HEALTHCARE IN CRISIS

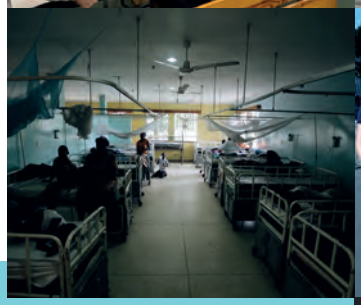
GOD AT WORK IN UKRAINE
DOCTORS' STRIKES
LESSONS FROM THE ARCHIVE

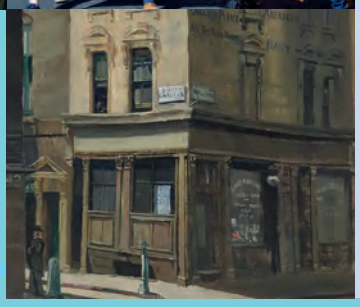
summer 2023 **84**

THE MAGAZINE OF THE **CHRISTIAN MEDICAL FELLOWSHIP**

TRIPLE HELIX

84 summer 2023





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aiming high, falling low

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

In September, 2019 world leaders met at the United Nations in Geneva and agreed the Declaration of Universal Health Coverage.[1] The first statement in the document is to, '*Reaffirm the right of every human being, without distinction of any kind, to the enjoyment of the highest attainable standard of physical and mental health*'.

Later in the document it says:

Recognize that universal health coverage implies that all people have access, without discrimination, to nationally determined sets of the needed promotive, preventive, curative, rehabilitative and palliative essential health services, and essential, safe, affordable, effective and quality medicines and vaccines, while ensuring that the use of these services does not expose the users to financial hardship, with a special emphasis on the poor, vulnerable, and marginalized segments of the population.

These are all laudable aims and are in tune with biblical expectations of looking after the poor and vulnerable.[2]

Healthcare systems across the world are under increasing strain, with terms such as 'sick' or 'broken' being used to describe the present scenarios. The strains are common to all; an increasing demand with static or diminishing resource. What differs are the aetiological factors; many systems can be likened to a frail older adult with multiple long-term conditions. And like many older adults, the ability to withstand an insult will depend on their resilience. Sadly, many healthcare systems have no or limited resilience and, to continue the frailty analogy, have a clinical frailty score of six or seven.

Like human frailty, there are many reasons why health services fail to cope and why there is health inequity within countries and between peoples.

Healthcare crises do not happen overnight. It is not until that straw breaks the camel's back that many people stand up and take notice. In the UK, COVID-19 was that straw, particularly in primary care. The current strikes are another straw in the crisis in secondary care.

For many of the world's poorest, it is harder to fight illness due to malnutrition. Malnutrition is exacerbated by the escalation in the cost of basic foodstuffs caused by a post-Covid supply chain crisis, and in the in the last year, the war in Ukraine, which has cut off a major part of the developing world's wheat and sunflower oil supplies. Climate change and corruption were already fuelling the problem before these crises piled in on top in the last three years!

It would be easy for us to shrug our shoulders and say *'c'est la vie'*, adopt a 'Britain first' mentality, and focus only on our own problems. But God expects more of us. We are expected to be advocates, to look out for the poor, the needy, and the foreigner.[3] A Christian response should be to object and to stand up for our neighbour. As Christ said, '*For I was hungry and you gave me something to eat, I was thirsty and you gave me something to drink, I was a stranger and you invited me in, I needed clothes and you clothed me, I was sick and you looked after me, I was in prison and you came to visit me*'. (Matthew 25:35-36)

By helping our brothers and sisters in need we are doing what God expects.

> many [healthcare] systems can be likened to a frail older adult with multiple long-term conditions

When you are harvesting in your field and you overlook a sheaf, do not go back to get it. Leave it for the foreigner, the fatherless and the widow, so that the Lord your God may bless you in all the work of your hands. (Deuteronomy 24:19)

'*Whoever oppresses the poor shows contempt for their Maker, but whoever is kind to the needy honours God.*' (Proverbs 14:31) But rather we should share our goods with those in need. '*If anyone has material possessions and sees a brother or sister in need but has no pity on them, how can the love of God be in that person?*' (1 John 3:17)

All is not lost. We have a God who is at hand, who hears our cries about injustice. It is our time to stand up for the poor, the oppressed and the marginalised. ●

SCAN FOR MORE

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prosecution for late abortion

are activists and the media out of touch with the public?

Jennie Pollock
CMF Head of Public Policy

In June, Carla Foster was sentenced to 28 months' imprisonment '*for the offence of administering poison with intent to procure a miscarriage*'.[1] Ms Foster had knowingly lied in phone calls to a BPAS clinic in 2020, claiming she was less than eight weeks pregnant, and thereby procuring abortion pills through the post. This occurred during the UK's first Covid lockdown, shortly after the law had changed allowing women to receive pills for an early medical abortion (up to ten weeks) without having to visit a clinic for a scan. In fact, Ms Foster was between 32 and 34 weeks pregnant. Her baby, Lily, was not breathing when she was born, and was pronounced dead by paramedics called to attend the birth.

Far from being distraught at this baby's death and calling on the Government and abortion clinics to ensure such a tragedy never happened again, the predominant cry in the media was for the complete decriminalisation of abortion.[2] A look at the comments on those articles that published these calls, however, reveals a different story. Almost all commenters agree that 32-34 weeks is too late to abort, based mainly on the baby's viability outside the womb. Many state that it is right that there should be legal consequences for women who exceed the 24-week limit. A YouGov Tracker Poll, following the public views on this since 2019, found in June that 47 per cent of the public think the 24-week limit should remain, and 21 per cent that it should be lowered. Just ten per cent said the time limit should be increased.[3] It seems the media is out of step with public opinion on this occasion.

Downing Street has said it has no plans to change the law: '*Through the Abortion Act, all women have access to safe abortions on the NHS up to 24 weeks…We think this approach provides the right balance and… there are no plans to change this.*'[4] o

moral flip-flopping over doctors & the death penalty

full story at *cmf.li/3L4Lk0p*

Trevor Stammers
CMF Public Policy Associate

Those that advocate for euthanasia yet oppose capital punishment have a morally untenable position. Why is it that doctors who refuse to administer death as a punishment on ethical grounds are content to agree that they can administer it as a mercy?

The drug cocktails used for administering death by euthanasia or capital punishment are pretty much identical (sodium thiopental had been used to induce unconsciousness, followed by pancuronium bromide to paralyse respiratory muscles, and potassium bromide to induce cardiac arrest). In 2016, following sustained pressure from campaigners in the United States, UK manufacturers ceased supplying it from the UK to the US. Though protocols vary between countries where assisted dying by euthanasia is legal , the cocktail of drugs used is very similar to those used in executions in prisons. Advocates for euthanasia readily acknowledge that '*execution by lethal injection mirrors euthanasia in the Netherlands and often uses the same drug combinations*'.

The majority of ethicists considers that executing people is a violation of a doctor's ethical code and that administering a lethal cocktail in such circumstances is not permissible. If it is wrong for doctors to administer lethal injections for the death penalty, how can it be defensible to administer the same for euthanasia? Campaigners argue that the difference is one of choice.

Many jurisdictions where euthanasia has been legalised have found it almost impossible to restrict it to the terminally ill, in part because terminal illness can be so unpredictable. Indeed, the suffering of those who want to die but are not in the final months of death is likely to be much greater over time, as natural death is likely to be a long time off. The following two criminal cases demonstrate an ethical dilemma, when a prisoner, in effect requests to die via capital punishment.

In February 2023, Genevieve Lhermitte, a Belgian mother convicted in 2008 of the murder of her five children aged between three and 14, was euthanised at her own request. She was serving a life sentence for her children's murders, so it is not difficult to envisage that imprisonment for, and guilt from, such a heinous crime might well lead to 'unbearable' mental suffering. Belgium's law for euthanasia allows people to choose to die if they are considered to be suffering from 'unbearable' psychological, as well as physical, suffering that is beyond healing.

Previously, similar requests from prisoners in Belgium had been denied. In 2015 Frank van Den Bleeken, a serial killer and rapist who, after serving 30 years of his life sentence, requested euthanasia on the same grounds as Genevieve Lhermitte. His request was originally granted, but due to lack of medical staff willing to undertake the procedure, the then Belgian justice minister, Koen Geens, announced instead that van Den Bleeken would be transferred to the Netherlands. The sisters of Van Den Bleeken's last victim opposed his euthanasia request, seeing euthanasia as his attempt to escape justice.

Flip-flopping over the issue is a sign of moral inconsistency. Perhaps the inconsistency is necessary because doctors actually violate their ethical code by deliberately administering a lethal injection to anyone – even if at their request? o

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‘of mice and men’

full story at *cmf.li/40AVKdv*

Trevor Stammers
CMF Public Policy Associate

A Japanese team announced at the Third International Summit on Human Genome Editing in 2023, that they had successfully produced healthy mice pups from two male mice using a surrogate female mouse for gestation only, and not as a source of eggs. A different team attempted a similar experiment over five years ago; using two female mice from whom healthy pups were born. However, those derived from two male mice died after a few days.

In 2006, Takahashi and Yamanaka showed that adult somatic cells could be induced to become stem cells (induced pluripotent stem cells (iPSCs)). These iPSCs are capable of developing into any type of adult cell, including gametes. It was only a matter of time before offspring from same sex parents were produced in laboratory animals.

The innovation that enabled the reproduction of healthy pups from two males in this breakthrough exploited the natural tendency of iPSCs in culture to spontaneously lose chromosomes, including the Y chromosome. The scientists treated such cells with reversine, which promotes errors in chromosomal distribution during cell division. This then led to the presence of female cells, with two X chromosomes, which could be used to form egg cells, which were fertilised with mouse sperm and implanted into surrogate mothers.

Only seven pups were born from over 600 fertilised eggs. This low success rate illustrates the inefficiency of the procedure. Typically, dozens of healthy pups would be expected from over 600 conventional eggs.

Unsurprisingly, this prompted speculation that male gay couples would be able, within the next ten years or so, to have children genetically related to both men. Many press reports failed to mention that there remained a need for a surrogate mother; other reporters speculated that developments in ectogenesis (see my earlier blog on ‘pod babies’ in the spring 2023 edition of *Triple Helix*) would eventually render surrogate motherhood redundant.

Most high-income societies with the technological ability to employ such techniques decided decades ago that same-sex parenting of children was socially and ethically acceptable. Generating children genetically related to both same-sex parents is the logical next step.

Many cures promised from similar, previous overhyped ‘advances’, such as the creation of animal-human hybrids and mitochondrial donation techniques, have, as yet failed to materialise. One of the major ethical issues with this latest announcement is the potential waste of millions of pounds on developing a technique that works in some non-human species but is not transferable to humans. If it proves transferable, Christians and all people of faith will need to recognise that same-sex parenting is nothing new. The day in 2008 that the HFEA succeeded in removing any regard for ‘the need of a father’ to obtain IVF paved the way for two mothers to parent and now, ironically, for two fathers as well. ●

when is a ‘synthetic’ embryo a real embryo?

full story at *cmf.li/3NYNVuP*

Trevor Stammers
CMF Public Policy Associate

Research has shown that it is possible to manufacture embryonic stem cell-derived embryos (ESCDEs). One year ago, a team were able to grow an ESCDE, made from mouse cells, in utero for 8.5 days post fertilisation. In February 2023, scientists were able to grow stem-cell-derived human blastocyst-like entities termed ‘*blastoids*’, which replicated the process of implantation into endometrial organoids. A similar feat was reported using cynomolgus monkeys in April, with a few surviving to day 17. Those that were implanted into a uterus triggered hormonal changes in the surrogate mother producing gestational sacs. It is possible that this research could result in a way of bypassing present legal time limits and ethical concerns on embryo research, as suggested in a recent article in *Nature*.

The 1990 Human Fertilisation and Embryology Act imposes a 14-day limit on experimentation on human embryos. With the advent of this and other research showing it is possible to grow human embryos in vitro for longer periods, there has been pressure on the Human Fertilisation and Embryology Authority (HFEA) to seek powers to make such access less restricted.

Questions that arise include: Are human blastoids sufficiently like human embryos to be subject to the same time limit? From a Christian point of view, are these synthetic creations actually embryos?

David Jones presciently pointed out two years ago, that an embryo is a human being in the process of development. If it does prove possible to generate fully-developed, non-human animals from blastoids, then the distinction between a synthetic blastoid and a real embryo will blur, and the ethical and legal issues related to experimentation with both will need to be the same. The danger is that the laws will be relaxed rather than the remit widened.

Unbelievers may well opine that ‘*the smallest advance in biology generates large and horror-struck claims of playing God, of eugenics, or of worse*’. Christians, however, along with others who reject a materialist worldview, will inevitably speculate about how ‘ensoulment’ relates to the development of an adult from a human blastoid, should this ever occur.

This question is not new. In 2008, it was rightly signposted that ‘*Advances in stem cell research may be provoking a kind of “God of the Gaps” retreat on the moral status of embryos*’. The advent of blastoids does not necessarily raise any new questions in this respect. Do we really understand the science implicit in the scriptural assertion that God breathed human life into inanimate clay (Genesis 2:7)? Theological disputes about ensoulment are far from new and still retain a place in debate in clinical journals. ●

CRISIS IN GENERAL PRACTICE

Eugenia Lee looks at how we care for our patients, our colleagues, and ourselves in the midst of the current crisis in general practice.

Eugenia Lee
is a GP in Southeast London with a portfolio career in management, education, and policy.

As a GP, I have never worked so hard in my whole career. There are fewer of us now and workloads have increased significantly. Between 2015 and 2023 there has been a reduction of whole-time equivalent GPs of seven per cent, while registered patients increased by seven per cent to 62 million in the same time frame.[1]

Despite providing more services, frontline clinical staff often see patients with unmet needs, having to deal with long waiting times to access primary and secondary care. At my practice, we never stopped seeing patients throughout the Covid pandemic. As a result, most staff in my practice have contracted Covid at least twice with varying degrees of severity. We have collectively mourned for colleagues who lost their lives serving during the pandemic. We all remember the days when we stood outside our door on a Thursday evening, clapping for the NHS only three short years ago. However, the crisis now seems to be deeper and more toxic than ever.

The NHS crisis is putting immense pressure in every aspect of our healthcare system. The COVID-19 pandemic has added to the challenges. An increased demand for hospital beds leaves patients overflowing into corridors. Ten-hour or longer waits for ambulances are commonplace. Exhausted medical and nursing staff are exiting their professions in droves. The impacts of the crisis are multiple. Coroners have reported that the widespread delays across the care system are leading to deaths.[2]

This has prompted discussions about the role of the government, the responsibilities of healthcare professionals, and the impact on society. As Christians, how can we respond to this crisis?

pray

'*Prayer is the Christian's greatest weapon*' – attributed to Billy Graham.

As children of God, we believe in the power of prayer. We should pray for healing and comfort for those who are sick, for wisdom and guidance for healthcare professionals, and for strength and

resilience for our communities. We should also pray for our government to make wise and just decisions to address the crisis. We seek out our saviour through prayer and trust in his sovereignty. Pray on your own, pray with your prayer partner, pray in your home group. There may be times when you are too tired and just don't have the words; ask for the intercession of the Holy Spirit. CMF can help you find a local group in your church, community, region, workplace, speciality, or online.

immerse in God's word

When we feel hurt or broken by the situation around us, when we feel that this perfect storm battering the NHS, it is important to remind ourselves of our Lord's Sovereignty. In Genesis 18:14, when God promised the medical miracle of a baby to the elderly Abraham and Sarah, he says, '*Is anything too hard for the Lord?*' [3]

Immerse yourself the word of the living God. It will bring strength and power to your challenging situation. CMF has resources you can use, including the online daily devotional Bible reflections on the CMF website, [4] or the Human Journey course, [5] which brings a biblical understanding about health in eight topics for church or home group.

love and support each other

We are called to love our neighbours as ourselves. [6] This means that we should be concerned about the health and wellbeing of those around us, especially those who are vulnerable and in need, but also our colleagues. As a GP appraiser, trainer, and Programme Director for my local GP training scheme, I have often met colleagues who are burning out or burnt out.

We should pray for the NHS workers who are on the front lines of this crisis, putting themselves at risk to care for others. We should also support them in practical ways, such as mentoring, peer-group networks, donating food or supplies, sending cards or messages of encouragement, or volunteering our time if possible. It is important to look after our colleagues, bearing each other's burdens, [7] whether they are junior or senior to us. Other forms of support include counselling, workplace adaptation, seeking treatment, or providing time off work. [8]

And we should also be aware of when we are struggling ourselves and seek ways to survive and thrive in our situation. This may be through our church, our local CMF group, or our hospital chaplains.

sanctity of human life

As Christian doctors, we recognise that human life is precious and valuable. Every person is made in the image of God and has inherent worth and dignity. [9] This means that we should prioritise the health and safety of individuals over economic or political considerations. With the cost of living rising, we should advocate for policies that protect the most vulnerable members of society, including the elderly, disabled, and those with underlying health conditions. We should also speak out against any forms of discrimination or prejudice that may be exacerbating the crisis. In our daily encounter with patients, compassion has been shown to be foundation of successful care. Research on chronic pain has shown that the outcome for patients with a strong, empathic relationship with their care provider are improved. [10]

agents of reconciliation

As Christian doctors in different settings, we are called to be peacemakers and agents of reconciliation. [11] We should seek to promote unity and cooperation, rather than division and conflict. We should support initiatives that bring people together, such as community outreach programs or charitable organisations. We should also be willing to listen to and learn from others, even those who may have different perspectives or opinions. Those of us in senior positions can use our power to bring these Christian values into the workplace through policy change, workflow management, and being a good role model.

accountability

As Christians, we believe in the importance of stewardship and accountability. We should hold our government and healthcare providers accountable for their actions and decisions, ensuring that they are acting in the best interests of the public. Practical ways of taking up leadership roles within our local health system, include sitting on the Local Care Boards, Integrated Care Systems, and NICE committees. These roles in my career have given me opportunities to act as salt and light in the system.

hope

Finally, as Christians, we have hope in the midst of crisis. We believe that God is sovereign and that he is in control, even when things seem chaotic or uncertain. We can trust that he is working all things together for the good of those who love him, [12] and that he will ultimately bring about justice and healing. We can find comfort and peace in his presence, knowing that he is with us in every circumstance.

The NHS crisis is indeed complex and multifaceted issue that requires a holistic and compassionate response from each of us. Through our actions as individuals, there are many ways we can bring about a more positive work environment, a stronger and healthier team, and improve the outcome for our patients. May we all work together to overcome this crisis. ●

SCAN FOR MORE

key points

- The crisis is complex, has been exacerbated by COVID-19, and is creating stress throughout the National Health Service (NHS).
- Prayer, Bible study, and Christian fellowship are vital to our own self-care.
- We also need to care for our colleagues and ensure our patients are not losing out.

You can connect with local contacts, the CMF Members Mentoring Scheme, and the Pastoral service via *cmf.org.uk/doctors/contact*

You can find out more about **CMF Pastoral** at *cmf.li/CMFPastoral* and about the **CMF Members' Mentoring Scheme** at *cmf.li/Mentoring*

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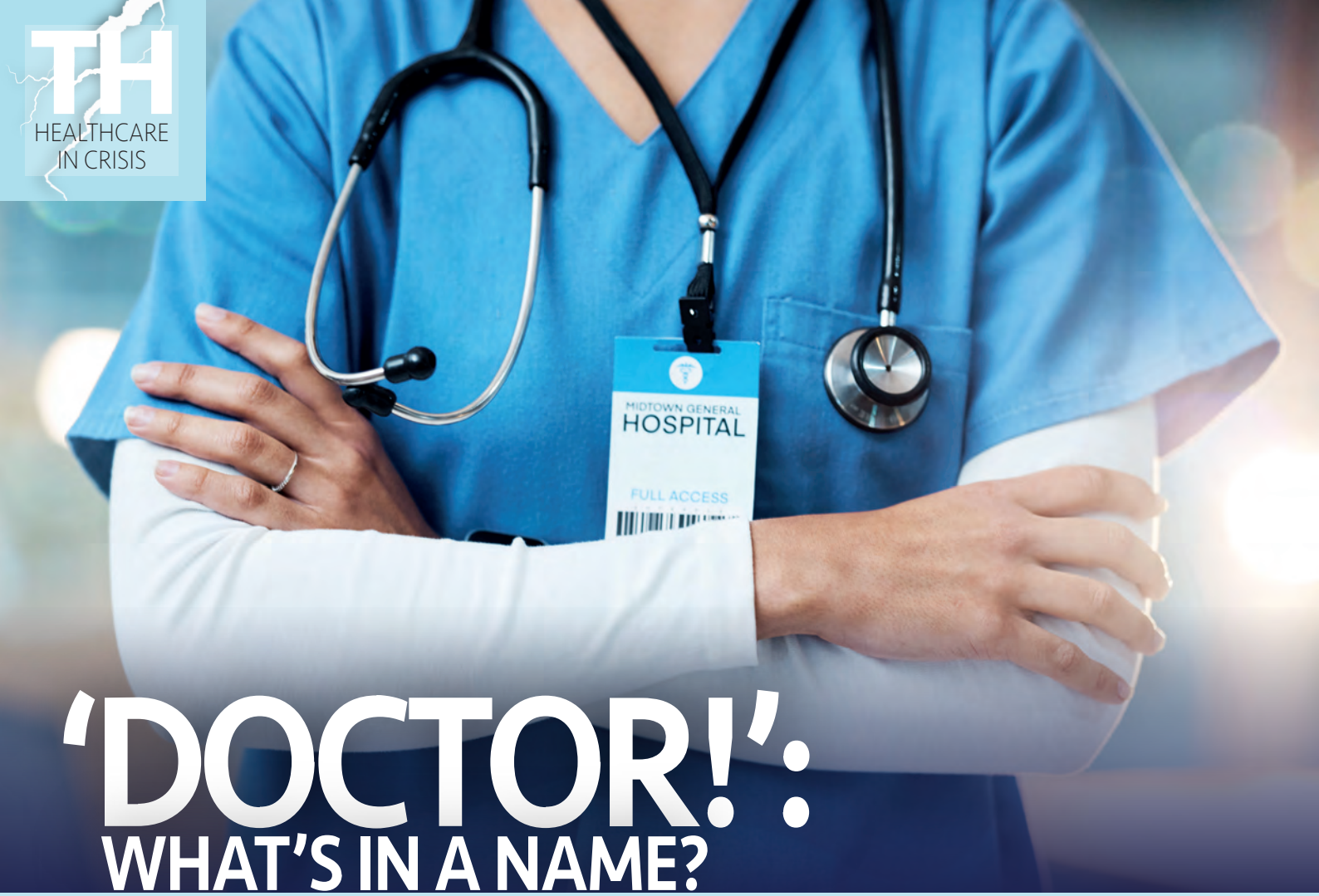

'DOCTOR!': WHAT'S IN A NAME?

Rain reflects on how her experience and struggles on her first medical placement as a student doctor have brought her closer to God.

Rain Puiman Yan
is a medical student in the Republic of Ireland

Being in any healthcare profession isn't as glorious as most people believe. The time commitment and dedication expected in our work can leave little time for other activities. When long hours of study do not yield the desired results, it can be extremely discouraging. We might start to lose hope in whether we can succeed and lose focus on why we serve.

For years I felt lost and out of place. I celebrated my peers' academic successes, achievements, and newfound opportunities, while feeling like I didn't measure up. Despite the perseverance and hard work throughout my medical training, I struggled to comprehend the value of my work in this position. Often, I can still find myself battling with my abilities and attempts to achieve as much as I can in a day. Even having made it to my clinical years, I struggle to feel sufficient or deserving of the title 'Student Doctor'. Perhaps, if I had studied for longer hours, had more responsibilities, or filled my schedule with extracurricular activities, all this work would earn me the sense of worth that comes with bearing this title.

I devoted myself to activities I enjoyed, but when assignments and deadlines started piling up, the thought of balancing between school, extracurricular activities, and my own health became overwhelming. Preoccupied with a never-ending workload, I began to lose a sense of my priorities and purpose. With each passing day, my interest in other activities slowly drained away. Taking patient histories and attending clinics started to feel like chores. I skipped out on social gatherings, church fellowship, and Sunday services.

Before I knew it, I was walking further and further away from my spiritual family and God. I was numbed to patient case discussions with only one aim in mind: to study the diseases and treatments thoroughly for the exams. It was only when facing

key points

- The author recounts her struggles with self-worth tied up in professional identity as a medical student.
- One patient interaction made her reconsider her perspective on life, faith, and profession.
- Recognising our limitations and God's sufficiency teaches us humility, but also security and hope in the face of trials.

SCAN FOR MORE

patients in person that I realised how short sighted this view was.

During my surgical rotation, I was asked to translate for a patient who spoke minimal English. Thinking this would be a routine interaction, I agreed without asking further questions. With no prior experience of being on placements, I was shocked when I realised I was telling the patient they had a stage four cholangiocarcinoma!

This was a challenging incident for which no amount of studying would have prepared me. Despite having only just met the patient, I connected and empathised with them immediately. As we spoke, their recollection of past troubles and regrets in life prompted me to think of my close ones and reflect on not having spent as much time with them. It reminded me of my reasons for choosing this career: to help others in their illness and suffering and to shed light on the process of restoring health.

It was at this moment that I recognised the frailty of life and the limitations of our medical interventions. I felt helpless at the situation and the minimal amount of relief current medical advances can offer. In despair, I turned to prayer. I prayed for peace and solace for this patient with an incurable cancer. prayed for God's guidance over us in our earthly limitations. I prayed because there was no other way to overcome this challenge than to trust in him.

'*My help comes from the Lord, the Maker of heaven and earth.*' (Psalm 121:2)

God's patience and kindness are endless, even when we have none of our own. We turn to him for solace, humbled by our shortcomings, and pray for peace with our neighbours. He reminds us of our purpose: to serve others in love. He does not expect us to constantly prove we are deserving of our achievements or that we are enough.

'*It is God who arms me with strength and keeps my way secure. He makes my feet like the feet of a deer; he causes me to stand on the heights.*' (Psalm 18:32-33) We do not achieve great heights by the number of our achievements or activities; rather, we serve with compassion and love in the ways God has showed us. As Philippians 4:13 reminds us: '*I can do all this through him who gives me strength.*' We can only be strengthened if we have faith in his plans for us.

Reflecting on this incident alone, it is no doubt many healthcare workers will have felt hopeless and limited in their clinical practice at least once in their lifetime. No matter how difficult our situations can get, numbing ourselves to human suffering will not bring us closer to serving our purpose.

It isn't incompetence that is increasing in healthcare, but the lack of compassion and sense of purpose in our work.

'*Therefore, as God's chosen people, holy and dearly loved, clothe yourselves with compassion, kindness, humility, gentleness and patience.*' (Colossians 3:12) o

FEAR TO GRACE

Stretched alone in a PET-CT Scanner
Squeezed in a cylindrical room,
Suggesting, in an unwelcome manner,
—that it's my tomb

Lying naked in a thin cotton shroud
Defenceless, required to be still,
Hearing disembodied orders; I am bowed
—to their will

Infused by contrast and nuclear trace;
Plinth-strapped and professionally bound.
Speculations run rife; now's time to brace
—for what might be found

No shortage of slick and competent care,
Though distanced from human embrace
With technology's reductionist glare
—in my face

Wait! Light Uncreated bursts on my mind
Illuminating my solitude;
Deep peace of the most extravagant kind
—I am bathed in plenitude

No more a scanner—a cleft in the rock;
I AM WHO I AM has now drawn near.
To shelter, to whisper, then lovingly block
—all my fear

I've discovered His treasures in darkness:
Riches cached in a secret place.
Called by name in the midst of death's starkness
—familiar Grace

Anon o

CRISIS IN MIDWIFERY

Stefanie McRoy shares her professional struggles in a maternity service in crisis, and what a time away taught her about working in God's grace.

Stefanie McRoy
is a specialist midwife for the Maternal Mental Health Service

In August 2022, I left my much-loved NHS midwife role at a London NHS trust – the third job I had worked in – despite having felt God had paved the way for me to work there. There had been a great sense of organisation and effective teamwork. I was a caseloading midwife in a team of six, providing continuity of care to women requesting a homebirth and to those under the perinatal team. It was, in some ways, my dream job, doing antenatal appointments in clients' homes for as long as needed, getting to know their partners and other children well. I was present at some beautiful homebirths, near-sacred occasions in the calm and quiet of someone's home. Although mostly working independently, we had a wonderful team that enjoyed catching up during the workday, meeting for a coffee if our clients lived near each other, and our team meetings were full of laughter.

Amid the joys, we had many clients who were requesting out-of-guidance care, wanting a homebirth when they had a history of caesareans,

key points

- Understaffing, unrealistic and unsafe patient expectations, and increasing demand are all stretching maternity services to breaking point.
- Stepping away to spend time serving as a midwife in rural Papua New Guinea gave the author a different perspective and a chance to hear God's voice.
- The author identifies the need to be indispensable and to see our own business as an end its own right are the idols we can so easily be crushed by, and God's grace as the doorway to freedom.

SCAN FOR MORE

post-partum haemorrhages, low haemoglobin levels, or breech presentations, amongst other things. There were many emergencies needing transfer to hospital. Our daily group chats often consisted of sharing our anxieties, fears, the sleepless nights we'd had worrying we would be called to 'that' birth or to work the night on the labour ward after working an eight-hour day. Our clients were unaware of our anxieties and would praise us for our calm manner and supportive attitude. Slowly, more and more of the team took stress leave, or quit altogether; many started on medication to cope with the low-mood and panic attacks. I prayed a lot during that time, and God faithfully gave me the confidence and wisdom I needed for each day and each anxious birth.

The NHS is currently seeing an exodus of nurses and midwives caused by chronic understaffing, increased pressure, and unattainable patient expectations. One in four NHS workers are considering leaving, including 29 per cent of nurses and midwives – approximately 100,000 nurses and 8,000 midwives.[1] There exists a longstanding shortage of 2,000 midwives in England, with an additional 677 leaving in 2021-2022.[2] A 2021 Royal College of Midwives survey revealed 57 per cent of midwives considered quitting within the next year, with five per cent having left at the time of the survey; principal reasons for this were staffing levels (84 per cent) and inability to provide robust care (67 per cent).[3] Newly-qualified nurses and midwives with five years or fewer in the NHS, are most likely to consider leaving (50 per cent) with 96 per cent reporting not feeling valued by the government. Mental health amongst nurses and midwives is also worsening, with females in these professions more likely than females in any other profession in the UK, to die by suicide.[4,5]

between a rock and hard place

In recent years, more reports have been published that set new standards for nurses, midwives, and doctors. In response, trusts are increasing training and creating new specialist roles, removing staff from the shop floor. It feels like we are between a rock and a hard place, knowing that safe staffing would greatly improve patient outcomes, reduce morbidity and mortality, and improve staff morale, and yet we see the benefits these specialist roles may have. However, with lack of safe staffing and a good skill-mix, we are unable to provide the care we entered these professions to give, and act effectively on these new standards. Increasingly, colleagues consider leaving, with many moving to private fertility providers where they feel they can make a difference and give the woman-centred care they entered the profession to provide. They leave with a heavy heart, knowing this potentially worsens the staffing issue, leaving their beloved colleagues soldiering on alone. There is also a great sense of defeat, after many years of hard work, particularly through the pandemic.

> when speaking to...those nearing retirement, many describe the difficulties of previous decades...but feel the last few years have brought unprecedented challenges

When speaking to nurses and midwives of over ten years' experience and those nearing retirement, many describe the difficulties of previous decades, such as understaffing, but feel the last few years have brought unprecedented challenges. More and more patients are obese, diabetic, or hypertensive. Many healthcare professionals feel that patient expectations are unmanageable or completely unattainable, seemingly influenced by social media and easier access to information. In a world where we are increasingly told all our feelings are valid and should be supported without question, midwives report clients requesting more out-of-guideline care, often bordering on, and sometimes resulting in, unsafe outcomes.

needing to be needed

As the stress, panic attacks, and pain of seeing my colleagues hurting affected me on a daily basis, I considered and prayed about leaving. I felt the same guilt as many others, knowing I was leaving my fellow midwives behind. I felt a great sadness that I had worked incredibly hard and endured many, many difficult shifts to get to this point in my career. When I have spoken to other nurses and midwives who have left, we all had the same, sobering realisation – we will be replaced, and the service will continue. It is easy to feel, even unconsciously, that we are much more essential to the NHS than we are. Doubtless, this is felt in any job, but as healthcare workers we often feel a strong calling to our roles. It is easy to feel a need to be needed; a need to make a difference, whether we admit this to ourselves or not. This causes a great sense of defeat and introspection in the weeks after leaving. Throughout our careers, in the busyness of the short-staffed shift, we may assert that we worked hard for the glory of God. However, afterwards, experiencing sadness and defeat, we may recognise that too often we sought our *own*

THE RCM ESTIMATE THE **ENGLAND** ALONE HAS A

SHORTAGE OF 2,000+ MIDWIVES

TO PROVIDE ESSENTIAL LEVELS OF CARE WITH AN ADDITIONAL

677 LEAVING IN **2021-2022**.[2]

63%

OF WOMEN SAY THEY WERE ALWAYS ABLE TO GET THE **ATTENTION AND CARE NEEDED DURING LABOUR** &

57%

AFTER BIRTH

glory – the need to be needed, to work hard, to be a light in our workplaces and evidently different to our unbelieving colleagues.

In the months after leaving my role, unsure if I would return to NHS midwifery, I spent time as a volunteer midwife in Papua New Guinea. This was a challenging but refreshing time, filled with God's kindness towards me. I had space and time to reflect on the last few months and years of my career. In February this year, I returned to the NHS as a specialist midwife for the Maternal Mental Health Service, offering support alongside psychologists to women experiencing *tokophobia*,[6] previous birth trauma, or perinatal loss. In this new role, I am acutely aware of the vicious cycle of women coming to our service with these experiences, offering them support, education, and therapy, while knowing we will continue to have referrals, as midwives and doctors are not working in environments that enable them to provide safe, holistic care. It often feels like building a house, knowing it will be demolished, but returning daily to rebuild. A year ago, this thought led to my resignation; presently, I work in light of what God taught me in the months following my resignation.

at the foot of the cross

Daily, we must remember Christ's finished work. We do not need to strive, to work beyond our limits, to get to the point of burnout or allow the weight on our shoulders to immobilise or destroy us. Each person we meet in our roles, our patients, their families, and our colleagues, can only ever have their deepest needs met by Jesus. This is true of us too, and it is a wondrous grace to know that truth. You may be serving an idol of being needed. It is a subtle idol, easily justifiable, but deceptively destructive; it can lead us and others to people-worship.[7] Humbly acknowledge and repent of this; God is jealous for our wholehearted worship, and he faithfully delivers us from all false worship.[8]

Morning and evening, and throughout the day, remember his grace is sufficient for every weakness;[9] when we feel like we cannot cope, or have not done enough, rest in his grace. Every day, come to the foot of the cross, remembering what Jesus has accomplished, and our need of a Saviour. Awareness of the narratives and stories we have heard, perceived, and accepted is essential; daily remind ourselves of where our identity lies.[10] Remember the Great High Priest we have,[11] gentle and lowly in heart,[12] and not repelled by our sin, failure or weaknesses, but moved to compassion, drawing us ever nearer to himself.

when we feel like we cannot cope, or have not done enough, rest in his grace... remembering what Jesus has accomplished

Finally, use your rest time wisely. Rest is a wondrous and precious gift from God. In a world that is always busy, reflect on your understanding of rest and whether it aligns with God's design. Since the pandemic, I've had a poster I made in my room based on 1 Peter 1:3-6 that says: *a little while, to an inheritance that is imperishable, undefiled and unfading*.

I Cannot Tell is a hymn I have regularly listened to, sometimes on shift, quietly while making up IVs or writing notes. While we may not know what the future holds in the NHS and the long-term effects on ourselves, our colleagues, and our patients, it is helpful to be able to meditate on and sing:

I cannot tell how silently He suffered,
as with His peace He graced this place of tears,
or how His heart upon that cross was broken,
the crown of pain to three and thirty years,
but this I know, He heals the broken-hearted,
and stays our sin and calms our lurking fear,
and lifts the burden from the heavy laden,
for still the Saviour, Saviour of the world is here.[13] ●

spotlight

Written by Christian nurses and midwives, for Christian nurses and midwives, *Spotlight* is a resource for CMF members. Published three times a year and free to all CMF nurse and midwife members, it provides a unique mix of articles, stories, poems, and prayers to help you bring Christ into all you do in your profession. Find out more by emailing *nursesandmidwives@cmf.org.uk*

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STRIKING FORGIVENESS

– A CONSULTANTS' PERSPECTIVE –

David Smithard reflects on his experiences of the first major junior doctors strike and its aftermath.

***David Smithard**, Consultant in Geriatric Medicine at Lewisham and Greenwich NHS Trust, Visiting Professor at the University of Greenwich & Triple Helix Editor*

The last few years have been momentous for the health professions. The effects of the 2020-2022 COVID-19 pandemic are still being felt. Then, in 2023, waves of strikes were called by various health unions. This recently led to a 72-hour full walk out called by the Junior Doctors' Committee of the BMA. Between 13 and 15 March 2023, the majority of junior medical staff did not come into work. Many were on strike, some attended picket lines, others used the days for private activity, and some were on holiday.

A few did come into work to help provide a safe level of medical cover and care for the patients.

This article is not written to justify or write for or against the strike.

When a strike is called, plans are put in place by the unions to support those that strike, but no thought seems to have been given to those who choose to work, whether they are union members or not.

This, then, is my personal reflection as a senior clinician on the wider fallout of the junior doctors' strike action, how it has affected me, and what I have learnt from this exceptional situation. ▶

key points

- The author outlines his struggles preparing for the March 2023 junior doctors strike.
- While the strike went off without major incident at his hospital, the author found his experience of moral distress through this period had significantly affected his relationship with his colleagues.
- The author reflects on the challenge he faced to extend grace and forgiveness.

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summary

When junior doctors down tools, someone has to pick up the work. There was an expectation from employers, the BMA, and the public, that a safe level of care would be provided. Ironically, this resulted in two things happening that the BMA is generally opposed to. Firstly, that consultants had to act down, and secondly, that Physician Associates (PAs) had to take on a greater role (which they did very well). Colleagues covered the night on call (we were fortunate we had a newly appointed consultant and an ST7 on at the same time over night). Consultants worked with PAs to cover wards, and those trainees that came in were allocated generally to the take, although a few were on the wards.

preparation

Once we knew the date of the strikes, I challenged a number of junior doctors, and one just laughed when I asked about patient care!

My initial response was one of anger and disbelief that members of the medical profession could take such a callous approach and disregard for those they were trained to care for. This was reinforced by the approach of BMA consultants, who backed the action while also demanding extra payments for working their normal hours. The BMA Consultants Committee were watching from the sidelines to decide whether to call consultants out and ensure maximum disruption to services. But this would only be a disruption to those that could not afford to pay for other providers. As Christian doctors, we remembered that we are called to care for the sick, vulnerable, and poor.

as Christian doctors, we remembered that we are called to care for the sick, vulnerable, and poor

As the strike days grew closer, I became more angry, anxious, concerned, and nervous about covering the clinical service. Worried about my ability to manage hyperacute patients without a medical team to support me, and the possibility of attending a peri-arrest or cardiac arrest (something I had not done for 20 years). How would we support patients and their families, and just keep them and the staff safe? On reflection, this was me suffering moral distress. Knowing what was right, but being unsure I would be able to provide the level of care my patients need and expect.

I felt let down by the attitude of some of my team. It enhanced my sense of abandonment. It has engendered a feeling of mistrust between my team and me.

Three days of covering gaps, plus the days before hand-learning new skills resulted in a backlog of administration for clinical and managerial staff (some of whom stepped back into clinical roles).

return to work

The team returned to work, on the morning of 16 March. A lot of the feelings experienced on the twelfth, the day before the strike, returned on the evening of the fifteenth. How would I respond to the junior doctor working with me? Would the ward round be as effective as it had been with a PA? Did I want to have a trainee on the ward round? Fortunately, the ward round was not heavy, and I knew most of the older 'outlying patients', but the working relationships were not the same.

reflection

The weekend before the strike involved a lot of soul-searching, a lot of prayer, and finally realising that there was no way I was going to manage on my own. Philippians 4:13 reminded me that, *'I can do all this through him who gives me strength'*. And remember, Paul is writing this letter whilst chained up in prison in Rome. 1 Thessalonians 5:16-18 says '*Rejoice always, pray continually, give thanks in all circumstances; for this is God's will for you in Christ Jesus...Roman's 10:12 says 'the same Lord is Lord of all and richly blesses all who call on him'*.

We can only have God's contentment when we have left our troubles at the foot of the cross; God takes our troubles away, so that he may dwell in our hearts (Ephesians 3:17). In John Bunyan's *Pilgrim's Progress*, as Pilgrim approaches the cross, the straps holding his worries, troubles, and sins on his shoulders are loosened and as he reaches the cross, they all fall off and are taken away forever. But only if we let Christ do this for us. Recalling God's promises to me, I was able to lay my worries and concerns at the foot of the cross as I drove in to work at 5:30 on Monday 13 March and feel God's peace that passes all understanding; the peace that can calm our spirit and then bring contentment is waiting for us. How often do we struggle to achieve it because something is holding on to us. In my case, it was the anger, frustration, disbelief, and feeling of abandonment by my colleagues, no matter how justified they considered their actions.

recovery

For working relationships to return to any degree of normality, two things need to happen: a reaffirming of God's peace, and the ability to forgive those that have caused us pain.

Firstly we need to keep claiming God's peace; learning to rest in his arms and be content in what he provides. Accepting that true contentment can never be acheived without God, and that contentment, and ultimately peace, will only be found when we accept that God's grace is sufficient for us, and God's power through us is made perfect because of our weakness and failings.[1]

We should be content because we have been adopted into God's family. We are small and insignificant, yet he has sought us, and by his grace taken us in, grafted us onto the vine, the vine which is Christ. So long as we stay with him, we will continue to thrive.[2] Then we will receive the peace that Christ offers.[3] That is the peace that we cannot find from the world. The world cannot offer it to us, only Christ can, and at what cost to him.[4]

Secondly, we need to be able to forgive. In the framework that Christ provided when asked how we should pray, we are to ask for forgiveness as we forgive others.[5] Being able to forgive has both physical and spiritual benefits[6,7,8,9] taking away the burden of carrying grudges and anger and allows us to approach God. In Ephesians 4, Paul writes that we should put all bitterness, frustrations, and anger away, not letting the sun go down on our anger.[10] And in the Sermon on the Mount, Jesus exhorts us to be peacemakers.[11] The writer to the Hebrews urges us to, '*Make every effort to live in peace with everyone and to be holy; without holiness no one will see the Lord. See to it that no one falls short of the grace of God and that no bitter root grows up to cause trouble and defile many.*' (Hebrews 12:14-15)

what have I learnt?

As it says in Ecclesiastes 1:9, '*there is nothing new under the sun*'. Have I learnt anything new? Well, no. Has God reminded me of his promises? Yes!

So, as I return to work, back to face the storms of life and the NHS and its many problems, I need to keep turning to Christ, accept and rest in his peace that will bring contentment, being aware that '*The Lord is trustworthy in all he promises and faithful in all he does*' (Psalm 145:13), and later in verse 16, '*You open your hand and satisfy the desires of every living thing*'.

The Lord is near. Do not be anxious about anything, but in every situation, by prayer and petition, with thanksgiving, present your requests to God. And the peace of God, which transcends all understanding, will guard your hearts and your minds in Christ Jesus. (Philippians 4:5-7) o

WHERE IS THE SONG?

My God, My God, where is your song?
I used to hear it so well
but now it has faded away.
I've forgotten the lyrics
if I ever really knew them.
The melody remains- just
but parts of it seem unfamiliar;
or I hear parts of the refrain that I vaguely recall
but they drift away.

My God, My God, where is your song?
I could sing it once
but now the tune doesn't come.
It starts off as one I dimly remember
but then changes into something that
I am not sure is a tune at all.
As for the words they come and go;
jumbled up,
making no sense whatsoever.

My God, My God, where is your song?
I so want to catch it again
knowing that I can sing it with you,
but I can't rediscover it.
It seems so close
but then disperses into nothingness;
leaving me wondering:
did I imagine it?
My God, My God, where is your song?
Please let me share it and hear it again.

My Child, My Child;
My song is still there.
It will never stop.
There may be times when it is hard to hear;
times when it appears incomprehensible;
but it is always around.
Keep listening, keep hoping;
you will hear my song again.
It may start as a single word or a note
but as you tune into me,
your song will grow.
You will dance and sing it again.

My Child, My Child;
listen to my song.
This song is just for you from me;
listen to your song. o

Patricia Wilkinson *is a GP in East Lancashire and a member of the Triple Helix editorial committee*

GOD AT WORK IN UKRAINE

Aaron Poppleton interviews **Rudi Migovich**, the President of the Christian Medical Association of Ukraine.

Rudi Migovich *trained as a neurologist and is now the President of the Christian Medical Association of Ukraine*

Aaron Poppleton *is a GP and Wellcome Trust clinical fellow at Keele University. He is the Chair of the CMF Global Committee*

Rudi, please tell us a little bit about yourself

I used to be a neurologist, but since the beginning of the war I have been devoted to working full-time for the Christian Medical Association (CMA) of Ukraine. I have an amazing wife and a wonderful son.

How have things been for you and for Ukraine over the past year?

Things have kept going. However, with the war, the way we live is different. Ukraine is a big country. You have to understand that right now, 80-90 per cent of Ukraine is away from the front line. The closer you get to the battlefield, perhaps 50-100km from the frontline, the damage is ongoing. You can be in Kyiv with a relatively peaceful life – restaurants and coffee shops are open. At the same time your friends and family members are fighting away from home. People who you knew have already died, including many believers. So normality and crises are happening at the same time. People are putting off big decisions. On a personal level, we had our son during the Covid pandemic. We were thinking we'd be ready for a second child. However, we have decided to pause until the war is over. I could be drafted to fight at any moment and be killed. I have a responsibility that I didn't have before. So this is the daily reality. You don't make plans. You don't do important things that can be for the long-term.

how is the health situation in Ukraine?

Ukraine had many hospitals. The war has meant that we have had to rationalise. A lot of people have left or moved within the country, both doctors and patients. Services are holding up, but the challenges are different. Some hospitals receive far more patients than before. We also have to care for many

key points

- The war has upended medical care across Ukraine, even in those areas far from the war zones.
- It has shaken the faith of many, but many more have come to a deeper faith as they see God at work in often dramatic and practical ways.
- The authors outline what our sister fellowship is doing to help care for those affected by the war and ways Christian health professionals in the UK can get involved.

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injured and wounded people. But we're trying to do our best. Ukrainians are leading and working under immense and constant pressure. It's not surprising that over time we are seeing people burning out. But we are encouraged by human bravery and resilience. So, it's all a contrast. You can hear a horrible story like when a Ukrainian soldier was beheaded, but then the next day you hear of a medical worker who miraculously saves multiple lives. Amazing things and horrible situations come together. A lot of successes and a lot of problems.

tell us a bit about the work of CMA Ukraine during the conflict

By the grace of God, we were able to hit the ground running. We had good relationships with other Christian medical movements across the world. These contacts became international partners that helped us to be more effective. Our biggest project is a medical supplies warehouse, through which we have received and transferred more than 500 tonnes of medical supplies. This equates to millions of dollars. We've just received a truck of 50 anaesthetic machines from the NHS in the UK, as well as supplies from the UK Nightingale Hospitals.

I mean it's miraculous – we never expected to be given so much. It is amazing what we have received. Increasingly we are focused, not on quantities, but on the qualities of the receiver. Our main question is not how to get more, but how it can be given in the best way. We are trying to only work with trustworthy recipients.

It doesn't matter whether they are a hospital, a military unit, or a church. They have to be free from corruption. Clear, open, transparent, and qualified.

We partner with some great churches. However, they need to be well prepared. Taking risks with medical care can be dangerous. Similarly in hospitals, people can receive equipment and do something bad with it. I won't share with you the challenging situations we have come up against – simply that people can behave in corrupted and evil ways. Medical supplies are not going to change them. For that reason we've also launched more educational projects because we believe that only education can change the system. If you look on our website, you can see a clear focus on education.

This includes practical skills, like ultrasound, surgical techiques, first aid, scholarship programs, and mobile techniques. A lot of things with the aim of improving the quality of healthcare. We want to positively transform our healthcare and society in a Christlike way.

> normality and crises are happening at the same time. People are putting off big decisions

what has God taught or shown you during this time?

To pray. Prayer works. It's obvious, but I recognise it in an absolutely different way.

Second, I think sometimes I do not hear a lot of God, but I can see a lot of God. This is what has become different for me. When I grew up, I learned to read the Bible and pray. This is like conversation with God. Right now though, I see the ways God has worked through many people's stories. I used to find it hard to believe in miracles in our age, but I have started to believe. To give an example, there have been multiple times where we have been planning and discussing what we really, really need. The next day it's miraculously given to us. Some guy or some driver will supply the exact thing.

To give you another story, we were contacted by one pastor when there was an evacuation from the front line. They had received a call from a church member about their grandfather who was still at home. They said that he was ready to go and was waiting. We went to the address and found an older man who was not ready. He didn't want to go. I started to convince him. I told him about the bombing and the danger. The Russian army was soon going to occupy that territory. We managed to convince him and evacuated him. In the evening we received a call again. 'Why didn't you pick up my grandfather?' I said that we did, but they told us that he was still waiting. The next day we went to the same address. We discovered that the house had a dividing wall. The man we had evacuated had been on one side. On the other side there was this other, older man who'd been waiting for us. We evacuated him. One week later we were driving near this house. A rocket had struck that individual house. We have many, many, similar stories.

how has the conflict affected people's faith?

The conflict has impacted on our faith and practice. Some people were in shock for the first few weeks or months of the conflict. They struggled to ▸

concentrate enough to read the Bible. You know, they couldn't pray. Yes, it was difficult. Not because God was away but because of numerous different reasons happening at the same time.
Many communities came closer together. If Covid separated us, the war united us.

We have heard stories of people coming to faith because of the conflict. This is the most difficult time that we have faced. For example, we have a mobile clinic. Everything has been taken from the hospitals in the occupied territories. Medical help is so valuable. We do it in cooperation with local churches. It's like Jesus; we help them physically and share his message of hope.

One church in Mykolaiv had 60 members before the invasion. They were under occupation for nine to ten months. Now they've been liberated, a lot of the members have gone away. But they have more than 200 visitors every week. The church became like a shelter – an answer to a prayer for help. People are not just coming to take. They are repenting. Of course when you're facing a human situation of unimaginable horror, you have to find a solution for it. There is a sense of that.

I don't want to describe a fairy tale to you. Some people have struggled with their faith or become hardened in their unbelief. People are asking how God can let these things happen and not stop it. The suffering people are going through is mind-blowing. I cannot describe it. But some people are finding God in this struggle.
We have a lot of soldiers who have shared with us and who are asking, even begging, for prayers from us because they were afraid. People are asking deep spiritual questions at this time.

> people are asking how God can let these things happen and not stop it...But some people are finding God in this struggle

how can people support you in prayer and practically?

- **Please pray for peace and unity in Ukraine.** People don't need to die. We want to see victory over darkness in our country.

- **Please thank God that he has supplied so much of what we needed.** We know it's not easy to give money and equipment. We believe and trust in ICMDA – they have been very accountable. All that we have asked for has been donated. We joke that the corruption would have continued without the war. Of course we want the war to end. But we want to be transparent and open as we rebuild our communities. Please pray if you can. Practically, if you can donate, donate. If you can do something for Ukrainians, do something. We have a website that lists many projects. You can look at it and consider which you are interested in. Examples include teaching and training plastic surgery, ultrasound, and many other areas. We are blessed through our communication and the relationships that we have built with you. And really, I can tell you how the medical system is now changing for the better because of those relationships.

- **Please pray for the staff of the Christian Medical Association of Ukraine and their families.** I know the strain that the conflict and work can place on their relationships. So many people are separated by the conflict in Ukraine. Some family members have only seen each other once a month, or even not at all over the past year. It's not easy. We hear of people getting divorced, even Christians. You have to work more and you have to serve more. A lot of men are being drafted to fight. We see children who have missed their education due to hiding in bomb shelters. Some have lost their parents. We see post-traumatic syndromes. All this impacts on family life. Please pray for the CMA's staff and their families. The sum of small steps now will drastically impact on the future.

- **Please thank God for a good relationship with the health authorities in Ukraine.** Before the war we were a small Christian organisation – no one recognised us. Now we have been accredited by the Ukrainian Ministry of Health, we have received special medals. If nothing else, it shows that the government respects us.

- **Pray for leaders.** We really, really need good leaders. Good leaders that care about people. We can talk about numbers and projects, but if there aren't good leaders, we can't achieve our projects. People who will be responsible enough to take the lead. The mobile clinic is a key example of this which is really important to us. Our vision or motto is medical workers who care for people. When we serve people, we want to

serve them as Christ. It's not just a poor lady or a small child. It is Christ you are treating. Skill has to be combined with compassion. To not just see people in terms of health, disease, or finances, but like Jesus. People who live out Matthew 25:34-40:

'For I was hungry and you gave me something to eat, I was thirsty and you gave me something to drink, I was a stranger and you invited me in, 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.' (v35-36) ●

You can find out more about supporting the work and mission of CMA Ukraine at *cma-ukraine.com*

You can support the ICMDA Ukraine Appeal at *icmda.net/ukraineappeal*

ARE DOCTORS STRIKING TO THE GLORY OF GOD?

David Randall explores how we can approach the current NHS industrial disputes in a Christlike manner.

David Randall
is a renal consultant in London

'*Do everything without grumbling or arguing*,' wrote Paul from his prison cell to the hard-pressed Christians in Philippi, '*so that you may become blameless and pure, children of God without fault in a warped and crooked generation. Then you will shine among them like stars in the sky as you hold out the word of life*.' (Philippians 2:14-16)

This article tackles the difficult issue of whether Christian doctors should strike. I'm no expert. I doubt there is a single answer that is right across the board – we are all in different positions and feel God's call on our lives in different ways. Forgive me if you think I overstep the mark at any point. Do pray through what your own response should be.

As Christians, we have freedom to hold a vast range of political views. Our love for Christ should most definitely influence our politics, but not necessarily all in the same direction for each of us. Love for God and neighbour can be expressed in many different ways. The Bible doesn't include a blueprint for the modern state, and complex questions of national policy and priority must be worked out in dialogue with those living around us.

Christians can, in all good faith, think medical salaries are too low, too high, or about right. They can believe that the NHS is the best model for providing care, or that we would do much better with a different system. They can support medical strikes, or think they are a step too far. The Bible doesn't speak directly to these issues, and we can easily be wrong.

Where Christians don't have room to choose is over the attitudes in our hearts. There is no option for Christians to be proud, greedy, rude or cynical.

We are called to follow the example of Jesus: who made himself nothing, becoming a servant and offering his very life in obedience to his father (Philippians 2:5-8). The Holy Spirit brings power to help us get rid of old sinful ways and be transformed by the renewing of our minds.

The issue of doctors' pay is complex. How should the economic forces which define labour costs operate when there is a monopoly, state-run healthcare employer? How should doctors' and nurses' pay compare? Should pay rise with inflation? How should the decisions of independent pay-review bodies be acted on by government?

Christians will come to different views on all of these things. It is certainly true that medical pay has been eroded significantly – perhaps more than that of other professions – by below-inflation pay rises. Junior doctors leave medical school with far more debt than before, and face large living and accommodation costs, as well as the cost of professional registration and exams. I know of colleagues who are working less than full time and facing significant childcare costs, and who are really struggling. These are issues of justice, and there is a strong case to be made that doctors deserve a pay rise.

Against this, it is clear that the finances of the nation are not in a good position. Growth has not kept pace with inflation: as a society we have all become poorer. Who should feel the effects of this squeeze? Should doctors be seeking a pay rise that exempts them from this pain? The British Medical Association calculates that a 35 per cent pay rise is required to bring junior doctors' real-terms income back to its 2008 levels, which they term 'pay restoration'. But is this a just ambition, or are we asking for doctors to be treated differently from other groups in society? Those in other professions – including nurses – have settled for much less.

Aside from the pay demands, what about the question of whether doctors should ever strike, when it causes such disruption to patient care? Historically, enormous improvements have been made to workers' standards of living through coordinated industrial action. Christians have been at the forefronts of the trade union movement and strikes work through solidarity. Industrial action by doctors is legal and can be done safely – at least in the short term. But how should we feel about the claims of the BMA Chair, Prof Philip Banfield, to '*strike for as long as it takes*' – when those most personally affected by strikes are not government ministers, but patients? How should we, as doctors, wield the considerable power we possess?

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In 1999, with the threat of medical industrial action looming, *Triple Helix* included an article suggesting that Christian doctors shouldn't strike but might consider alternative forms of limited industrial action.[1] Indeed, at that time, *Christian Ethics in Medical Practice*, an ethical statement produced by CMF, suggested Christians should '*decline to take part in collective action*' and '*subordinate personal gain to the interest of the patient*.' Subsequent negotiations with the Labour government of the day, perhaps informed by the threat of industrial action, resulted in the 'New Deal' pay award that saw significant improvements in pay and conditions for junior doctors.

In 2016, with the threat of strikes looming again, *Triple Helix* ran two articles. One encouraged juniors to join in industrial action '*for a contract that is safe for patients, fair and safe for doctors, and sustainable for the NHS*'.[2] Another urged Christian juniors not to strike, because '*your colleagues, your patients, and those looking in from the outside need to see and hear a group of juniors with a different message. One of self-sacrifice and responsibility versus entitlement. Yes, one even of submission. Supremely, one of a crucified saviour...*'[3]

What should Christian juniors and consultants do today? I think we have freedom to choose. Pray about your decision, seek God's will. Immerse yourself in the Bible and ask him to guide you through his word. We are told to look not only to our own interests, but to the interests of others;[4] to beware of the love of money, which is a root of all kinds of evil;[5] to fear God, and not other people's opinions.[6] We should be especially concerned for the poor[7] – whether they are within our own profession, working elsewhere in the NHS, or coming to us as our patients. We can ask God to grant us contentment in all circumstances;[8] we should be content with our pay.[9] We are told that God blesses peacemakers.[10] There is a hard call to love our neighbours as ourselves.[11]

Paul's reminder to the Christians in Philippi to shine as stars seems especially relevant. Where there is opportunity, take opportunities to speak to others about being a Christian. Explain how knowing God affects your decision making.

For many of us, these strikes have been acutely uncomfortable, and have forced choices on us that we would much rather avoid. This is an opportunity to rise to the challenge and acknowledge that God has put us where we are for a purpose, with a word of life to proclaim to a cynical world where many have lost all hope. To paraphrase Paul's words to Christians in Corinth, '*whether you strike or don't strike, or whatever you do, do it all for the glory of God*.' (from 1 Corinthians 10:31) ●

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key points

- The Bible does not give us a hard and fast rule over whether to strike or not, but it does make clear what our priority and heart attitude should be.
- It is OK to have different opinions on the subject and to make different choices, but we should do so with our hearts and minds focused on what brings glory to God.
- We are urged to engage with others in not only why we have taken the action and position that we have, but also to point to the one who holds our lives in his hands.

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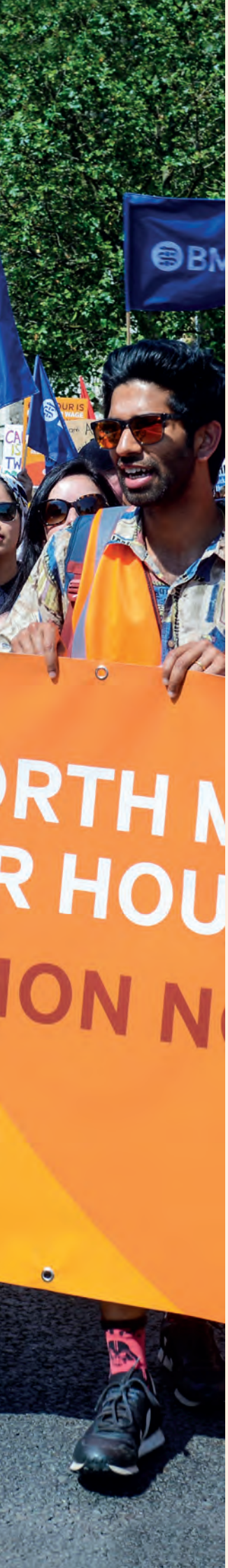
THE JUNIOR DOCTORS' STRIKES

Daniel Nie reflects on the roots and consequences of the current round of industrial action by junior doctors in England.

key points

- The author outlines the roots and causes of the current dispute.
- While acknowledging the validity of the call for pay justice, he questions the message behind the BMA's campaign and what it says about our value and identity.
- Looking for our identity and security in Christ, the author challenges us, whatever our position on taking industrial action, to extend grace and a listening ear to colleagues who hold a different perspective.



On Monday 19 June, the British Medical Association (BMA) elected to re-ballot their membership on extending their mandate for industrial action.[1] The previous ballot on 9 January 2023[2] returned unprecedented results. Out of the 47,692 members eligible to vote, 36,955 voted, of which 36,218 voted 'Yes' to strike action. That's an astonishing 98.1 per cent of voters. To put it into perspective, there are around 75,000 full-time equivalent junior doctors in England,[3] so the BMA represents a large portion of junior doctors in this country. The ballot has been deemed as '*the highest ever number of junior doctors voting for strike action and a record turnout*.'[4]

Three strikes have already taken place: a 72-hour walkout from Monday 13 to Thursday 16 March; a 96-hour strike from Tuesday 11 to Saturday 15 April, and most recently, another 72-hour strike in June. At time of writing, a five-day walkout is planned in July, followed by a two-day consultants' strike.[5,6] Estimates reveal that around 172,000 appointments and procedures were cancelled as a result of the first strike and over 196,000 appointments and procedures cancelled for the second.[7] This is in conjunction with a backlog of 7.3 million people waiting for NHS care.[8] So how did we get to this point?

pay restoration

At the heart of this is a dispute between the Government and the BMA over the issue of 'pay restoration'. The BMA argues that pay has been consistently eroded for the past 15 years by 26.1 per cent in real terms – that's a quarter less than our predecessors earned in 2008.[9] With professional fees, exams, courses and conferences to pay for, this has been felt acutely by junior doctors, me included. This is not to mention the current cost-of-living crisis, record-high inflation rates, and preparing to save for a house and starting a family amongst many other considerations.

In light of the increased workload, as well as just coming off the back of the coronavirus pandemic, we see a workforce that feels devalued and burnt out with the demands of the profession. A report by the General Medical Council (GMC) in July 2021 shows that a third of trainees felt burnt-out to a '*high or very high degree*', three in five felt exhausted at the end of a shift, and 44 per cent found their work emotionally exhausting.[10] I have felt the difficulties of working as an F1 doctor in a busy London hospital in specialties where there are lots of patients with complex needs, many jobs to do, and fast turnovers. I have often returned home utterly exhausted after a long shift. And I say this having worked in the NHS for less than a year.

The combination of the high demands of the profession and the felt inadequacy of pay have caused a significant proportion of doctors to consider leaving or to actually leave the profession or the country.[11,12] At a time of significant vacancies in the NHS, the profession and the UK public can ill-afford such losses. If junior doctors continue to leave the profession as a result of their perceived devaluation, how much longer can the NHS last?

How one is valued has been at the centre of the argument – 'pay what we're worth' is one of the central arguments. I do think there are some legs to this, even though I do not agree with the underlying assumption of the statement. The assumption is 'how much I'm paid is how much the employer values me'. If the NHS doesn't pay me what is fair, they must have a low valuation of me. And if I am not valued, am I willing to continue to subject myself to immensely difficult working conditions, especially when there are other jobs much better paid and seemingly less stressful, with a better work-life balance? Is it any wonder that junior doctors are quitting medicine?

is it any wonder that junior doctors are quitting medicine?

clash of values

However, this is one of the many places where I find biblical Christianity clashes head-on with the world. One's value should not be contingent on what one is paid. A person working on minimum wage is just as valuable and dignified in the eyes of God as a CEO who earns a seven-figure salary. Both have been made equally in the image of God. And whose valuation of us matters more: our employers or God?

I feel somewhat uneasy when speaking to non-medic friends about their thoughts on junior doctors striking, especially knowing some are living 'hand-to-mouth'. Also, having made telephone calls to patients waiting for an appointment and listening to their heart-wrenching stories has weighed heavily on my conscience when contemplating action which causes them to wait even longer.

The Government claim the pay demands are unaffordable and unreasonable compared with other professions' demands. With inflation at 7.9 per cent (CPI at May 2023),[13] a budget deficit of £132 billion forecasted for 2023-24,[14] and a national debt of £2 trillion at the in the financial year ending March 2021, equivalent to 106 per cent of gross domestic product (GDP),[15] the Government must be extremely ▸

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careful with their expenditure. We also have to consider that several parts of the public sectors are asking for pay rises and the Government cannot be seen to give preferential treatment to one sector above another. So, if they give doctors a 35 per cent raise, how can they not also give all other sectors the same? How much will that cost to the taxpayer and how are the Government going to finance it?

The decision to strike is a personal one and something I and every junior doctor in the UK has had to wrestle with. It has caused me to contact seniors on their thoughts on the matter and the impact it has on patient care. Speaking to my junior doctor colleagues, they look exhausted from the demands of their work schedule, and one can't help feeling compassion for them. They want to have their voices heard and their grievances acknowledged. And yet, there is little or no chance of achieving anything close to their pay demands.

There seems to be a unanimous voice among junior doctors on the pay restoration demand, making it very difficult to hold a different opinion. Deviating from the consensus has felt like an act of betrayal against colleagues and friends. They may very well resent you for it. I also noticed some consultants, although supporting the cause, know this is not a sustainable way forward as they take the brunt of covering for their colleagues. They view this as a noble sacrifice to achieve the bigger cause. How long they can endure this is another question, with indefinite strikes looking probable and no future settlement in sight.

There are no easy answers, but as Christians, we are not unfamiliar of difficult times in our collective history as God's people.[16] We are called to be salt and light in the world at the times of deepest testing.[17] We are to be distinct from the world and let that reflect in the way we think, speak and act.[18,19] There will be differing views among the CMF membership. Striking is a disputable matter – not commanded or prohibited in Scripture – and, therefore, there must be charity and immense grace to one another if we disagree on this matter.[20] Acknowledge there are good reasons why someone holds the position they do, even if they are in stark contrast to your position. That alone will be a testimony to a world of strife and hostility.[21]

We are commanded to respect authority and not to malign it.[22] Where accusations are flying around, do not be the one to join in and widen the divide. God has instituted the government, whether we like it or not, and therefore out of respect for God, we ought to respect the authority of the government.[23] It is unsettling to see the force of feeling and words used towards the authorities even if there are understandable reasons for it. It has never boded well for a country when its citizens dishonour the governing authorities on the national and international scene.

seek the mind of Christ

It is also incumbent on Christians in the medical sector to think deeply about this issue from biblically and not go along with the crowd. God has put you here in this sector at this particular time, in this particular situation for a purpose.[24] We need to consider patient safety, the longevity of the NHS, the provision of care for the poor and needy, and care of your colleagues, etc. We need to be independent and critical thinkers about this issue.[25] Don't hold a position just because your colleagues and peers are saying the same thing; explore alternative positions.

> if you have come to a position on this issue... through prayer, then stand firm and do not be swayed by intimidation

We are to be a people of conviction.[26] We have a positive affirmation at the centre of our faith: Jesus Christ is Lord.[27] If you have come to a position on this issue after careful meditation on the word and through prayer, then stand firm and do not be swayed by intimidation.[28]

Much in Scripture is about spiritual endurance, persevering and holding on when circumstances are tough. Oftentimes in Scripture, the mini-salvations and times of prosperity followed the times of deep hardship. This is what makes our faith precious and real – it stands the umpteen tests that come our way and ultimately it will be satisfied by God according to his righteousness. Our primary hope is that God can do it again, not the Government, nor any other human institution.

To end on a positive note, we are Christ's people and it's an honour to represent Christ in the dark days of our profession. Let us go forth as children of light at a time when the world seems so dark.[29]

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RESPONDING TO THE GLOBAL HEALTH CRISIS

Andrew Tomkins reviews how the world's poorest nations are facing massive healthcare and nutrition crises.

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Health and nutrition status has deteriorated drastically in many low-income countries in recent years – for various reasons. However, there is much that can be done by Christian healthcare professionals.

types of crisis

- **Decreased vaccination rates**. Global vaccination rates are now the lowest since 2008. The World Health Organization (WHO) estimates that eight million fewer doses of vaccines against measles, rubella, and diphtheria were given in 2020 compared with 2016.[1]

- **Less care for Neglected Tropical Diseases (NTDs)**. These include trachoma, schistosomiasis, onchocerciasis, lymphatic filariasis, and visceral leishmaniasis, which affect more than a billion of the world's poorest people. A large NTD control programme in Africa was working well, but support stopped unexpectedly in 2021. Careful predictions indicate a serious increase in disease rates.[2]

- **Antimicrobial resistance**. This is increasing, leading to treatment failure, and may account for one in five deaths in Sub-Saharan Africa, even exceeding deaths from malaria, HIV, and tuberculosis. [3]

- **Deterioration in malnutrition rates in children**. UNICEF estimates that 150 million children under five are stunted and 14 million children are severely wasted, contributing to about half of child deaths in low-income countries. [4] Grain imports to Africa have reduced significantly in the last two years. The UN World Food Programme (WFP) reduced food assistance from their target of 6.2 million to 1.7 million people in South Sudan because of lack of funds in 2021. [5]

causes of crises

Poverty, in all its forms (economic, educational, cultural, social, and geographic), is a crucial 'root cause'; there are specific contributory issues.

- **Failing healthcare systems**. There are fewer trained, supervised, regularly paid, and motivated healthcare staff, as they move to more secure situations. Supply of medicines has reduced. Lack of regulatory supervision of private pharmacies leads to more short-course treatment as pharmaceutical companies become increasingly proficient at promoting their products, including infant formula, often enlisting the support of healthcare workers.

- **COVID-19**. It has caused chaos, diverting efforts and resources away from existing programmes.

- **Vaccine hesitancy and misinformation**. False rumours about vaccine safety and efficacy abound, encouraged by increasing use of social media, even in the poorest communities.

- **Invasion of Ukraine by Russia**. Both Russia and Ukraine are major providers of grain and fertilisers to many African countries. Supplies have been reduced recently because of reduced production and the political discord around permission to export via the 'Black Sea Corridor'.

- **Environmental issues**. Climatic change (leading to drought and floods) contributes to reduced supplies and supervision of distribution. Increasing atmospheric and water pollution, especially in urban areas, aids the spread of infection, including development of new pathogens.

- **Corruption, conflict of interest and control**. Some healthcare workers take bribes. Others are tempted to take money for professional development, often inadequately provided by national government, leading to preferential, inappropriate medical advice.

- **Conflict**. Many hospitals, health centres, and vaccination clinics have been destroyed or closed because of war and forced migration.

- **Reduction in overseas aid from the UK**. The Foreign, Commonwealth and Development Office of the UK (FCDO) reduced overseas aid from 0.7 per cent to 0.5 per cent of UK gross domestic product in 2021. Tearfund reports that, in 2022, the UK withdrew from the Health Pooled Fund (HPF) in South Sudan which supported hospitals and healthcare centres across the country, resulting in suspension of funding to 220 of 797 public health facilities. [6]

key points

- Health, wellbeing, and good nutrition are not advancing in most of the globe, and the crisis in healthcare among the poor is as bad, and maybe even worse, than it has ever been.
- The Bible exhorts Christians to be concerned for the poor and disenfranchised, wherever they are in our increasingly globalised world.
- The author explores practical ways that Christian health professionals in the UK can get involved and serve God's purposes in working for better health for the world's least advantaged people.

why should a Christian healthcare worker be concerned about deteriorating health status in 'low-income' populations?

Should we just accept that 'this is the way it is'? Certainly not! God created our world and human life – with all its beauty[7] – to be looked after carefully.[8] God requires us to work for justice.[9] God expects those who have a voice in society to become effective champions for those without a voice, ensuring that their rights are recognised.[10] Jesus demands that the poor and disabled are included in the provision of care to society.[11]

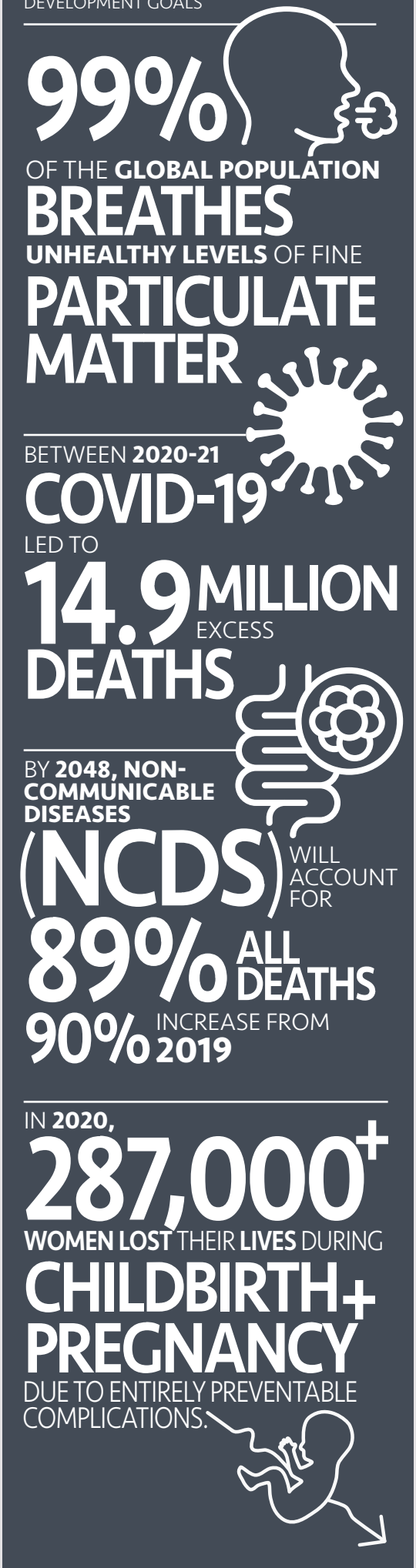
responding to crises creatively – for those working in a 'low-income country'.

- **Working in a different way**. Work as a healthcare worker in a low-income country is always demanding. It is helpful to recognise, as advised by the Apostle Paul, that Christian staff do not work in their own strength alone.[12] While many are well trained and continue to work effectively in conventional clinical and public health disciplines, the collapse of many programmes means that roles may need modification. This usually requires new knowledge and skills by the healthcare worker, in planning for novel, more community based, healthcare programmes.[13,14]

- **Developing new professional support linkages**. The lower the level of provision of resources by national government or local healthcare organisations, the greater the need to develop links with other organisations, eg UNICEF (United Nations Children's Fund), WHO, and national embassies of better-off countries. There are opportunities to work with national church organisations. There are documented ways in which such resource links have improved the health and nutritional status of deprived communities.[15]

- **Developing new personal support linkages**. The more stressful the job, the greater the need to link with other healthcare workers and become informed about how other healthcare programmes are responding and coping. There are Christian Health Associations in most low-income countries, seeking to link and encourage healthcare workers in their daily work (professionally and spiritually) – for those working in national government institutions as well as church-based organisations. The International Christian Medical and Dental Association (ICMDA)[16] organises regular, in-country and on-line workshops in many low-income countries. Developing links with strongly interested, committed, and prayerful groups of Christian healthcare professionals in better-off countries can sustain during times of severe 'work stress' and may provide resources.[17,18]

- **Behaving honourably**. This is important when tempted to earn money in situations of potential corruption and conflict of interest. Integrity is required.[19] How we approach situations of corruption and conflict scripturally is addressed in a CMF briefing paper, along with 25 real-life situations for discussion by Christian healthcare workers.[20] These biblical principles have inspired the Nolan Principles for Public Service; and while developed in the UK these have global application.



responding to crises creatively – for those working in a 'better-off' country

Resist becoming cynical! It is easy to dismiss poor healthcare in low-income countries as due to 'corruption and lack of commitment by national governments'.

Be guided by the biblical basis for seeking change for the poorest,[21] working for the welfare of others,[22] and working, speaking, and writing with integrity at all times.[23]

Become informed on what is going on in low-income countries. There are many helpful resources on the CMF UK website and helpful newsletters from the CMF Developing Health Course[24] and Christian agencies including ICMDA, Christian Connections for International Health (CCIH),[25] Tearfund, and Christian Aid. Save the Children, Médecins Sans Frontiers (MSF), UNICEF, and WHO all analyse data at a country and individual community level, producing policy recommendations for national governments, local communities, and international donors. There are UK government reports on overseas aid for international development and review processes of how UK overseas aid is spent by the International Development Committee[26] and the Independent Commission for Aid Impact.[27] Speaking with and writing to a local MP and senior politicians in the UK, gives opportunities for providing them with specific, well-documented examples of effective use of FCDO funds for improving health in low-income countries, encouraging them to work towards reversal of the cuts in overseas aid by the UK government.

- **Getting to know, supporting, praying for – and visiting – a health worker(s) in a low-income country**. Friendship can provide enormous encouragement and contribute to the quality of their healthcare provision, professional and personal development, and spiritual nurture. There are many church-based links throughout the UK. The Tropical Health and Education Trust (THET)[28] and Prime International[29] provide many, excellent opportunities for UK based healthcare workers to contribute to healthcare training and care in low-income countries.

- **Recognise that we now live in a globalised world where what happens in one environment may have great impact on another**. There are many opportunities to learn from healthcare staff working in the UK who maintain their links with the country they trained in. Their experience and knowledge can be invaluable to any CMF member interested in developing a 'global aspect' to their understanding and advocacy for improved healthcare, especially for the least advantaged. Psalm 82:3 exhorts us to, '*Defend the cause of the weak and fatherless; maintain the rights of the poor and oppressed*'. That Scripture did not infer any national boundaries, and neither should we. ●

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SPEAK LORD, I AM LISTENING

Alison Birtle recounts God's still small voice and its impact on one patient and his family.

Alison Birtle
is a consultant oncologist

It was hard to ignore – Like Samuel hearing that quiet voice in the night.[1] That was certainly my experience of the voice I least expected, especially on New Year's Eve. In the middle of a pandemic. Whilst on call.

As an oncologist I regularly see patients who are too unwell for treatment. Palliative Care Gold Standard Framework Rating Amber means time is short – weeks rather than months.[2]

Two days earlier, I had met an extremely ill 47-year-old man called Guy. His cancer was progressing rapidly, and I had arranged new scans. My uroradiologist, who had done the scans in a day and reported them, messaged me to say take a look. Multiple liver secondaries, appearing over four weeks, 8cm in size, a 20cm local recurrence. My first thought – make sure palliative care is involved.

Then it came at 11 am on 31 December 2020. Not a whisper, but a shout. Not a nudge, but a shove – '*treat him*'. I tried to avoid what would be a logistical headache. And he was too unwell.

a louder call and a flashback

Four months earlier, my beloved older brother John had died of lung cancer in Australia. His last CT scan was very similar to the one in front of me now, and John had died eleven days later. Another reinforcement to me that chemotherapy in this situation would not only be ineffective but wrong.

God, however, was having none of this and brought in the big guns. The sun came in through the window of my office, onto the desk, and behind one shoulder was Jesus. And behind the other, he had brought along John. '*TREAT HIM*'.

I fairly ran out of the office, not quite knowing where to start – remember New Year's Eve?

I then 'coincidentally' bumped into everyone I needed to not only start, but to complete my mission – the lead outpatients and chemotherapy sister, an HCA who was a friend (and a Christian), the oncology pharmacist. Space was found, a best guess dose of chemotherapy prescribed, and I then called the patient. I also prayed for the words to use and put a quick message asking for prayers on my CMF prayer group.

Ninety minutes later, I was in a clinic room with Guy and his wife, Jaimie. I explained the scans and said I wouldn't usually treat him as he was too unwell, but that something – a gut feeling I called it, not feeling brave enough to say who sent that feeling – had told me to try. Without it he would have a few weeks to live, with it I could possibly shorten that further but there was a tiny chance it might make him feel a bit better. A tiny chance. We did an emergency will, and do not attempt resuscitation notice (DNACPR).

At the end of the consultation, I said, 'I hope you don't mind but given the circumstances, would it be ok if I put you on my prayer group?'. Jaimie paused and said she had done the same that morning as a practising Christian. Guy himself was an atheist, having to be dragged into church for school nativities, but when I asked his wife and Guy himself if they would like us to pray together, this weary, exhausted, emaciated dying man said yes.

The next few hours were a tribute to my team – all of whom stayed late on New Year's Eve to treat Guy. Then it was over to God. I had already asked him to work through me – after all he had asked me (nicely) to do it in the first place.

an unexpected recovery

On 25 January 2021, Guy virtually danced into clinic – unbelievable! Let me be clear, this wasn't a curative situation, and a response like this just doesn't happen.

So I knew it wasn't by me – it was *through* me. I couldn't take the praise. So we gave thanks and the three of us prayed together again.

Fast forward – Guy had a complete response to chemo. I have never seen anything like this. Over the next 18 months he changed in so many ways. Of course I hadn't known the pre cancer, 'old' Guy – the career man, spending time out on the road and with clients, and less time with the family, although he loved them dearly. The 'new' Guy was different – spending time chatting with everyone, interested in everything, enjoying walks out, and coffee and cake in the afternoon. He was the sort of person who radiated light and drew people to him.

Guy started asking questions about faith. He went to church with Jaimie and became the poster boy for 'Beer and Bible'. I went to Jaimie's – and now, by default Guy's – church, and it became natural for us all to go together. His quality of life was excellent for most of the next 20 months. Whenever he had a relapse, I asked God what I should do next, and who to ask for help, and each time, he came back with a reply. Guy's cancer never behaved like anything in a textbook or guideline, so he needed a bespoke treatment. He had a number of operations and episodes of chemotherapy, although never given in such a dramatic manner as on that New Year's Eve. Yet every time, there was success. But each time, after a period, the cancer returned, and in July 2022 he embarked on this path again.

Ultimately, a treatment-related stroke was the cause of his death, but in the days beforehand his hospital room was filled with light, love, and hope. There was no doubt in anyone's mind, least of all Guy's, that death was a beginning. When I went to see him, he said, 'Sis, don't think you always have to save me, because you already have, and you have saved my soul as well'.

Guy kept some notes on his phone, a witness testimony if you like – found the day before he died by Jaimie. It includes the very real coming of the Holy Spirit in the car park at Sainsbury's, of all places!

Guy's testimony

It was then I felt the Holy Spirit, the comforting, enveloping warmth, tingling, and altered perception. Blissful and peaceful, it almost made me laugh as it came to me. It felt like my eyes had been opened – I had been given membership to a private club that most weren't even aware that existed. It was a moment where I felt touched by something intangible, almost imperceptible, just out of normal reach, a frequency I was able to tune into momentarily.

Now I'd been a staunch atheist, seeing Christianity as a load of old rubbish. Harmless, but merely a psychological crutch for the weak minded and misguided.

But I knew on the start of my spiritual awakening / journey what was definite. One thing was irrefutable; Christian faith had saved me. Many things had happened before meeting my oncologist – through my wife's action and prayer – but I when I met her, she told me, technically, I was too far gone to help. But God had told her to treat me. Which, as you can imagine, was a bit of a shock on many levels. Now, whether God's real or not, I knew that woman's decision, influenced by faith, had saved me. This woman of science had felt God's presence and sprang into action, arranging for me what would normally be weeks to months in the making, what would turn out to be lifesaving treatment in hours, on New Years Eve no less, and in a pandemic.

When I lay there in the middle of the night in pain, contemplating the end, staring into the abyss, it felt very sad. I didn't want to go. All this was unexpected and not the way I'd imagined the end of my life, and I certainly didn't want to say goodbye. My family depend on me, and I love them dearly. The thought of leaving them was unbearable and my heart was breaking.

In my darkest hour, Richard Dawkins couldn't save me, Brian Cox couldn't help. There was only One that could. So I pleaded with him to be saved. Not fully expecting an answer. But he did, and in spades.

Anxiety and despair has been replaced with love and hope, to what is one of the best times of my life. I no longer fear death. If it's God's will I should pass, then onwards and upwards in his glory. To be at peace with God. The hard part is saying goodbye to my wife and children. But, as I like to remind myself, it's not a final goodbye but just 'see you later', as I'm just going on ahead.

At Guy's funeral in August 2022, his witness testimony was read out. At the end were also a few things he said before he died, including that it wasn't a private club – anyone can join. All you have to do is reach out your hand and Jesus will take it. I have no doubt that Jesus took Guy's hand, and that 20 months earlier, he had taken mine and given me a shake into an action that ultimately made a difference to so many people's lives, not least my own. ●

SCAN FOR MORE

key points

- The author recounts how God's prompting led her to treat a patient that conventional wisdom would not have.
- Through an unexpected recovery, God worked an incredible spiritual transformation, bringing hope and joy in a dark situation.
- While not typical, the story illustrates how God can use us in unexpected ways to bring about his purposes in the lives of those we serve.

Real names used throughout with Guy and Jaimie's consent

BOOK STORE

At a Given Moment
Graham McCall
£5

Cure for Life
Bernard Palmer
£4

Walking with God through Pain & Suffering
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£8

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LESSONS FROM THE ARCHIVE **EPISODE 4**

GEORGE SAUNDERS: REVIVAL IN RETIREMENT

Mark Pickering explores how 'home medical mission' in the late nineteenth century led to a new movement among Christian medics under the inspirational leadership of a retired army surgeon.

Mark Pickering *is CMF Chief Executive*

The first article in this series traced the remarkable birth of the Christian Medical Association (CMA) in 1853-4. It also outlined the amazing and timely transformation that God wrought in the life of Dr Golding Bird, enabling him to be the key person in launching the CMA.[1] Despite providing much encouragement to Christian doctors and medical students in those early years, the CMA was fading by 1869 and had ceased to exist by 1871.

Yet far from being the end of the Christian medical movement in England, this ended up simply being the passing of the baton from one generation to another. Through numerous remarkable coincidences, in God's providence, something incredible was again about to happen.

key points

- Serving the poor with medical care and the gospel of Jesus were the cornerstones of a new wave of 'home medical mission' that swept from Edinburgh across the UK in the latter half of the nineteenth century.
- Inspired by the movement, Dr George Saunders joined and then led the London Medical Mission.
- Not content with just focusing on London's poor, he also focused on equipping Christian doctors for medical mission at home and abroad and walking with Christ throughout their careers by founding both the Medical Missionary Association and Medical Prayer Union.

SCAN FOR MORE

the birth of Home Medical Missions

Dr William Burns Thomson

In the second article in this series, I detailed how the visit of Dr Peter Parker from China to Edinburgh in 1841 catalysed the birth of the Edinburgh Medical Missionary Society (EMMS), which is still in existence today after more than 180 years.[2] One of several highly influential projects promoted in Edinburgh by the EMMS and exported elsewhere was the development of 'home medical missions' – free dispensaries operating in poor areas of large cities, where Christian doctors and nurses would provide free healthcare and engage in evangelism, thus fulfilling Jesus' call '*to preach the kingdom of God and to heal the sick*'. (Luke 9:2) In the years before the universal health coverage of the National Health Service, these medical missions were a wonderful way of promoting the physical and spiritual health of many thousands in desperate need.

The very first home medical missionary sent out by EMMS was to Parsonstown (today Birr), in County Offaly, Ireland, in 1848. This was at the height of the Irish Potato Famine when many poor people in Ireland were dying of starvation and disease.[3] Many also emigrated, resulting in large Irish Catholic populations in numerous other crowded cities around the UK.[4]

During the 1850s and 1860s, the EMMS dispensary grew into a well-established training institution for generations of Christian medical students. Providing accommodation, medical teaching, and evangelistic training, it prepared many students for medical mission careers, such as Dr Vartan, who went on to found the Nazareth Hospital in Israel that still operates today.[5]

The driving force behind the EMMS dispensary and its worldwide influence during much of this period was Dr William Burns Thomson, whose story was also outlined in the second article in this series. Sensing the wide applicability of the project he led in Edinburgh, he often travelled to other cities and helped to establish similar medical mission dispensaries elsewhere, such as Glasgow (1865), Liverpool (1866), Aberdeen (1868), Bristol and Manchester (both 1872), and Birmingham (1875). This work of spreading the work of EMMS throughout the rest of the UK had been begun in 1857 by Dr Edward Blackmore of Bath, who travelled around England for six months, promoting medical missions, and encouraging the establishment of affiliates of EMMS, such as the Liverpool Medical Missionary Society.[6]

> Christian doctors and nurses...fulfilling Jesus' call 'to preach the kingdom of God and to heal the sick'

'Home Medical Mission' comes to London

Mr Hugh Matheson

Reproduced with the permission of Westminster College, Cambridge

In the late 1860s there were early hopes and plans to launch a similar venture in London. These came to a head in October 1869 when Dr Burns Thomson visited London, and two events occurred within a few days of each other.

A meeting was held at the Theological College of the English Presbyterian Church in Queen's Square, chaired by Mr Hugh Matheson, and mentioned in the *British Medical Journal (BMJ)*, '*to hear an address by Dr Burns Thomson on medical missions*', where it was agreed that '*steps should be taken to establish a medical mission in London. A committee was appointed to make the necessary arrangements.*'[7]

In the same week, Dr Burns Thomson also spoke at the annual Mildmay Conference in London, an interdenominational forerunner of the Keswick Conventions.[8] The connection between the Mildmay movement and EMMS was outlined in the third article in this series.[9]

One of the last evidences of the Christian Medical Association is a report in the *BMJ* in December 1869, describing a 'large attendance' at a CMA meeting, and that, '*The Committee hope soon to be in a position to help forward a medical mission in London in a similar manner to those of Edinburgh, Liverpool and other places.*'[10]

Hugh Matheson was a business leader, a solid supporter of foreign missions, and a friend of Prime Minister WE Gladstone.[11] He now led the committee that sought to establish a home medical mission in London. He secured the lease of a building in the St Giles area of London, near Covent Garden, which was a notorious slum area in those days.

As a result, mission work began '*in a closed public-house [pub] once a notorious haunt of thieves*'![12] It was initially used as a church mission house for varied outreach to the local area. In due course, the London Medical Mission opened there, on the corner of Endell Street and Shorts Gardens, in May 1871, initially staffed by three local doctors. Amazingly,

1841 Peter Parker visits Edinburgh and Edinburgh Medical Missionary Society is established

1853 The first EMMS Dispensary is founded in Edinburgh

1869 Dr Burns Thompson visits Mildmay and the Christian Medical Association (CMA) in London

1871 The London Medical Mission (LMM) opened at Endell Street and Shorts Gardens in May

1871 The CMA closes down

1871 George Saunders retires as an army surgeon and is invited to join the LMM in October

1874 Dr Saunders and William Fairlie Clarke are instrumental in setting up the Medical Prayer Union (MPU)

1878 Dr Saunders and Dr Farlie Clarke set up the Medical Missionary Association (MMA)

1882 Dr Saunders retires from the LMM

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

the mission expanded rapidly, treating many people with little other option, and combining regular gospel meetings, one-to-one discipleship, and free medical care

the building still stands and houses London's oldest fish & chip shop, which also proudly dates its origin back to those very days in 1871![13] This shared history appears to relate to an initial feeding project for local poor people in the winter of 1870-71.

Dr Saunders enters the scene


Dr George Saunders

Dr George Saunders was an Irishman who graduated from St Bartholemew's Hospital in London in 1845. He had a distinguished career as a military surgeon, eventually retiring in 1871 with the rank of Deputy Inspector-General of Hospitals.[14]

His autobiography, *Reminiscences*, details his experience in the brutal Crimean War during 1854-1855. In that conflict, he himself became sick with a fever and was brought back to the British military hospital at Scutari, in what is now Istanbul, Turkey. There he relates two fascinating details from February 1855:

> *Through some mistake my name was included in the monthly obituary list…and my death was announced in the British newspapers. I had to declare that I was still alive…When I came to Scutari I found that the hospital there had now every appearance of comfort, and was unsurpassed by any other, civil or military. For this improved state of things all the praise was due to the noble and indefatigable efforts of Miss Nightingale, who fortunately had carte blanche to do whatever she thought necessary for the comfort and well-being of the sick and wounded.*[15]

Dr Saunders was clearly a man who loved to share the gospel with his colleagues. In the latter years of his military career, he supervised new recruits in Bristol, many of whom were '*careless and indifferent*'. Undaunted, he '*commenced to hold Bible and prayer meetings for them, which I was compelled by order to discontinue. Then I began to distribute Testaments to those who could read… Although my mouth was stopped, the Word of God was not.*'[16]

Also, during his time in South Africa, he spent significant time treating the local population for free, including beginning a smallpox vaccination programme.[17] This experience of 'foreign medical mission' helped to prepare him for his future service back in England.

He retired from the military after 25 years in February 1871, and was considering his future options when a letter arrived asking him to run the dispensary of the Liverpool Medical Mission whilst its Superintendent was ill. Dr Saunders '*knew from experience that medical missions offered a wide and valuable field for doing good, particularly among the poor*' and so he spent three months working there.

During this period, he visited Edinburgh and met Dr Burns Thomson, '*the pioneer of medical missions*', receiving '*some valuable counsel on their management*'. He also met Lord Lister, the pioneer of antiseptic surgery, and discussed Saunders' own similar ideas on antisepsis that he had used to excellent effect with Crimean War injuries!

Shortly after this trip, he received three postal requests in quick succession to join the staff of different medical missions – those in London, Bristol, and Liverpool. The request from the recently-formed London Medical Mission (LMM) had come first, and so he resolved to accept it, beginning work in October 1871.[18]

the growth of the LMM

The initial few months of the LMM were covered by three local doctors, who each took time out of their private practices to do free clinics there one day per week, but who did not have the time to provide a fuller service, including home visits. The initial success of the mission clearly called for this, and hence the trustees appointed Dr Saunders as the first Superintendent of the LMM, giving his full time to it. In those days, the St Giles district of London (now Covent Garden's Theatreland) was a notorious slum. It was described as '*the headquarters of depravity and squalor, like a legacy from the barbarous past*'.[19]

Dr Saunders got to work, and the mission expanded rapidly, treating many people with little other option, and combining regular gospel meetings, one-to-one discipleship, and free medical care. The work was supervised by trustees and a committee of 26 in addition to Dr Saunders. Anyone who has ever battled with unwieldy committees will have great sympathy! Eventually, in 1874, it became clear that the arrangement needed streamlining, and so the entire committee resigned, leaving the running of the mission to Dr Saunders and the trustees. The work continued to expand successfully under his leadership.[20]

The Medical Prayer Union

After the demise of the CMA around 1871, sporadic efforts were made over the next couple of years to restart something similar. These finally gained traction in 1874, as Dr Saunders relates:

> *I arranged with Dr Fairlie Clarke, of Charing Cross Hospital, to hold a conference at Endell Street with such medical men and students as were likely to be interested in the matter. Of this conference the Medical Prayer Union was the result; its purpose was to establish Bible and prayer meetings at the various*

metropolitan medical schools, to be arranged and conducted by the students themselves. Several of the teachers lent their assistance, and encouraged the movement with much zeal...

The steady growth of the Union was remarkable, for by 1880 nine of the eleven medical schools held meetings weekly for Bible study and prayer, with a total membership of 250. Two of the members went as medical missionaries abroad...to China and...to India. [21]

Although Dr Saunders had never experienced the CMA due to his military service, Dr William Fairlie Clarke had been a student at King's College during the flourishing of the CMA, and he had been inspired to help replicate it. This illustrates again how training and inspiring a student will often reap benefits in future generations, as they go on to be leaders themselves.

Whilst the CMA as an organisation ran out of steam, there was clearly an ongoing desire for Christian doctors and medical students to meet and support each other. Though one incarnation failed, the vision remained and was soon reborn.

The Medical Prayer Union continued, through various ups and downs, for 75 years, until it merged into the newly-formed Christian Medical Fellowship in 1949. I plan to tell more of its story in the next article.

The Medical Missionary Association

The dynamic duo of Drs Saunders and Fairlie Clarke was not yet finished! Just a few years later, in 1878, they brought together another group of Christian doctors and others at the LMM in Endell Street, to form the Medical Missionary Association (MMA). The previous articles in this series have highlighted some of the firm connections between the EMMS in Edinburgh, and their Christian colleagues in London. This took firmer shape with the founding of the MMA. Again, Dr Saunders tells the story:

Meanwhile another union with similar aims had been formed by Dr Fairlie Clarke and myself in the Medical Missionary Association, for the purpose of assisting such Christian work at home and abroad as might lie within the sphere of medical agencies... A journal was soon published entitled Medical Missions at Home and Abroad*; it was first edited by Dr Fairlie Clarke, and afterwards by Dr James Maxwell, formerly a medical missionary in Formosa [Taiwan], and then director of a medical students' training home at Highbury.* [22,23]

The MMA also went through many inspiring twists and turns over its 126-year history until it finally merged with CMF in 2004. [24]

later years

Dr Saunders retired from the LMM in 1882 and led a quieter life in his second retirement, dying in 1913. He wrote his *Reminiscences* in 1907, and remained full of thankfulness to the Lord. Despite the fascinating, exciting, and varied scenes of his life, he ended his autobiography thus:

Above all, and beyond any earthly pleasure or satisfaction, has been the love of God in my heart – to me an unworthy sinner saved by grace. The interests, the pleasures, the duties of life pass away: but the salvation which Christ gives, He gives for ever. [25]

> training and inspiring a student will often reap benefits in future generations

what can we learn from the life of George Saunders?

In a dramatic life that has had an incredible influence on the Christian medical movement, the following things stand out to me:

- Retirement is not necessarily a barrier to doing great things! His distinguished 25-year military medical career was, in many ways, simply a prelude to his main lasting achievements with the LMM, the MPU, and the MMA that have benefited thousands down to the present day.
- God's exquisite timing is yet again present – the consistent support of the EMMS and Dr Burns Thomson began to bear fruit in 1869-1871 with the formation of the LMM, just before Dr Saunders was in the right time and place to take it up. Even then, the chance timing of letters led him to London rather than Bristol or Liverpool. We never know how the small details of life can change history.
- The disappointment of the CMA ceasing to exist was not the end, but merely one swing of the pendulum. The work done to inspire Christian students and doctors in the 1850s and 60s left them hungry to see it reborn in the MPU and inspired the next generation of leaders, such as Dr Fairlie Clarke.
- Dr Saunders demonstrated a rounded, whole-life approach as a Christian doctor. He pursued clinical excellence in his military career whilst never forgetting the need to share the gospel. He supported and inspired students whilst giving himself sacrificially to the care of the poor and disadvantaged. His devotion to prayer and fellowship led to the creation of the MPU, and his commitment to both 'home' and 'foreign' medical missions brought about the MMA. ●

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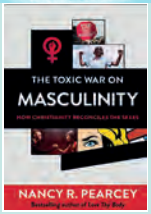
This series will continue to sketch out the history of the modern Christian medical and nursing movements in the UK, as we approach CMF's seventy-fifth anniversary in 2024. If any readers have an interest in this area, or relevant material to contribute, please contact Mark on *admin@cmf.org.uk*



The Toxic War on Masculinity:
How Christianity Reconciles the Sexes
Dr Nancy R Pearcey

- Baker Books, August 2023, 324pp, £16.99, ISBN: 9780801075735
- Reviewed by **Steven Fouch**, CMF Head of Communications

Dr Pearcey's last book, *Love thy Body*, has become one of the go-to texts for many CMF members for developing a biblically robust understanding of the body, sex, and sexuality while compassionately and wisely exploring how this relates to a culture mired in gender confusion. She has achieved a similar feat in her latest book, but this time exploring the equally confused issue of masculinity.

Men die younger than women, are more likely to commit suicide, and are less likely to seek medical care. Boys and young men are increasingly socially alienated and isolated, falling behind in education and employment, and are far more likely to end up in crime and at the wrong end of the criminal justice system. They are much more likely to become sexual abusers of women and children. There is a script in society that says men are the problem and are irredeemable. Young men and boys hear that they are hopeless cases and the world is better off without them! Furthermore, the narrative, especially in the US, is that conservative Christian men, in particular, are tyrannical abusers and that Christian families are as likely to implode as their secular counterparts.

Pearcey begs to differ and, with forensic rigour, digs into some oft-sidelined areas of sociological research showing that a biblically-grounded concept of masculinity is good news – for women, children, and men themselves. Genuinely biblical models of masculinity, she argues, far from leading to macho tyrants, produce caring, compassionate, involved fathers and supportive husbands and colleagues who are engaged with the community. Such men tend to have better mental and physical health and happier families. Through equally meticulous historical research, she shows the crisis in masculinity among boys and young men to be a problem created by secularism and industrialisation, creating false ideas of what it means to be a man and dragging men away from faith and family to the world of work. Men have lost their role in the home, community, church, and family, leading to alienation and a generation of boys and girls with 'father hunger' for the increasingly-absent male figures in their lives.

The crisis in masculinity, Pearcey argues, is also a mission field, an opportunity to bring the gospel to father-hungry young men through surrogate father figures in the form of mentors, teachers, and youth leaders. Changing work patterns and bringing men back into the home to work alongside their wives and kids has measurable benefits. The crisis in masculinity that the secular world is struggling to answer has an answer, above all, in the example and person of Jesus and the men and women who embody the saving grace of his good news to the broken world of gender relations.

While this book focuses on American society, culture, and social history, its findings are just as relevant and resonant to us in the UK. While it is not a medical book, it explores issues we all encounter in clinical practice and challenges us to consider how we relate to each other as men and women in the workplace. Another 'instant classic' by an increasingly relevant and important author.

The Final Lap
John Wyatt

- 10Publishing, 2023, £6.99, 80pp, ISBN: 9781915705808
- Reviewed by **Howard Lyons**, Treasurer of the International Christian Medical and Dental Association (ICMDA)

This is a book to give away. My copy was given to me by the author himself at the ICMDA World Congress in Arusha, where Professor John Wyatt was a very popular plenary speaker. I devoured it on the flight home and promptly ordered several copies to give to church friends of a similar age.

This is not the first book to be written on '*navigating the transitions of later life*', to quote its subtitle. Jim Packer's *Finishing our Course with Joy* is more detailed and perhaps more challenging. But this book is short and fresh and comes from an author who has developed a strong body of work on the subject, including 2018's *Dying Well*.

In this latest offering, Professor Wyatt uses the analogy of a marathon and considers three phases: moving from work to retirement (Hitting the Wall), moving from independence to dependence (The Home Straight) and moving from life to death (The Finish Line). I have never run a marathon, but from the comments made by those who have, the analogy seems to work well.

The book may only be 80 pages long, but I gleaned several insights from my initial reading that will stay with me. The first was the importance of recognising that we will become increasingly dependent as we grow old, and, therefore, we should plan for it, discussing it in advance with loved ones who may end up being our carers. The second compared going to sleep each

SCAN FOR MORE

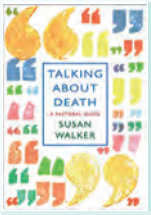
WANT TO CONTRIBUTE?

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

evening with falling asleep in Christ at the end of our lives and how we can learn from this nightly experience to prepare ourselves for death.

But the most startling insight came from the author courageously sharing his experience of being locked up in a psychiatric ward and how Jesus reached out to him through the kindness and care of family and friends. He quotes Bernard of Clairvaux, '*Christ himself kisses us in the love of friends*'. We don't know what our friends have gone through when we meet them later in life, but reading this graphic testimony made me realise how much people I interact with at church and elsewhere may have suffered earlier in their lives and are still carrying those burdens each time I meet with them.

So, I will give this book away to friends and hope it will open the door to fruitful conversations as we help each other towards heaven, just as John Wyatt helped me with this little book.



Talking about Death

A pastoral guide

Susan Walker

- Canterbury Press, 2022, £9.50, 128pp, ISBN: 9781786224637
- Reviewed by **David Smithard**, Consultant in Geriatric Medicine at Lewisham and Greenwich NHS Trust, Visiting Professor at the University of Greenwich & *Triple Helix* Editor

Susan Walker is a former hospice chaplain and a minister in the United Reformed Church. Her writing is not heavy on theology yet has enough to provide some answers and raise more questions. Walker starts off by discussing the difficulties associated with talking about death. Like Andrew Ferguson a decade or so ago, she understands that death is as taboo today as was sex in Victorian times. She quotes Leonardo da Vinci '*While I thought I was learning to live I have been learning how to die*'

Walker discusses the Christian approach to death, commenting that, despite the acknowledgment of eternal life and that death is not the end, many Christians want death postponed as long as possible. In the last chapter, Walker comments '*I have always found the words of Jesus on the cross to the man being crucified beside Him a tremendous comfort and inspiration: "Truly I tell you, today you will be with me in paradise".*'

I enjoyed this book. It was helpful, statements supported, where needed, by evidence, and an easy read.

Cut to the Soul

Sarah Louise Bedford

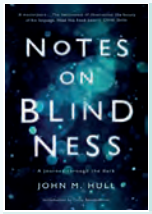
- CMF & Integritas, 2023, £10, 158pp, ISBN: 9781789728446
- Reviewed by **John Hindley**, an elder at Broadgrace Church in Coltishall, Norfolk, and author of several books, including *Serving without Sinking*.

In her preface, Sarah Louise expresses her hope that this book will be helpful – practically, emotionally, and spiritually. It is!

I do not self-harm, but as a pastor and friend I know those who have and do. I have found Cut to the Soul helpful in my own faith but also in giving me insight and real help in walking with those who self-harm. By providing honest and straightforward insights into her own journey, coupled with a feast of wisdom, truth, and care from the Bible, Sarah Louise has equipped me to better serve others.

She has also given me a book I will give and commend without hesitation to those who are self-harming or who are trying to navigate this confusing, hidden, and dark world with those who are. This is not only because of the deep and accessible content of the book, but also because of its tone.

This book is kind. Written by a kind author, she reflects the kindness of Jesus Christ. Such gentle kindness will make this book a source of healing and hope to Christians who are self-harming and, wonderfully, to those of other faiths or none. Here is an offer of hope, peace, and wholeness. If you are reading this short review, please read this book!



Notes on Blindness

A journey through the dark

John M Hull

- Profile Books; Welcome Collection, 2017, £8.32, 240pp, ISBN: 9781781258590
- Reviewed by **David Smithard**, Consultant in Geriatric Medicine at Lewisham and Greenwich NHS Trust, Visiting Professor at the University of Greenwich & *Triple Helix* Editor

John Hull was an academic and professor in theology and religious education at the University of Birmingham. He was registered blind in 1980 and by the summer of 1983, he was totally blind. This book, initially published by SPCK under the title *Touching the Rock*, details Hull's experience of blindness, his coming to terms with his disability, and the way blindness alters the visually impaired or blind person's perception of the world and time. It also explores the sighted person's perceptions of the visually impaired.

Hull explains that the blind person, being unable to pick up the visual clues that sight provides, 'sees' the world through other senses: touch, hearing, and a strong reliance on concentration and memory.

Yet at the same time, Hull's faith in God was undiminished. His response to people telling him that God would heal him are a joy to read, including one episode on a station where a stranger offered healing; his reply was that he was healed but his 'sight did not work'. It ended up with Hull providing money so that the stranger could buy a gift for his daughter.

Hull died in 2015 from pneumonia following a fall at the age of 80. John Hull was a significant figure in the academic world of religious education. A book worth reading to gain an understanding of one person's struggle with disability. Not written from a victim's stance, more from someone facing a struggle and coming to terms with life's situation. ●

NEWS REPORT

ICMDA SEVENTEENTH WORLD CONGRESS REPORT

The International Christian Medical and Dental Association (ICMDA) has a vision to see a Christian witness through doctors and dentists in every community in every nation. As an association, its mission is to start and strengthen national Christian medical and dental movements.

Some have called previous ICMDA conferences, a 'taste of heaven'. The Seventeenth World Congress in Tanzania did not fail to live up to this, bringing together nearly 1,000 delegates from 106 countries for the sole purpose of worshiping Jesus and learning how to serve with love in a hurting world. We enjoyed great teaching during the main talks, pre-conference, and conference seminars, covering a wide variety of topics pertinent to us as healthcare professionals. It was refreshing to learn alongside brothers and sisters serving across the world, some still at the beginning of their medical and dental careers, and others senior leaders in their countries. A particular highlight for me was the opportunity to speak with people at the CMF bookstall, where we were able to equip people with helpful resources at discounted prices and, in some cases, for free. In addition to the conference, it was wonderful to explore all the exciting sights and sounds of Tanzania with friends and family.

'*How good, and pleasant it is when brothers and sisters dwell in unity*' writes the psalmist in Psalm 133. And indeed, it is a beautiful thing, and foretaste of when we will all worship together before the throne.

The main talks from the conference can be accessed online on the ICMDA YouTube page, and we look forward to the next world congress which will be held on Jeju Island, South Korea, from 30 June to 5 July 2026.

***Paula Busuulwa**, Obstetrics and Gynaecology Speciality Trainee, Liverpool, UK*

For me, the ICMDA congress was a huge blessing in so many ways. First and foremost, it was being reminded of our calling and identity in Jesus, that our primary purpose is to be in relationship with him who is our source. It seems so basic, yet so easily forgotten in the day-to-day grind. I also needed to be reminded of the simplicity of sharing Jesus; over the last nine months or so, I have often got so focused on other things in clinical work that I have sometimes forgotten that I went into nursing and midwifery to share Jesus with people.

I took part in the PRIME pre-conference stream, which I found very useful for my situation. While I am in clinical practice in Burundi, my heart is to be a more effective educator. Now I am more equipped. Especially interesting was learning the different ways of educating and deeply examining the model of Jesus as a teacher.

Finally, the ICMDA congress provided a wonderful opportunity to network and meet so many like-minded people. I was deeply encouraged to hear other people's stories and experiences. I managed to meet many obstetricians and paediatricians, which was great. At one of the lunch breaks I connected with a brother based on the other side of Lake Tanganyika who I had been meaning to connect with for a while. We finally arranged a meeting to his mission hospital next month. Overall, a brilliant time; thank you God and to all who organised this ICMDA congress.

***Ruth Sloman**, Midwife based in Burundi*

The congress was a fantastic chance to connect with Christian healthcare professionals from all over the globe. Along with a myriad of excellent speakers on a variety of topics, Voddie Baucham gave the daily plenary Bible talks, focusing on serving with calling, with compassion, and with hope. This was both rooted in Scripture and wonderfully practical, as the congress explored ways of 'serving with love in a hurting world'.

Seminar topics were varied and included servant leadership, volunteering, opportunities in mission and Artificial Intelligence in healthcare. A seminar on 'corruption in healthcare' highlighted an issue that manly healthcare leaders wrestle with globally. The seminar discussed practical ways to deal with corruption, and how, as Christian healthcare professionals, we can be distinctive.

One of my highlights was an impromptu evening praying meeting with healthcare workers from Ukraine, Belarus, and Russia, praying about the war in Ukraine. All were united under the banner of Jesus, seeking resolution and peace in this area.

For me it was wonderful to reconnect with doctors I had met and worked with over the years. These included doctors from Belarus, Romania, and Papua New Guinea. It was also wonderful to make new friends and connections.

Around Arusha there were many street vendors, selling artwork, crafts and souvenirs. There were also many selling bracelets with the word *Polepole*, which translates from Swahili as 'slowly'. For me, this was my take home message of the congress. A reminder of the need to slow down, recharge, take time to talk, listen, and step away from the constant noise and busyness of our lives.

***Matt Baines**, GP Partner, Coventry, UK*

SCAN FOR MORE

WANT TO CONTRIBUTE?

If you would like to share news and stories of CMF activities in your area or workplace, please contact us via *communications@cmf.org.uk*. We will need copy for the autumn 2023 edition by 29 September.

NURSES & MIDWIVES

NAMfest 2023

We give thanks to God for the success of our first in-person NAMfest, which was held as a pre-conference this year at Yarnfield Park Conference Centre from 20 to 21 April. There were 53 of us in attendance, representing a range of specialities in nursing and midwifery, and at various career stages, from students to seniors. In a recent survey, the RCN reported nurses and midwives are experiencing 'unsustainable pressures' at work, so we invited Georgie Coster, our main speaker to talk about 'being sustained in unsustainable pressures'. What a privilege it was to worship our God together, '*our refuge and strength, an ever-present help in trouble*'. (Psalm 46:1)

Our times of prayer were tender, and our discussions were animated. Our relaxation workshops of dancercise, walking, art, poetry, pampering, and massage were well received, like a balm for weary souls, as many of our members are feeling burnt-out. Everyone agreed that it was a timely event, one participant said, '*Georgie was anointed, and it was a Word in season*'. We'll have to do it again!

writers' retreat

We are continuing to cultivate our community of writers who can contribute to *Spotlight*, our nurses and midwives magazine, the *CMF blog*, and other written resources. In June this year, we retreated to Stanton House in Oxfordshire to create space in our otherwise busy schedules to write and hone our skills together. We deliberately left time in our schedule together to allow individuals to pray and reflect on their own, as well having time to write articles for *Spotlight*, liturgies for working, and sharing what books have inspired us recently. There was unanimous positive feedback for the event. One participant wrote, '*Thank you for organising this writer's retreat. I am blessed beyond measure*'.

GLOBAL

Global Track field visit to Kenya

What took two doctors, one paediatric nurse , two final year students, and one CMF staff member to a Maasai village? The Global Track run by CMF gives 'Trackers' an opportunity to visit some health care work outside of the UK. This trip was hosted by Life in Abundance, a Kenyan based charity working in community health through churches. In addition to supporting the work of a clinic in a Maasai village, the Trackers also got the opportunity to see Kijabe mission hospital and learn of their work, hear of the Salvation Army health work in the region, and see medical work in the slums of Nairobi.

It is in such situations that we can apply the learning from the Track and pray for God to make clear his will for our lives. Talk about opening our eyes to both need and opportunity!

If you are a final year student or at the early stage of your career and interested in Global Health and Mission, we will be recruiting for Global Track 5 in spring 2024.

Contact *globalcoordinator@cmf.org.uk* or go to *cmf.li/GlobalTrack* for more information.

STAFF MOVEMENTS

leaving

Esther Hughes stepped back

from her Nurses and Midwives Staffworker role to go on maternity leave in June. Esther has been part of the nurses and midwives ministry of CMF since her students days, eight years ago, and has been a great asset to the team. Please join us in praying for her, her husband Jamie, and their baby as they prepare for this life-changing transition.

Marolin Watson retires this

summer after many years faithfully serving as the administrator for the students team, and latterly for all CMF's field team. Her gentle and humble servant heartedness and attention to detail will be greatly missed, although she will continue to do some volunteer work for the team. Please pray for Marolin and her husband, John, as they move into this next stage of their lives.

Olu Lampejo left her role

as Head of Operations with CMF at the start of June. Olu joined during the pandemic while the whole office was working remotely, taking on the management of CMF's administrative ministry in less than easy circumstances. Her warmth and diligence is greatly missed and we pray for her in the next steps in her career.

FELLOWSHIP NEWS

updates from across the Christian Medical Fellowship

STAFF MOVEMENTS

John Greenall steps down as CMF's Associate CEO at the end of August. After serving as CMF's Head of Student Ministries, he stepped up to take on the responsibility of developing CMF's volunteer ministry and managing the field ministry team. Please pray for him as he focuses on completing his paediatric consultant's training.

joining

Gemma Griffiths will be covering Esther's maternity leave. Gemma has worked in the NHS as a midwife and will continue to work part-time in her role as a Growth Assessment Protocol (GAP) Midwife in Northampton. She is the first midwife to work on staff with the nurses and midwives team!

Graham Sopp is more of a 'returner' than joiner, as he steps back into the role of Operations Director, he handed over to Olu three years ago. He is with us until a permanent appointment is made in the Autumn.

Naomi Buckler joined us in June as Membership Engagement Developer – she will be working with us for a year to develop our membership communication, administration, and support.

CHRISTIANS IN HEALTHCARE LEADERSHIP NETWORK (CHLN)

HI, I'm Chris Holcombe, the new CMF Associate for the Christians in Healthcare Leadership Network (CHLN). It is a pleasure to join the team at CMF and a privilege to be heading up CHLN.

Healthcare leadership is more challenging than ever, with impossible demands at every turn. And yet there has never been a greater need for godly leadership, and the application of God's Kingdom values in ethical issues, in the use of scarce resources, in the treatment of staff, and in the multiple decisions, meetings chaired, and emails answered every day.

We can and should have a prophetic voice, speaking truth to power locally and on the national stage, however unwelcome this may be. We believe that this can and will make a difference, but only if the salt gets out of the saltcellar.

CHLN has been formed to support Christian leaders in healthcare, and to encourage and equip those considering this as part of their career. We absolutely do not want to add another burden to your week, but rather to provide the spiritual and practical equivalent of a sweet, cold drink on a sweltering day, that refreshes and empowers.

Do get in touch if this is you. Let us know what you think and how we can best support you. To find out more and register with CHLN please visit *cmf.li/CHLN* or email me at *chris.holcombe@cmf.org.uk*

I've been involved with CMF since student days, and am a recently retired surgeon, having held multiple leadership roles within the NHS. I am married to Sue, have four children, and eight grandchildren, we love living in Pembrokeshire, and I love to get to the mountains when I can.

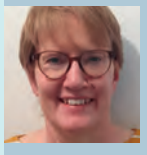
CATALYST TEAMS UPDATES

We have four new Catalyst Team leaders starting this summer:

- Alex Rollings and Laura Anderson in the Southeast Scotland team
- Lorna Green in the East Midlands team
- Clare Brodey in the Wessex team

Let them introduce themselves.

Hello, I'm Alex. I am an emergency medicine trainee and live in Edinburgh with my wife, Catriona, and son, Hamish. I am a sports enthusiast with a minor obsession with triathlon and the premier league. I am excited to be a part of the work that God is doing in Scotland through CMF.



Hi. I'm Laura and I am married to Stephen (a vet and farmer). We have three lovely children. I have variously lived in South Africa, Surrey, and Leeds. I did my GP training in the Scottish Borders. Since 2015 I have been working as a GP in Scotland and more recently have taken up a role as GP advisor with the Scottish Ambulance Service. During the last 30 years, I have also received excellent, life-saving NHS care myself, for which I am grateful. I have been the Prayer Catalyst for SE Scotland for two years, and now look forward to working with Alex as co-team leader for Southeast Scotland. When I'm not doing any of the above, I like meeting up with people for a coffee, Pilâtes, swimming, and walking or running – the order is important!

Hi, I am Lorna, a GP working in Leicester. I live in South Leicestershire with my husband Stephen. I love meeting up with people for a good brunch/coffee, being outside, playing netball in my village, and traveling. I have been on the East Midlands Catalyst Team as the Evangelism Catalyst and I am excited to see what God will continue to do through CMF in the East Midlands.

Hi, my name is Clare. I'm the new Catalyst Team Leader for Wessex. I'm really excited to continue building on what the Catalyst Team has already achieved in Wessex. I moved to Winchester for my foundation jobs and got involved in the Wessex CMF Junior Doctors group in 2014 before completing my GP training at Southampton. I have been encouraged to see the support, teaching, and encouragement that CMF events have provided for Christian healthcare professionals across the region. I'm looking forward to continuing to grow this team, to help individuals step out in their purpose to see Gods kingdom grow and transform their area of the healthcare system. I'm praying that each person's faith would have an impact on those around them and that CMF can come alongside them to encourage and equip them in their journey.

To contact any Catalyst Team leader, or find more about our Catalyst Team network, email *volunteer@cmf.org.uk* or visit *cmf.li/Catalyst*

CMF EVENTS

Upcoming events

SCAN FOR MORE

VOLUNTEERS

Saline Solution update

We have so many reasons to praise God for the way the Saline course enables and encourages healthcare workers to be bold and effective as they live and speak for Jesus in their workplaces.

Our team of trainers continues with virtual training over Zoom and with in-person events, usually over a whole Saturday. All of the events are advertised on the CMF website and open to all healthcare workers and students.

At recent events people have found it helpful to come back and redo the course as a refresher. Saline Solution has been recently updated and is relevant and encouraging with links to resources elsewhere.

After a recent in-person course, D.O., a medical student in Scotland, wrote: '*Really great material, particularly the "three barriers", spiritual history questions, lunch, fellowship, medical papers, and resources.*'

N.V., a physiotherapist, said of the Southampton event: '*I loved how practical all the guidance has been – the toolbox is brilliant*'.

Another wrote: '*The best thing was meeting other really amazing people keen to share the gospel*'.

J.A., a trainee chaplain, found she '*valued it all greatly*' and '*loved hearing from others*'.

Sheila Matthews is now sharing the co-ordinator role, enabling Stephanie Moss to engage more through the ICMDA with the worldwide Saline family, to see new trainers equipped in Moscow, Norway, and South Korea, and to encourage our colleagues in Europe.

Our annual Saline Festival is coming up shortly (on Zoom on 18 November). We are delighted that Dr Patrick Dixon will be with us to share some of the *Talking Jesus* report for our encouragement. We encourage anyone who has done Saline to join in and share stories of how God is at work in your locality.

HOSTED BY CMF

Medicine, Mission and Me 2023

11-15 September 2023
Criccieth, North Wales
cmf.li/MMM2023

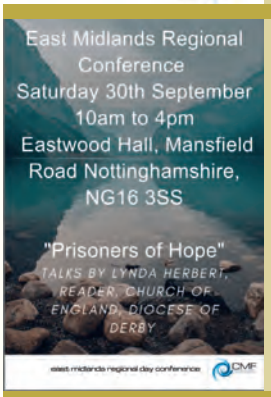
Join us for a four-night retreat as we consider what the Bible teaches about mission and what God is doing in the world today.

HOSTED BY CMF

Refugee & Asylum Seeker Health Course (RASH)

16 September 2023
Preston, Lancashire
cmf.li/RASH-Lancs-23

A day course to equip Christian healthcarers to better support the health and social needs of refugees and asylum seekers housed in their communities.



HOSTED BY CMF

East Midlands Regional Day Conference

30 September 2023
Eastwood Hall, Mansfield Road Nottinghamshire NG16 3SS
cmf.li/EastMid23

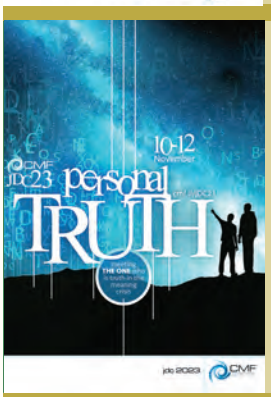
What does it mean for us to 'prisoners of hope' in our workplaces, places of study, homes, and communities? Join us to look at holding on to hope in our own faith journeys.

HOSTED BY CMF

Seniors' Conference: *'Old?'*

9-11 October 2023
King's Park Conference Centre, Kings Park Rd, Northampton, NN3 6LL
cmf.li/SeniorConf23

A three-day residential conference for those near or in retirement to explore what the Bible has to say about the most productive years of our lives.



HOSTED BY CMF

Junior Doctors' Conference *Personal Truth*

10-12 November 2023
The Hayes CC, Hayes Ln, Swanwick, Alfreton DE55 1AU
cmf.li/JDC23

Join us for a weekend of supportive fellowship, fun, and immersion in Scripture as we explore the real truth of Jesus in a post-truth culture.

OBITUARIES
in remembrance of...

Pat Ashworth
(*b*1930, *q* Kent County Ophthalmic and Aural Hospital, *d* Portstewart, Northern Ireland, 2023)

Steve Fouch *is CMF Head of Communications and sits on the Board of Directors of NCFI*

Pat was a leading light in the field of critical care nursing, having worked and trained around the UK for many years. In 1973 she became a research fellow at Manchester University. From 1979 to 1986, she was a World Health Organization Advisor to the Working Group on Respiratory Intensive Care. In 1979, she was awarded a Fellowship of the Royal College of Nursing. Pat moved to the University of Ulster in the mid-1980s, and in 1985, she was the first editor of *Intensive Care Nursing*.

But behind this professional picture was another Pat Ashworth, who had a passion for serving Christ in her professional life and equipping other nurses across the globe to do the same. She was one of the early leaders of Nurses Christian Fellowship International (NCFI), serving as part of the Executive Committee until 1969.

After her retirement in the 1990s, Pat worked tirelessly to support the professional development of nursing in Romania. I remember vividly trying to keep up with her strolling through the Transylvanian mountains at the NCFI European Conference in Romania in 2010. I was then a forty-four-year-old man who ran marathons, and I was struggling to keep pace with this tall, cheerfully indefatigable woman who had just turned eighty! Her wealth of knowledge of the country and the profession was matched only by her loving connection with many Christian and secular nurses across Romania and neighbouring Moldova. I have learnt a lot about servant leadership from the years I spent working with her on NCFI business.

As another leader in NCFI told us:

Pat was soft-spoken and kind. She had a brilliant, analytical mind but never had any airs about it. She listened carefully to others' opinions and always affirmed them. She was meticulous in remembering details of events and people. I will always cherish how kind and encouraging she was when I was starting out in leadership with NCFI. Pat was a humble, faithful servant of Jesus who left a legacy in Christian Nursing that we all would do well to emulate.

Her latter years saw that great energy of spirit undimmed, even as her body ceased to have the strength and stamina she once had. But she used this time to write a comprehensive history of NCFI.

Mr Duncan Maclean, FRCS
(*b* 1939 Locharron, *q* 1964 Edinburgh, *d* 2022)

Steve Fouch *is CMF Head of Communications*

Described as '*archetypal rural general surgeon*', Duncan was the sole consultant surgeon in the Lewis Hospital in Stornoway, the Outer Hebrides, for 20 years until, in 1992, the new Western Isles Hospital opened, bringing, in time, a second general surgeon. Duncan continued to serve there until 2004, whereupon he and his wife Anabelle went on to serve as missionaries in Bangladesh, Cambodia, and Nepal. He was chair of the Western Isles Free Church Mission Support Group. Duncan was deeply respected for his strong Christian faith and was a Deacon and Elder in Buccleuch and Greyfriars Free Church in Edinburgh and the Free Church in Stornoway.

Other members who have died recently:
Dr Janet Anderson (*q* 1965)
Miss Janet A Christie
Mr Frank Garlick, FRCS
Dr Hugh James (*q* 1968. Kings College)
Dr Robina Moar (*q* 1957 St Andrews)
Dr Peter Moore (*q* 1975 Cardiff)
Dr Martin Orrell
Dr Sheila Scotchmer

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

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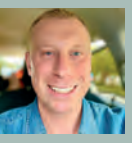
NO LONGER TO LIVE CONDEMNED



Matt Baines, a GP Partner in Coventry, reminds us of the hope and freedom that we have in Jesus.

SCAN FOR MORE

'*Therefore, there is now no condemnation for those who are in Christ Jesus*'
Romans 8:1

Many of us have felt the burden of condemnation, struggling with feelings of unworthiness and a sense of never measuring up. As I reflect on my own life and career, I recall times when I compared myself to others and lived in fear of disapproval, even from God. I have lived, at times, trying to achieve approval from people and from God, which has led to thoughts of condemnation.

This experience is not unique. I have seen many friends, colleagues and patients who carry the weight of negative or condemning words spoken over them. This leaves them feeling like they've missed the mark or made an irredeemable mistake, feeling they have made a wrong turn in life's path and living with a sense of being 'not good enough'.

I have recently spoken with Christian healthcare professionals who express a sense of inadequacy in fulfilling their roles due to the mounting pressures faced by the NHS. The burden of lengthy waiting lists and increasing workload has instilled a belief that they are unable to provide the level of care they aspire to, resulting in a perceived failure to meet patient expectations. Consequently, they have been self-critical and felt condemned for these perceived shortcomings that are outside of their control.

I have learned that God understands how I feel. The gospel brings a message of hope and redemption to all – God's greatest gift is the answer to man's greatest need. Paul's letter to the Romans explains that those who are 'in Christ' are no longer condemned. God has transferred the punishment of our sins to Jesus. This means that our identity is now found in Christ and not in our achievements or failures. We are free from condemnation and can live in peace and freedom.

How we live – either the mistakes we make or noteworthy achievements we are proud of – does not change how we are seen in God's eyes. This truth is both troubling and amazing. Troubling because our achievements and successes don't earn us greater recognition in God's eyes, but amazing because nothing we do can change our destiny for eternity. Our worth, identity, and value are solely related to Jesus, not to what we do or don't do.

Practically, we must develop a mindset shift. My worth, identity and value are not related to me. If I did nothing else but quietly praised him for the rest of my life, my value would be no different and neither would my final destination.

As a doctor, I have witnessed first-hand the freedom that comes from embracing this truth. Friends and patients, who once lived with feelings of condemnation and unworthiness, are now living in freedom and joy, knowing that they are loved and accepted by God. This radical message of the gospel is as relevant today as it was 2,000 years ago, offering a hope and a future that we don't deserve and have not earned, but that we can embrace through faith in Jesus Christ.

CMF seniors conference

9-11 October 2023

'OLD?'

Discovering the most productive years of your life in Christ

cmf.li/SeniorsConf23

CMF