familiar context. These health workers are mostly untrained and voluntary, but act as the person that people in the village go to for advice if they are sick.

We have now run four lots of two-day workshops in four remote locations and have taught around 150 health workers in all. A 'champion' is identified at each training session, and they are given handouts and encouraged to continue refresher training, and to teach those unable to attend. Initiatives like handwashing stations have been set up outside public toilets. I have been told that in the last year there have been NO cases of cholera in one community because of this. The incidence of diarrhoea and vomiting has also dropped, and this has caught the attention of local public health officials.

One of these groups really wanted some teaching on how to care for someone with a heart attack. As I stood there, on a mountain in a village that it took 40 minutes by taxi motorbike on dirt tracks to reach, with no medication available and the nearest cardiac hospital at least seven hours' drive away in Kampala, I wondered what I could possibly say. I suggested that they could pray for their patient and their family, as this demonstrates compassion, spiritual care, care for their family and care of mental health – whole person healthcare.

To my surprise, they readily agreed that 'yes, they could do this', and the smiles on their faces when they realised that they could help their patient, despite having no medical back up was humbling for me. With all the medical advantages that we have in the developed world, we often forget how vital and powerful prayer can be. They left the training enthused.

Because I still have to work, I can only visit Uganda once a year for three weeks. Even though this is only a short period of time, being able to make such a difference in a community is hugely rewarding for me. I strongly believe in empowering local communities to care for themselves, rather than as an outsider going and telling people what to do.

I feel privileged to have a colleague like Godfrey and thank God for the opportunities he gives us. I never quite know how things are going to work, but God always blesses our efforts and manages to multiply the work of our hands as we lay our plans before him. As Proverbs 16:3 says '*Commit to the Lord whatever you do and he will establish your plans*'. God's work can sometimes be very challenging, but we just give him what we have. It is always so exciting to see what God does with it.

***Jo Blaker** is a registered nurse who now works with a Hospice at Home Team, as a flight nurse and as a PRIME Tutor.*

You can read more about CHALAPI at *chalapi.com* You can read more about the work of PRIME at *prime-international.org*

Jo Blaker and Godfrey Kule

...the smiles on their faces when they realised that they could help their patient, despite having no medical back up was humbling...

Rachael Pickering reflects on a journey into offender healthcare

BEYOND THE BARS

key points

- Exploring where God was leading her after qualification, the author found herself working in offender healthcare.
- In most of the world, those in prison have minimal or no access to healthcare, so the author helped establish an NGO working in the UK and overseas providing physical and mental healthcare and advocacy for prisoners.
- This is a challenging and sometimes dangerous but rewarding area of ministry, one that is very much after God's heart.

'The Lord looked down from his sanctuary on high, from heaven he viewed the earth to hear the groans of the prisoners and release those condemned to death.' (Psalm 102:19-20)

No one knows how many prisoners there were back when the psalmist penned these lines, but today God hears the cries of over 11 million souls.[1] The offender healthcare field is *humongous* but the workers are few indeed.[2] That said, it's been nice in recent years to have several CMF members join the UK secure environment healthcare professional community. New recruits often ask me how I ended up 'behind bars'. It's been quite a journey...

As medical students, my husband Mark and I knew that God might be calling us to some sort of medical missionary life. But which speciality and where? So, we didn't rush overseas: I started training in orthopaedics whilst Mark combined general practice training with work as CMF's Head of Student Ministries.[3]

Our life changed, as the new millennium dawned, with the arrival of a child who turned out to have special needs. I needed more flexibility and so switched to general practice. After a gloriously easy registrar year in an affluent middle-class practice, I launched out into life as a London locum. One of my first jobs was as sabbatical cover in a rundown housing estate: the practice waiting room had a security guard and dual diagnoses ran rife during dysfunctional consultations. It was a stereotypical 'locum hell' but for some reason, I fell head over heels in love with the patient group.

Upon his return from sabbatical, the GP I'd been covering for told me about his work as a police surgeon.[4] Would I like to try my hand working behind bars? I remember my first shift working for the Metropolitan Police like it was yesterday: my heart was home! And so my career moved behind bars. I went on to work for three other police forces including a humbling time as a child & adult sexual offence examiner. I developed a special interest in forensic mental health, delivering primary care in three forensic psychiatric hospitals.

I have cared for prisoners in young offender institutions and local and high security prisons around the UK. Every shift is demanding yet different, but I have peace in knowing that I am where God wants me to be. Funnily enough, there's a lot of minor surgery and orthopaedics in offender healthcare – so those early years weren't wasted!

Nightmare

In 2012, a CMF psychiatrist and Mark and I started a company with the intention of providing non-profit police healthcare. God though had other plans: almost immediately, we found ourselves running the GP service for a high security prison – not a police station. Suddenly we had a lot of money coming into our not-for-profit concern. We needed to find a way of spending it. What were we to do?
And then I started having a recurring nightmare:

I'm thirsty, so very thirsty. Hungry too. It's scorching hot, stiflingly humid and the faecal stench makes me retch. I crave fresh air, but my small cell is so dark with

only a chink of light coming from bars high above me. And where are my clothes? I'm wearing just sweat and blood. Everywhere hurts. I'm feverish and sick too. 'Help!' I need help but no one comes to open the heavy steel door. I cry again, 'Help! Help!' Eventually I hear footsteps, but they are attached to an angry voice. The door opens and I cower in fear.

I'm not much of a visions-before-breakfast Christian and so didn't give this nightmare much deep thought. Mark, though, wondered whether it might mean something. Then my prayerful mother told us to watch a documentary she'd seen about life in a Siberian prison. The conditions and substandard medicine on display there got us thinking: how many countries in the world provide decent, if any, healthcare for their prisoners? The answer: well under a third. Prisoners typically do not receive equivalent medical care to their non-detained countrymen. Many states don't see a need to provide any offender healthcare at all. How many NGOs, Christian or otherwise, are wholly dedicated to prisoners' holistic medical needs? The answer: none that we could find clear evidence of on the internet.

Heart

And so Integritas Healthcare's mandate became clear.[5] We are a Christian faith-inspired NGO with a heart for detainees. Operating commercially in High Income Countries (HICs) and on a humanitarian basis in Low and Middle-Income Countries (LMICs), we provide **H**ealthcare, **E**xpertise, **A**dvocacy, **R**esearch and **T**raining for and about offender healthcare. Some of our work is too sensitive to discuss publicly but in a nutshell:

- **Healthcare**: We provide holistic healthcare for detainees and their dependents. The word 'holistic' is important because we believe that sharing the good news of the gospel is a key component to making someone whole. We have two bases in the Philippines, a country where imprisonment can be extremely grim. We have local staff and volunteer students, and trainee and senior healthcare professionals from HICs, including CMF members.[6]
- **Expertise**: We have acquired a degree of expertise about torture and ill-treatment. Torture is an evil about which our safe Western culture has become blasé, thanks no doubt to scenes of James Bond being tortured in the morning, before saving the world in the afternoon and taking a beautiful woman out to dinner! But the reality of torture is dirty and devastating. Examining torture victims is harrowing enough. But try to imagine being in their shoes – perhaps still in pain, probably reliving their ordeal through flashbacks, and trapped in a place where they could endure more of the same, at any time. My nightmare comes back to mind.
- **Advocacy**: Many prisoners are falsely accused and have done nothing other than to get on the wrong side of someone with more money and power. Others are imprisoned, tortured and even executed for following their faith. In countries where corruption is rife and lawyers cost more than a poor person earns in a lifetime, the majority cannot attain justice. We are inspired by the amazing work of the big hitting advocacy NGOs such as International Justice Mission[7] and Amnesty International.[8] For us though, day-to-day advocacy cases are less high profile: trying to prevent a prisoner being beaten again; appealing for medicine to reach the actual prisoner we prescribed it for; and petitioning for a mentally ill prisoner to be moved out of solitary confinement – a place he'd been put into purely *because* he was mentally ill.
- **Research**: We are now into our fifth year of an exciting partnership with a UK university's BSc & MSc programmes in International Health. They provide the researchers who graft, write reports and get degrees. We provide the field and expertise and get polished reports with which to improve our service delivery. Subjects covered so far include female prisoners' understanding of HIV and perceptions of mental illness.
- **Training**: We love teaching healthcare students about offender healthcare. We have developed 'Medics & Justice', a special study course for a UK medical school. We host increasing numbers of elective students, including CMF members, in the Philippines. We are rolling out 'Beyond the Bars', a training programme to help prisoners manage their various illnesses.

Challenges

Seven years on, we are just getting started. We give thanks to God for his continual protection during many difficult and – on occasion – dangerous times. We have experienced aggressive hacking, extortion attempts, LMIC corruption, personal safety threats, poor NHS cash flow, prison gang intimidation and most recently my assistant's near-death-by-jellyfish. But let me finish by recounting an early challenge that still makes my heart-for-women-prisoners palpate.

The monsoon was in full swing, but thankfully the jail was on higher ground. But getting into the women's section where we were due to start work required a walk through a lowered walkway, which was submerged in poo water. We could not get through, certainly not without endangering both our health and expensive medical kit. Disappointed, we turned to leave. But our would-be patients called us back: they plunged up to their waists in the stinking water, placing stacks of chairs as makeshift stepping stones. And so, humbled by these desperate women's determination to receive the healthcare we offered, we stepped across the flood water and ran our first ever female prisoners' humanitarian clinic.

The tourist agents are right: 'It's more fun in the Philippines!'[9] But actually, offender healthcare anywhere can be tremendous fun – not to mention rewarding. Why not come and join us?[10]

Rachael Pickering *is Medical Director of Integritas Healthcare.*
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...humbled by these desperate women's determination to receive the healthcare we offered, we stepped across the flood water and ran our first ever female prisoners' humanitarian clinic.

references

1. Walmsley R. World Prison Population List. 12th ed. *bit.ly/33MZCtY*
2. Matthew 9:37-38
3. Mark later followed Rachael into offender healthcare and is now CMF's CEO.
4. Police surgeons are now known as clinical forensic physicians.
5. *facebook.com/IntegritasHealthcare*
6. Email *info@integritashealthcare.com* for further details.
7. *ijm.org*
8. *amnesty.org.uk*
9. *itsmorefuninthephilippines.co.uk*
10. We are currently looking for an associate medical director based in the Philippines as well as our usual ongoing need for short term volunteers.

Target Africa:

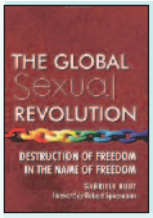
Ideological Neocolonialism in the twenty-first century
Obianuju Ekeocha

- Ignatius Press, 2018, £10.28, 219pp, ISBN: 9781621642152
- Reviewed by **Philippa Taylor,** former CMF Head of Public Policy

Nigerian human rights activist, Obianuju Ekeocha, demonstrates in detail how Western governments (which most certainly includes our own), billionaires and NGOs are systematically imposing a secular 'morality' on Africa that is completely alien to its culture of life and family values. She calls this a new 'ideological colonialism' of Africa by a cultural elite in the West.

Ekeocha sets out in detail how this new 'colonialism' is built on aid. While some donors have good intentions, others deliberately seek to impose an ideology of sexual 'liberation', abortion rights, population control, radical feminism and anti-family policies, by tying aid to these ideologies. As well as conditioning various forms of aid, international legal situations are used to coerce countries into compliance. Ekeocha provides plenty of references throughout, but if more were needed on the export of Western values to Africa via 'aid', in April this year the UK Government pledged £42 million to the world's two largest abortion providers, Marie Stopes International (MSI) and The International Planned Parenthood Federation to carry out abortions in developing countries. This is on top of the £163 million the UK already gave to MSI over the last five years.

This book is a relatively easy – albeit disturbing – read. Ekeocha has a driving passion to expose the new colonialism, and her heart for Africa, perhaps most of all for its unborn children, shines through. For us Westerners, who believe our aid money is being put to good use in Africa, this is a must-read.



The Global Sexual Revolution

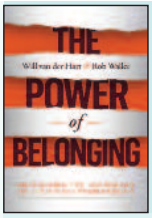
Destruction of freedom in the name of freedom
Gabriele Kuby

- Lifesite/Angelico Press, 2012, £13.00, 302pp, ISBN: 9781621381549
- Reviewed by **Philippa Taylor**, former CMF Head of Public Policy

The increasingly pervasive influence on our society of gender ideology, LGBT demands and now the transgender movement is generating unprecedented threats to our freedom. Add to this the devastating effects of pornography and sex education, combined with attacks on freedom of speech and religion and the advent of identity politics, and we have the central part of the culture wars we are facing today.

Gabriele Kuby contends that the core of the global cultural revolution is the deliberate confusion of, and assault on, sexual norms. In this excellent book, she sets out the background to all this and makes the case for why all those concerned about the deliberate sexualisation of our children, and about protecting conscience rights, free speech and liberty, must stand up to protect our freedoms in these areas.

It is not a light read, and not an easy topic, but Kuby's book is one of the most informative and eye-opening I have read on this issue and it is thoroughly referenced throughout. She ends on a more hopeful note, but not without challenges for the reader.



The power of belonging

Discovering the confidence to lead with vulnerability
Will van der Hart & Rob Waller

- David C Cook, 2019, £9.99, 224pp, ISBN: 9780830775934
- Reviewed by **John Greenall**, CMF Associate CEO and a paediatrician in Bedfordshire

Do I lead from a place of 'home'? I found this concept refreshing and life-giving as I pored over this readable book, co-authored by a CMF member and consultant psychiatrist. Through the story of Moses and penetrating insights into the inner lives of other leaders, the authors argue that many leaders are fundamentally lonely, and struggle with wondering what people will think of them if they really knew the real them.

This 'imposter syndrome' can lead to a deep sense of shame and isolation from others, in what becomes a vicious circle. Instead, the authors propose that we need to experience true belonging and know a deep sense of 'home'. We need to lead from a secure base, knowing we are loved, despite our wounds and insecurities.

Indeed, it's only when we are walking in a belonging-based relationship with God, working from our true 'home' in him that we can say 'I belong here!' Instead of success feeding security, (don't we often feel that as health professionals?) our security in God as a beloved child leads to true success. Only then can we be genuinely and appropriately vulnerable with those around us, experiencing their support, acceptance and compassion as we live and work for Jesus.

This paperback is an easy read, combining a blend of pastoral and biblical wisdom with a medical flavour, using the best of research into shame, vulnerability and belonging.

BOOK STORE

Saying goodbye

A personal story of baby loss and 90 days of support to walk you through grief
Zoe Clark-Coates

- David C Cook, 2017, £11.95, 256pp, ISBN: 9781434712264
- Reviewed by **Tamie Downes**, a GP in Oxford

This delightfully presented book sets out the author's story of her personal loss of five babies in the womb, then goes on to give a 90-day reading plan to help those going through similar grief.

Clark-Coates' premise is that babies lost before birth are often not acknowledged as having worth. She strongly puts forward the argument that every conception has value and every positive pregnancy test results in a woman forever recognising herself as a mother.

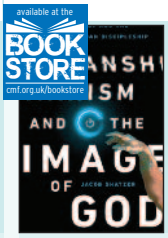
She also emphasises the point that surviving grief and moving forward involves facing it full on. 'Is there a secret to recovering? I believe there is, face the pain, face the grief, and as you do, the blackest grief does start to lift.'

There is much that could be helpful in this book for anyone going through loss and subsequent grief (of any cause) and her background as a trained counsellor gives her writing added depth of insight and wisdom.

Not everyone experiences baby loss in the same way. Although I lost a baby in the early stages of pregnancy many years ago, I don't think I felt the need for a book like this at that point. I also found that my Christian faith gave me a hope and purpose at that difficult time, which is something Clark-Coates doesn't refer to at all. I also found the medical details a bit unclear at times.

However, I know many people who would have benefitted from this step-by-step guide, to walk through the early days of grieving and from the empathy and practical wisdom it offers. I have recommended it to a friend.

Perhaps she didn't need to offer as much as 90 readings, as some themes are repeated. I also wonder whether a variety of quote sources may have enriched the book further. Nevertheless, I would certainly recommend this as a helpful resource for those amid the painful grief resulting from baby loss.



Transhumanism and the Image of God

Today's technology and the future of Christian discipleship
Jacob Shatzer

- IVP Academic, 2019, £17.90, 192pp, ISBN: 9780830852505
- Reviewed by **Steve Fouch**, CMF Head of Communications

Shatzer argues alienation from God, other people, our environment, from our own bodies and sense of self are not only fundamental aspects of the fall, but also sit behind posthumanism as a philosophy and transhumanism as a social and technological movement.

Post-humanists are thinkers and technologists who believe we can escape the limits of our bodies by transhumanism, the technological augmentation and replacement of our physical selves. The ultimate end of transhumanism is to leave the body behind altogether and escape into a post-human, post-physical and virtual existence. Virtual and augmented reality, social media, artificial intelligence and brain-machine interfaces are already with us. Posthumanists see these as the first steps along the transhuman road.

Exploring the movement's thinkers and the roots of their ideas and where they lead us, Shatzer contends for a physically connected, embodied, communal way of life with Christ as Lord and Saviour as an antidote and inoculation against this dangerous fantasy.

This book challenges many of the ways we live today. Whether we are conscious of transhumanism or not, it pervades our lives in many subtle ways.

An absorbing read and a valuable addition to Christian literature on the body, and worth reading alongside Nancy Pearcey's *Love Thy Body*.

eutychus

Fear and immortality in Las Vegas

The super-rich have been gathering in Las Vegas recently for their annual *RAADfest* (Revolution Against Ageing and Death Festival) to explore myriad ways of defying ageing and death. Everything from *Immortalis Klotho Formula* (IKF) taken orally and rectally at the modest rate of $8,000 a course, to plasma infusions from younger donors (yes, literally taking the blood of the young to keep the old alive). The only cure missing seems to be customised portraits to keep in the attic! Tragically, even if a genuine means of slowing or even reversing ageing is ever found, none of this offers a real cure for death, pain, poverty, or God's final judgment. Wealth is as ever a great immunisation against reality, especially spiritual reality. *The Telegraph* 14 October 2019 *bit.ly/32S8fDu*

'Sadfishing' – the latest social media attack on mental health

It's good to talk. Or so we are told. But when many young people seek to share their struggles, fears and insecurities online, they are not necessarily going to get the support they need. Many are accused of *sadfishing* by other social media users. *Sadfishing* is seeking attention and affirmation by sharing exaggerated problems online. It's an accusation particularly levelled at celebrities who share their struggles on social media (by people who presumably assume being rich and famous should make you happy rather than sad). That so many young people are struggling with depression, anxiety and other mental health issues and see the internet as their main source of social support is even more worrying. Social media can be helpful and foster community and support, but it can also expose the nastier side of human nature. *The Guardian* 1 October 2019 *bit.ly/32VClpA*

To the sea! The mental health benefits of coastal life

Island life has its benefits it would seem. Living a kilometre or less from the coast has a significant positive impact on mental health according to recent research. And this is not wealth dependent – those in low-income households who live near the sea experience an even greater boost to their sense of well-being than the rich. Creation is given by God for our benefit and that seems to go double for the seaside. Time to move to the coast everyone! *The Independent* 1 October 2019 *bit.ly/31UBDrB*

To the land! Senior doctors flee coastal life

By way of contrast, a recent report by the RCP shows just 13% of senior medical appointments are being made in rural and coastal areas. According to RCP President Andrew Goddard, '*Some rural areas are so severely "under-doctored" that patient lives could potentially be at risk*'. Lack of staff in general, plus a lack of housing in these areas may be to blame. Maybe a move to the seaside would be just the tonic for doctors' sense of well-being as well as benefitting the local communities? *The Observer* 13 October 2019 *bit.ly/34fRWkk*

Struggling in the health service?

The Medical Protection Society (MPS) has found that 52% of doctors working in the UK are dissatisfied with their work-life balance. 46% feel guilty about taking time off, and almost 40% believe their employer does not give them the support they need to do their job well. This probably does not come as a surprise to most *Eutychus* readers. Similar reports come to CMF regularly from nurses and other health professionals as well. The bigger challenge is how we reverse any of this as a nation while we are absorbed by other political priorities. In the meantime, CMF is working on a pastoral care scheme to provide support to members as they struggle with these pressures. [See the Winter 2019 *CMF News* for details]. *The Guardian* 29 September 2019 *bit.ly/2NjfEVV*

Brain-damaged girl allowed to travel to Italy

In another case where the wishes of family clashed with the opinion of health professionals, the courts ruled that five-year-old Tafida Raqeeb could be taken to Italy for treatment. She has been in a coma at the Royal London Hospital since a devastating brain injury in February. The medical team said that further treatment would not be in her interests. Her parents, devout Muslims, objected to active withdrawal of treatment on religious grounds and found another hospital willing to take her. The breakdown of relationship between Tafida's medical team and her parents could only be resolved in the courts. Are the courts truly the best place to judge between worldviews when they clash over what is in the best interests of a vulnerable patient in such cases? *BBC News Online* 5 October 2019 *bbc.in/2NjS4bz*

Resourcing the battle against Ebola in DRC

As the Ebola outbreak in the Democratic Republic of Congo (DRC) continues to claim more lives, recent research by the Kaiser Family Foundation (KFF) has found that over $546 million has been given by international donors, but less than half of that to the official DRC response. At least half of that money comes from the US, and with pressures mounting on US overseas aid, much as it is in the UK, the worry is that this will not continue. In the meantime, 241,946 people in DRC have been vaccinated with Merck's Ebola vaccine. 3,260 cases have so far been confirmed, including 2,177 deaths. A total of 486 suspected cases are still under investigation, and 117 cases remain categorised as probable Let's pray that this outbreak comes under control soon. *CIDRAP* 25 October 2019 *bit.ly/2pYDMoL*

Saving lives on the cheap is no bad thing

The Lancet has published an international, multi-centre study showing that the cheap and widely available drug tranexamic acid, can save lives when administered within three hours of mild to moderate head trauma. Already widely used to stop traumatic bleeding in other areas, debate had long raged about whether it would stop cerebral bleeding. It turns out that it is truly life-saving. And the cost of treatment? About £6.20. *BBC News Online* 15 October 2019 *bbc.in/34g8ed0*

David Smithard reflects on whether difficulties at work are a sign from God to stay on and push through or a warning that it is time to move on

DECISION TIME

'...there is nothing better for a person than to enjoy their work...' (Ecclesiastes 3:22)

Several years ago, I padlocked my bicycle at the end of Harley Street, for about one hour. It was chained with two locks. The bike and the chains disappeared. The bike appeared on Gumtree a few days later. I went on to purchase a new bike. I am quite tall, but while the new bike looked a bit smaller than my old one, I didn't think it would be a problem. As time wore on, however, I began to develop a pain in my left leg after long rides.

The bike and my body were not as good a fit as I had first thought.

A life in medicine or nursing can be like this. When the job is a comfortable fit, work can be enjoyable and satisfying despite the inherent frustrations. If, on the other hand, the fit is not right or becomes wrong, work will become difficult and uncomfortable. Do you stay or do you move? Are the pains symptomatic that God is working on you, knocking off a few edges, or is it time to move on?

As the philosopher says, *'...there's a time to search and a time to give up, a time to keep and a time to throw away...'* (Ecclesiastes 3:6). Is God prompting you to open your eyes and look around and seek his direction? Do you stay and push through the pain because God is calling you to stay, or move on, shaking the dust from your shoes? Either way, we hear from God best when we make such decisions with the support and prayerful fellowship of other believers.

David Smithard *is a Consultant in Geriatric Medicine at Lewisham and Greenwich NHS Trust, and Editor of* Triple Helix

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