Summer 2017

for today's Christian doctor

triple helix

artificial intelligence

gratitude; social media; conscientious objection; Cicely Saunders

ISSN 1460-2253

Triple Helix is the journal of the
Christian Medical Fellowship

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

Tel 020 7234 9660
Fax 020 7234 9661
Email info@cmf.org.uk
Website www.cmf.org.uk

Subscriptions
Triple Helix is sent to all members of CMF as part of the benefits of membership.

Contributions
The editor welcomes original contributions, which have both Christian and medical content. Advice for preparation is available on request.

Authors have reasonable freedom of expression of opinion in so far as their material is consonant with the Christian faith as recorded in the Bible. Views expressed are not necessarily those of the publishers.

Cover S2 Design & Advertising Ltd 020 8771 9108
Design S2 Design & Advertising Ltd 020 8771 9108
Print Partridge & Print Ltd

CMF
Christian Medical Fellowship

No. 69 Summer 2017

contents

Troubled times

Is God giving Britain over?

The rollercoaster journey of the last twelve months has left many UK citizens feeling dislocated and anxious about the future of our country.

Political events – Brexit, Trump, a snap general election, a hung parliament, confidence and supply arrangements and the Queen's speech – have laid bare deep divisions between old and young, right and left, urban and rural. These tensions have been exacerbated by terrorist incidents in London and Manchester, plus the Grenfell Tower fire, in turn politicised and rechanneled into blame and recrimination.

There is no clear consensus emerging about how to resolve debates about 'austerity', security, cuts in public services, the burgeoning national and personal debt and the mode of our exit from the European Union. Our leaders also seem to lack the confidence and skills necessary to show us the way forward. Furthermore, this cultural and political deadlock has divided friends and families and toxified social media. Britain is imploding.

Alongside all this is a rising hostility to Christian faith and values. The British General Election may have turned the world of Westminster upside down, but in its aftermath evangelicalism has emerged as a key theme: the resignation of Liberal Democrat leader Tim Farron over his views on homosexuality[1] and the extraordinary level of public criticism of the Democratic Unionists (DUP) for their Christian beliefs and opposition to same-sex marriage and abortion. With this resentment toward the DUP and its partnership with the Tory government has come a political resolve to extend the Abortion Act and same-sex marriage to Northern Ireland.

This intensifying backlash against conservative moral values on life and sexuality betrays a conviction amongst many mainstream politicians that Bible-believing Christians ought not to hold public office.

With social policy following such a liberalised trajectory in the media and corridors of power, one wonders if there would any longer be a place for evangelical luminaries like William Wilberforce or the Earl of Shaftesbury in contemporary British politics.

It is not all one way – the recent decision of the General Pharmaceutical Council to allow scope for freedom of conscience in its latest guidelines (p5) was a welcome surprise as was the Belfast Court of Appeal decision to declare Northern Ireland's restrictive abortion law compatible with the Human Rights Act.[2] But the recent decision of the British Medical Association to back the complete decriminalisation of abortion (p4) and the government's reflex decision to fund abortions for Northern Irish women traveling elsewhere in the UK[3] were truly astonishing.

There are serious challenges ahead. The Queen's Speech foreshadowed plans to combat 'non-violent extremism' and establish a Commission for Countering Extremism, which will 'support the government in stamping out extremist ideology in all its forms'.[4,5] Already voices such as the Evangelical Alliance have pointed out that 'extremism' is a slippery concept and there is no consensus about what it means. Might Christians holding biblical views on life issues and sexuality lie in its cross hairs? 'Hate speech' accusations and reports of 'thought-policing' in the public service do not bode well. The government already 'has tried and failed in recent years to define extremism in a way that tackles terrorism and its causes without restricting freedom of ideas'.[6]

We are living in a post-Christian society where an atheistic mindset and the ethics of secular humanism have growing influence. The myth of secular neutrality holds that this is some kind of neutral default position, unlike the 'faiths' of Christianity and Islam. And yet secular humanists have their own strong philosophical and ethical convictions that are based as much on ideology as evidence, and which exponents are forcing on others using political and legal mechanisms. 'Tolerance' once meant 'respectful disagreement'. Now it seems to mean 'affirm my beliefs and celebrate my behaviour or else'.

The apostle Paul, speaking of a society that had similarly turned its back on God highlighted the link between unbelief and moral decay in talking of men who 'suppress the truth by their wickedness', neither glorifying God nor thanking him and futile and foolish in their thinking. That generation was guilty of three ungodly 'exchanges'. They exchanged 'the glory of the immortal God for images', 'the truth of God for a lie' and 'natural relations for unnatural ones'. Homosexual acts were a key marker of such cultural decline – along with greed, depravity, envy, murder, strife, deceit, malice, slander, arrogance and hatred of God.[7]

As a result, God 'gave them over to a depraved mind, to do what ought not to be done'. Is God similarly giving Britain over? If so, we can expect these challenges to increase in coming years – and as Christian doctors the need to preach Christ and walk in his footsteps will be as great as ever.

'God is our refuge and strength, an ever-present help in trouble. Therefore we will not fear…'[8]

***Peter Saunders** is CMF Chief Executive.*

references

1. McCann K. Tim Farron resigns and admits it would be 'impossible' for him to be Liberal Democrat leader and 'remain faithful to Christ'. *Telegraph* 14 June 2017 *bit.ly/2svWfco*
2. Abortion law matter for Stormont, court rules. *BBC* 29 June 2017 *bbc.in/2s5aVLO*
3. Northern Ireland women to get free abortions in England. *BBC* 29 June 2017 *bbc.in/2sp9RIc*
4. Travis A. Home Office evokes Orwellian vision of anti-extremism commission. *Guardian* 21 June 2017 *bit.ly/2sZgL46*
5. Iqbal J. A commission on extremism will be an expensive folly. *The Times* 29 June 2017 *bit.ly/2txOaVg*
6. Concern over extremism commission plans. *Evangelical Alliance* 21 June 2017 *bit.ly/2urrx0Z*
7. Romans 1:18-32
8. Psalm 46:1-2

news reviews

BMA votes to decriminalise abortion

The profession betrays its ethics

Review by **Peter Saunders**
CMF Chief Executive

On Tuesday 27 June the British Medical Association (BMA) voted to support the decriminalisation of abortion throughout the UK. Delegates at the Annual Representative Meeting (ARM) in Bournemouth passed a six part motion by a two thirds majority.[1]

1,500 doctors and medical students signed an open letter[2] urging the BMA not to go ahead and five female doctors, including CMF members, spoke courageously against the measure at the ARM, but to no avail.

Currently, abortion is illegal in Britain under the Offences Against the Person Act 1861 (OAPA).[3] But under the Abortion Act 1967[4] doctors can authorise abortions on several grounds relating to the health of mother or baby.

Although the Abortion Act was intended to be restrictive, its provisions are liberally interpreted. One in every five pregnancies ends in abortion (190,406 in 2016)[5] and 98% of these are carried out on 'mental health' grounds.

Repealing sections 58 and 59 of the OAPA would render the Abortion Act null and void, dismantling its entire regulatory framework – including the need for two doctors' signatures, the 24 week upper limit, the need for approved premises, licensed drugs, conscientious objection, reporting and accountability. Abortions could then be done by anyone, for any reason, in any way and anywhere at any gestation up to 28 weeks.[6]

If the Infant Life (Preservation) Act 1929,[7] which makes it illegal to destroy a child 'capable of being born alive', also fell (the act defines this as 28 weeks although many babies born as early as 23-24 weeks now survive) abortion would be legal up to term.

At the time of writing a new private member's bill is expected to be tabled in parliament to this effect. The British Pregnancy Advisory Service (BPAS), the country's leading abortion provider, and the Royal College of Midwives (RCM) have campaigned heavily for a change in the law in recent months and have been specific that they are campaigning for the removal of all gestational time limits.[8]

The Hippocratic Oath forbids abortion and ironically the BMA in 1947 called abortion 'the greatest crime'.[9] Sadly doctors have now become its most ardent promoters and facilitators.

A recent ComRes poll showed that only 1% of women want the upper limit raised and 70% want it lowered to 20 weeks or below.[10] Let's pray that parliament shows more respect for women and unborn babies than the BMA.

references

1. Bodkin H. Doctors call for abortion on demand as BMA votes to decriminalise terminations for first time ever. *Telegraph* 27 June 2017 *bit.ly/2tpfnZH*
2. *rejectmotion50.org*
3. Offences Against the Person Act 1861 *bit.ly/1khYTqP*
4. Abortion Act 1967 *bit.ly/1XSeC1p*
5. Report on abortion statistics in England and Wales for 2016. *Department of Health*; June 2017 bit.ly/2rIIs8f
6. Saunders P. Over 1,000 doctors reject decriminalisation of abortion. *Christian Medical Comment* 25 June 2017 *bit.ly/2t6nmKA*
7. Infant Life Preservation Act 1929 *bit.ly/2tugrMr*
8. We Trust Women *bit.ly/1oolLHV*
9. Saunders P. *Christian Medical Comment* 24 July 2011 *bit.ly/2tqoSaK*
10. ComRes. Where do they stand abortion survey. ComRes; May 2017 *bit.ly/2u326Dm*

Charlie Gard

Care and compassion in every situation

Review by **Rachel Owusu-Ankomah**
CMF Head of Student Ministries

Charlie Gard was born in August last year and, after becoming unwell at eight-weeks-old, was diagnosed with MDDS (infantile onset encephalomyopathic mitochondrial DNA depletion syndrome), a rare and severe mitochondrial depletion disease. His condition is characterised by congenital deafness, severe epilepsy disorder and severe muscle weakness. His heart, liver and kidneys have also been affected and he is ventilator dependent. At the time of writing, Charlie is ventilated in intensive care at Great Ormond Street Hospital (GOSH).[1]

In February GOSH applied to the High Court, asking for an order stating that it would be 'lawful and in Charlie Gard's best interest' for artificial ventilation to be withdrawn. They additionally said that nucleoside therapy was not in Charlie's best interest but suggested the provision of palliative care.[2]

Clinicians had initially planned to administer nucleoside therapy in the UK but Charlie started suffering from brain seizures and was diagnosed with epileptic encephalopathy. Subsequently, nucleoside therapy was deemed to be 'futile' if undertaken.

Chris Gard and Connie Yates, Charlie's parents, opposed this application as they wished to travel to the US for experimental nucleoside treatment, which has never been tested on anyone with Charlie's form of MDDS or animal models. Through crowd-funding, they have raised £1.3million for treatment and found a clinician willing to do it.[3] Dr I, the neurologist in the US, would like to 'offer what we can', and argues that although 'it is unlikely to be of any benefit to Charlie's brain' he said the probability is 'low but not zero'.[2] Mr Justice Francis ruled in favour of GOSH.

Since the ruling, Charlie's parents have launched several legal challenges in the court of appeal and the Supreme Court, in addition to the latest challenge in the European Court of Human Rights (ECHR). On 27 June the ECHR refused to intervene in the case of Charlie Gard.[4]

Balancing treatment and withdrawal decisions, and acting in the best interests of children with complex medical histories, is extremely difficult and emotive for all involved.[5] As Christian healthcare professionals, regardless of legal decisions surrounding our patients' treatment, we must 'cloth ourselves with compassion'[6] for all those involved, our conversations should 'always be full of grace and seasoned with salt'.[7] Regardless of whether treatment is continued or withheld, caring must never stop – not only for a child, but also for their parents. We must also not forget that all human life is valuable regardless of severity of disability or prognosis.

references

1. NHS Foundation Trust. *Frequently asked questions about the Charlie Gard court case*. Great Ormond Street Hospital *bit.ly/2sUHiQ5*
2. Great Ormond Street Hospital and Constance Yates, Chris Gard, Charles Gard. EWHC 972; 11 April 2017 *bit.ly/2un570Z*
3. Charlie Gard #charliesfight. Gofundme *bit.ly/2u21Apa*
4. Charles GARD and Others against the United Kingdom: Decision. ECHR; 27 June 2017 *bit.ly/2skrwPY*
5. Wyatt J. Neonatal ethics. *CMF Files* 2004;47 *bit.ly/2u2aldD*
6. Colossians 3:12
7. Colossians 4:6

Reforming the WHO

Can the new General Secretary really be an agent for positive change?

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

Overshadowed by the coverage of the horrific terrorist attack in Manchester in May, the British media largely missed the election of the new General Secretary of the World Health Organisation, Dr Tedros Adhanom Ghebreyesus (or Dr Tedros as he now styles himself). The former Ethiopian health minister became the first African Head of the WHO on 30 June.[1]

Why is this significant? Many question whether the WHO is still relevant or useful.[2] After failing to respond swiftly to the West African Ebola outbreak in 2014-2015, 11,000 lives were lost. Some have subsequently argued for it to be stripped of its role in responding to future global health crises.[3]

Dr Tedros has a track record, as a health minister in Ethiopia, for cutting through bureaucracy, increasing the health workforce, improving universal access and seeing significant progress in many global health indicators.[4]

However, his appointment is not without controversy. Many have pointed out his involvement in a less than transparent Ethiopian regime with a bad human rights record, and which has been accused of covering up several cholera outbreaks.[5]

He is also accused of being an advocate for abortion, and many pro-life organisations in the global health community are concerned that he may further liberalise the WHO stance on this issue.[6]

It remains to be seen if the WHO's current openness to working with faith-based organisations and faith communities will continue under Dr Tedros' leadership. The Ethiopian government has had a mixed record in its dealings with faith communities.[7] While the WHO has a more positive recent relationship, we wait to see how Dr Tedros takes this forward.

If the WHO is to have a role in the challenges of the coming decades, it will need inspired and credible leadership. It is too early to tell if Dr Tedros can supply this but, as Richard Horton has pointed out, it is not down to just one man. It is the whole leadership team that he develops at the WHO who will drive and implement these changes.[8]

The next few years will therefore show if the WHO can reform, regain its relevance, and be a friend to faith-based health work.

We should pray for Dr Tedros as he takes up his post later this month, for the team forming around him, and for the direction he takes the WHO in the coming years.

references

1. Tedros Adhanom Ghebreyesus: Ethiopian wins top WHO job. *BBC* 23 May 2017 *bbc.in/2ri8BVl*
2. Bosley S. Experts criticise WHO delay in sounding alarm over Ebola outbreak. *Guardian* 22 November 2015 *bit.ly/2ri0zfi*
3. Moon S et al. Will Ebola change the game? Ten essential reforms before the next pandemic. The report of the Harvard-LSHTM Independent Panel on the Global Response to Ebola. *Lancet*; 2015(386):2204-2221 *bit.ly/2sElkOd*
4. Alfa S. Ethiopia's Tedros Adhanom: 10 top facts about Africa's WHO candidate. *Africa News* 22 May 2017 *bit.ly/2rhXgEQ*
5. Schemm P. Ethiopia's candidate for the World Health Organization doesn't like mentioning a certain disease. *Washington Post* 18 May 2017 *wapo.st/2rhPQkX*
6. Oas R. Abortion Groups Celebrate New Head of World Health Organization. *Centre for Family and Human Rights* 25 May 2017 *bit.ly/2riBCQC*
7. Report of the International Crisis Group. Ethiopia: Governing the Faithful. February 2016 *bit.ly/2riuG5W*
8. Horton R. Offline: Dear Tedros. *Lancet*; 2017(389):2177

Revised General Pharmaceutical Council Guidelines

Good news for freedom of conscience in the UK

Review by **Peter Saunders**
CMF Chief Executive

In the Spring 2017 *Triple Helix* editorial[1] I reviewed the attempt by the pharmacists' regulator to force pharmacists to dispense drugs for what they consider to be unethical practices – such as emergency contraception, gender reassignment, abortion and assisted suicide.

In December 2016 the pharmacy regulator, the General Pharmaceutical Council (GPhC), issued new draft standards and guidance[2] that changed the emphasis from a 'right to refer' to a 'duty to dispense', admitting that this represented 'a significant change'.

During a consultation on this draft guidance, CMF and others had meetings with the GPhC and expressed concern about the limiting effect of this new wording on conscience rights. We argued that the draft proposal to remove pharmacists' conscience rights was 'disproportionate, unethical, unnecessary and quite possibly illegal'. We were concerned that this move could also have repercussions for freedom of conscience for doctors and nurses in the longer term.

So, as Philippa Taylor notes in a detailed review on the *CMF Blog*,[3] we were relieved to see the final guidance issued on 22 June 2017: *In practice: Guidance on religion, personal values and beliefs*.[4]

The standards for pharmacy professionals require that they must ensure that 'person-centred care' is not 'compromised because of personal values and beliefs'. But the guidance now makes it clear that: 'Pharmacy professionals have the right to practise in line with their religion, personal values or beliefs' (p7) and clarifies that under Article 9 of the European Convention on Human Rights (ECHR) a pharmacist's right to freedom of thought, conscience and religion is protected.

Crucially, there is now clear recognition that referral to another service provider is still 'an appropriate option' with an emphasis on the importance of openness and sensitive communication with colleagues and employers.

Encouragingly, in a statement accompanying the publication of the new guidance, the Chief Executive of the GPhC, Duncan Rudkin, highlighted the positive contribution pharmacists' faith can make in their position of care: 'We recognise and respect that a pharmacy professional's religion, personal values and beliefs are often central to their lives and can make a positive contribution to their providing safe and effective care to a diverse population.'[5]

Why did they revise it? It appears that they took note of CMF's submission and those of others. But a strong letter from the Christian Institute warning that the draft guidance was in breach of the law and that a judicial review was imminent no doubt also helped. It's a reminder that the price of freedom is eternal vigilance.

references

1. Saunders P. Pharmacists' regulator's proposal to remove conscience rights. *Triple Helix* 2017; Spring:3 *bit.ly/2slmjHk*
2. GPhC. *Consultation on religion, personal values and beliefs in pharmacy practice*. GPhC; 2016 *bit.ly/2nEbOn8*
3. Taylor P. Good news for freedom of conscience in the UK. *CMF Blogs* 26 June 2017 *bit.ly/2rT1P4B*
4. GPhC. *In practice: Guidance on religion, personal values and beliefs*. GPhC; 2017 *bit.ly/2sZdmmQ*
5. GPhC. *GPhC Council approves guidance on religion, personal values and beliefs*. GPhC; 2017 *bit.ly/2rUEqUC*

Glynn Harrison commends an attitude of thankfulness

WHY GRATITUDE IS GOOD FOR YOU

key points

- Though not a cure-all, psychologists have found that cultivating gratitude benefits mental health and wellbeing.
- Thank God day by day as the author and giver of all that is good.

Remember the grace-drenched context of your achievements – you did it in his strength, drawing on his encouragement and inspiration, motivated by his pleasure and delight.

'Congratulations on owning a new iPhone 6!' Right then, a gushing 'congratulations' from the Apple call centre was the last thing I wanted to hear. With my beautiful new phone reduced to a sorry spider's web of cracked and splintered glass, forget congratulations – I wanted commiserations.

And then I wanted answers. Could they mend it? Would rumours that it warranted a brand new replacement costing over £250 turn out to be true? How long would it take? And I wanted a response, please, in rather less than the 20 minutes already spent being shifted around Apple support's robot algorithms.

And yet... as the conversation progressed I realised that the word 'congratulations' had worked a strange magic. At a stroke, it seemed, Apple's scripted exercise in brand awareness had deflated my frustration, reframed my perspective, and subverted my ego-absorption. I felt different.

Overwhelmed by the small disappointment of a cracked screen (it turned out that it could easily be replaced) I'd forgotten that I was blessed to be among the top few percent of the world's population for wealth and prosperity. Be thankful. OK, it was going to hurt my wallet to fix my new phone, as only Apple knows how, but I could afford it. It was my pride and need for control that was being hurt, not my wallet.

Thanks for nothing?

This trivial incident is a powerful reminder of the ways of the fallen heart and the medicine it needs. Shower us with the brightest and the best and we remain self-absorbed, discontented, ungrateful souls. As Bart Simpson (from the irreverent US TV animation *The Simpsons*) would say before supper: 'Dear God, we paid for all this stuff ourselves so thanks for nothing'.

By contrast, the Bible presents the cultivation of gratitude as one of the core disciplines of the Christian life. 'Overflowing' with gratitude, we are called to give thanks 'always' and for 'everything'[1] in 'whatever [we] do'.[2] We are called to be grateful because it is the right thing to do: a spirit of thankfulness acknowledges the sovereignty of God and asserts the dependency of his creatures. It positions grace at the very centre of our spiritual journey.

Healthy gratitude

But it turns out that cultivating a grateful spirit is a good thing to do as well. Psychologists are beginning to uncover how cultivating gratitude benefits mental health and wellbeing.[3] This must never be our primary motivation, of course, but

these developments should encourage us on our journey. Here's how it works.

Nuts and bolts

First, gratitude changes our psychological posture. Like physical posture, our psychological posture (or mindset) is the way we incline toward the world. It determines what we see and how we see it. Gratitude forces us to shift posture because it is a powerful subverter of the control, autonomy and entitlement that sits so naturally with the fallen mind.

Being thankful creates a state of psychological dissonance. You cannot cede control in gratitude whilst at the same moment grasping onto it. You cannot recognise the gracious act of the giver whilst asserting your entitlement to their gift. It's one or the other – you cannot have both. The act of saying 'thank you' dispels pride and entitlement, instead nudging us toward the virtues of humility, dependence and submission.

Second, gratitude appears to exert a positive effect on mood and general wellbeing. For example, in one of his studies in this area, the psychologist Robert Emmons randomised subjects to one of three journaling tasks.[4] Those in the first group were instructed to keep a record of the events and circumstances of the day for which they were grateful and then to meditate thankfully by 'counting their blessings'; the second kept a record of 'hassles of the day'; and the third a list of neutral events. When Emmons compared the outcomes across a range of mental health indicators several weeks later, the gratitude group scored significantly higher in several sectors, reporting a more positive and optimistic mood overall.

Let's be clear, learning to cultivate gratitude in this way isn't a cure-all and it is unlikely to make much impression on entrenched depression. We don't know how well benefits are sustained over the longer term. And it is probably better to start to practise the discipline of gratitude in this way when life is going well, rather than in the depths of despair or when confronting trauma and loss. This is a liturgy that needs to be cultivated gradually, day by day, month my month, year after year: patiently reconstructing a psychological posture of thankfulness.

But what might a regular liturgy of contemplative gratitude look like? It starts first with the decision, let's say for ten minutes every day, to inhabit the present moment. Gratitude wrenches us out of the future, with its endless planning, and forces us back into the present. Put down the iPhone, close the calendar, put aside the 'to-do' list and pause in God's presence.

Second, think intentionally about what is good: about God, the gospel and about your life circumstances right now. Literally counting our blessings in this way imposes a positive cognitive filter on our relationship with the world, forcing us to go looking, intentionally, for what is good. It summons us to locate, and then to contemplate, the 'ten thousand places' where we happen upon the grace of Christ every day of our lives.

GK Chesterton, for example, revelled in the goodness that he discovered dancing everywhere around him:

'I like the cyclostyle ink, it is so inky. I do not think there is anyone who takes such fierce pleasure in things being themselves as I do. The startling wetness of water excites me; the fieriness of fire, the steeliness of steel, the unutterable muddiness of mud...'

The language of gratitude forces us to slow into the present moment, to discern what is true, what is noble, what is right, pure, lovely, admirable – and then to notice them.[5]

Third, and finally, offer words of thanks to God as the author and giver of all that is good. Take moments to imagine his gracious face, his open, bountiful nature, and his self-giving posture of generosity. Affirm the gifts around you as tangible evidence of his goodness – see them, touch them, savour them. Say thank you over and over, moving back and forth between the gift and the giver.

Achievement?

A posture of thankfulness should not undermine a sense of personal achievement built upon our efforts and determination. When the fruits of our labour have blessed others, and brought life to the world, we should stand ready to receive their gratitude as well as praise from God himself.

But then pause to remember the grace-drenched context of your achievements – you did it in his strength, drawing on his encouragement and inspiration, motivated by his pleasure and delight. You probably used the fruits of other people's labour too – the Chinese technician who assembled the keyboard on which you write, the Brazilian sailor who manned the container ship that carried it across oceans, the Polish van driver who knocked on your door. Give thanks for them and for their labour. Position your efforts in the context of the sovereignty of God – for what do you have (your skills, aptitudes, even your dogged determination) that you did not in some sense also receive?[6]

Training the heart

That's it. Ten minutes a day is a long time for an ungrateful heart. But if we want to train the heart to aim well, to default in the midst of life's challenges with a godly spirit of thankfulness, here is a liturgy that is right and good. Good for you, good for others and good for the life of the world. And as an added bonus, after a few years, the ink may begin to appear a little, well, inkier.

Glynn Harrison *is Emeritus Professor of Psychiatry at the University of Bristol.*

Two examples of practical gratitude

- When I asked some Middle Eastern doctors how they'd slept, they replied, 'Well thanks, by the grace of God!' I am more likely to imagine that good sleep is a result of my metabolism, genes or occasional discipline in getting to bed early. But the Bible encourages us to celebrate God's provision and grace, even in such small things.[7] It's certainly a more affirmative start to the day!

- The doctors clubbed together to buy our operations team small gifts at Christmas. We were embarrassed by expressions of how much it meant to them. Medical staff gets lots of appreciation and praise. In contrast the back room staff are often overlooked and invisible. Without their tireless efforts in chasing and expediting the thankless tasks, the NHS would grind to a halt. There are examples in the Bible of our heavenly father taking care to remember the names of faithful workers such as the Hebrew midwives in Exodus, Shiphrah and Puah.[8] We all like to be remembered with an occasional thank you.

Alex Bunn

references

1. Ephesians 5:20
2. Colossians 3:17
3. Sansone RA, Sansone LA. Gratitude and Well Being: The Benefits of Appreciation. *Psychiatry (Edgmont)* 2010;7(11):18-22
4. Emmons RA. Counting blessings versus burdens: An experimental investigation of gratitude and subjective well-being in daily life. *Journal of Personality and Social Psychology* 2003;84(2):377-389
5. Philippians 4:8
6. 1 Corinthians 4:7
7. Psalm 127:2
8. Exodus 1:15

First published in *Evangelicals Now*, March 2015, adapted and used with permission.

Rhona Knight assesses the modern-day obsession with the quest for physical perfection

MIRROR, MIRROR

key points

- Our society rushes to make judgments of people based on appearance.
- People's quest for physical perfection, however culturally defined, seems to have soared in the last two decades.
- Jesus' Great Commandment highlights the need to remember that we are holistic beings, who are to love God not only with bodies, but with heart, soul and mind too.

'Mirror, mirror on the wall, who in the land is fairest of all?'

Mirrors are not a new invention. From the polished metal mirrors of 600 BC to the mirrors we have in our homes today, surfaces that reflect, that mirror, enable us to gaze at our own appearance. 'Mirrors' now include: phone screens or 'selfies', shop windows and reflective sunglasses.

It has been estimated that a man spends 45 days of his life shaving. Women, on average, are said to look at their reflection eight times a day[1] and spend 55 minutes a day (or two weeks a year) on their appearance.[2]

What are we looking for?

When we look in the mirror, what are we looking at? What are we looking for? For many it is about ensuring that we are presentable. That we don't have toothpaste round our mouth or something stuck between our teeth. For some it will be plucking stray eyebrow hair or trimming facial hair. But we also look in the full length mirror. Does the suit fit properly? Do the shirt and tie match? Does my bum look big in this? How big is the bald patch?

We are aware that in the world we live in, appearance makes a difference. People make judgments based on our appearance,[3] to the extent that it seems good appearance results in higher income and better jobs.[4] There is the recurrent question of what doctors should wear to work: does appearance have an impact on patient care?[5]

We are aware that in the world we live in, appearance makes a difference.

Yet, for healthcare professionals and patients alike, appearance can become an idol, a fixation. It can become a key factor in determining a person's perception of their worthiness to be loved.

While mirrors reflect images clearly, they can also encourage something more insidious: dissatisfaction. People bemoan body shape, facial blemishes and age-appropriate wrinkles. Mild dental asymmetry and slightly yellowed teeth take on disproportionate importance. A British Social Attitudes Survey noted the public's concern about body confidence and its contribution to compromised well being.[6] It also explored the issue of self-objectification, where people find their self-worth in how other people judge their appearance. Dissatisfaction with appearance has a huge impact on men, women and, increasingly, children. Headlines include stories of school photographers offering to photoshop primary school children's school photographs.[7] The Girl Guides annual survey regularly identifies the perceived importance of looks and pressures to conform.[8] In the 2016 survey, 47% of girls indicated that the way they looked held them back most of the time.[9]

Nothing new under the sun

The aspiration towards physical perfection is not new. Aristotle was quoted in a British Museum Exhibition, *Defining beauty: the body in ancient Greek art*,[10] as seeing the chief forms of beauty as 'order, symmetry and clear delineation'. In ancient Greece, citizens would have been exposed to society's view of the perfect body in marble statues. Lucian of Samosata wrote in the second century: 'The young men have a tanned complexion from the sun,

manly faces; they reveal spirit, fire, manliness… They maintain their bodies vigorously'.[11]

Yet while the quest for perfection, however culturally defined, may not be new, it does seem to have soared in the last two decades. The UK cosmetics market was worth £9,379 million in 2016.[12] That said, cosmetic surgery procedures fell 40% in 2016 with more people opting for non-surgical 'enhancing' such as Botox and teeth whitening.[13] Cosmetic dentistry has shown an exponential growth in the last 10–15 years.[14]

The quest for the perfect face and body appears to be fuelled by several factors.[15] Print and film media, including pornography, portray the culturally defined 'perfect' human body. This can create a sense of inadequacy for healthcare professionals and patients alike as unrealistic expectations are placed upon people that can't match the tweaked and airbrushed images that our society idealises. In the current culture of perfectionism it is easy for people to live under the tyranny of believing that perfection is possible.[16] In perceiving the 'perfect' to be available, the image of 'perfection' becomes more desirable, serving to magnify the feelings of discontentment.

Cosmetic surgery advertising and television programmes have been shown to have a negative impact on women and girls' body image.[17] Social media is also playing an increasingly prominent part. A recent report, *#StatusOfMind*, examined the positive and negative effects of social media on young people's health, with one of the issues being body image. Instagram and Snapchat were found to be the most negative, as the Chief Executive of the Royal Society for Public Health commented: 'It's interesting to see Instagram and Snapchat ranking as the worst for mental health and wellbeing – both platforms are very image-focused and it appears they may be driving feelings of inadequacy and anxiety in young people'.[18] The prevailing belief that 'improvement' of appearance can boost self-esteem may also perversely encourage discontentment and unhelpful comparison to others.

Because I am not worth it?

Glynn Harrison explores the slippery concept of self-esteem in his book *The Big Ego Trip*. Along with the growth of the self-esteem movement, we have also seen a growth in individualism and narcissism, as scored by personality assessment tools.[19] Self-esteem is well defined by Alister and Joanna McGrath as 'a global evaluation or judgment about personal acceptability and worthiness to be loved… strongly related to the perceived views of the person by important others in his or her life'.[20] In a society which values appearance it partly determines how people view their self-worth.

Technology is added into this mix. There is scope not just to restore what has been damaged or to treat something which compromises health and wellbeing but the option to shape, mould or 'enhance' appearance. Anabolic steroids, Botox, dermal fillers and cosmetic surgery promise this.

A milieu has emerged which encourages people's dissatisfaction with their normal, reflected appearance. At a time when the 'because you're worth it'[21] attitude is growing, the cosmetic and enhancing markets seems to be booming precisely because people do not really believe the strapline – they do not think they're worth it.

Be perfect as your Heavenly Father is perfect

The Old Testament describes the *societal* importance of physical beauty, as the book of Esther bears witness, describing the intense period of preparation of each aspiring bride before her night with the king. Whilst acknowledging the value put by society on external beauty, the Bible also indicates the true nature of beauty: 'for the Lord does not see as mortals see… the Lord looks on the heart'.[22] Clearly internal beauty matters more to God than external.

Yet, as Richard Winter points out, 'it is not wrong to enjoy high standards… It is not wrong to strive for excellence in life and not all perfectionism is wrong'.[23] Jesus exhorts his listeners to be perfect as their Heavenly Father is perfect,[24] he is seen as the author and perfecter of faith.[25] Paul exhorts his readers to run the race in order to win the prize.[26] However the perfection talked about here is rather different from the perfection sought in the mirror. The Greek word used for perfect in Matthew and Hebrews, *teleios*, is more about completeness and fulfilled purpose. It echoes the Old Testament concept of *shalom* and emphasises holistic flourishing. The greatest commandment highlights the need to remember that humans are holistic beings, who are to love God not only with bodies, but with heart, soul and mind as well. In focusing exclusively on the physical, the dignity of humanity is undermined.

We are a temple of the Holy Spirit

Above the mirror on the wall of a house I visited recently was written the word 'saint'. A helpful reminder that human beings, made in the image of God and possessing intrinsic dignity, need to avoid idolising the human body and treating it as a consumer product to be fashioned and moulded in our own desired image. Yet as saints, Christians are still works in progress, needing to resist being swept away by the flow of the zeitgeist striving for perfect appearance. More positively, there is the necessity to recollect the true nature of the body, a temple of the Holy Spirit.[27] Instead of being imprisoned by society's view of beauty we need to remember that where the Spirit of the Lord is there is freedom, and that all of us 'with unveiled faces, seeing the glory of the Lord as though reflected in a mirror, are being transformed into the same image from one degree of glory to another'.[28]

Having been a GP educator and academic for 25 years, ***Rhona Knight*** *is now serving as an assistant curate in the parish of Sleaford. Her Grove booklet* The Quest for Perfection *was published in July 2016.*

references

1. Goodenough T. Vain or just paranoid? Women check their reflection EIGHT TIMES a day. *Daily Mail* 11 May 2012 *dailym.ai/2r8EdrG*
2. White Sidell M. How long did you spend in front of the mirror this morning? Women dedicate 55 minutes a day to their appearance - the equivalent of two weeks a year! *Daily Mail* 24 February 2014 *dailym.ai/2sGdF2K*
3. Judge T, Cable D. The Effect of Physical Height on Workplace Success and Income: Preliminary Test of a Theoretical Model. *Journal of Applied Psychology* 2004;89(3):428-441
   Johnston DW. Physical appearance and wages: Do blondes have more fun? *Economics Letters* 2010;108(1):10-12 *cmf.li/2eMh4J0*
4. Ibid
5. British Medical Association. Dress code at work. *BMA* 9 August 2016 *cmf.li/2f9pk2y*
6. Government Equalities Office. Body confidence: findings from the British Social Attitudes Survey - October 2014. *Government Equalities Office* 13 October 2014 *cmf.li/2f9oS4t*
7. Warburton D. Mum's fury as photographer offers to AIRBRUSH school picture of daughter aged 8. *Mirror* 28 October 2015 *cmf.li/2f4DCTR*
8. Girl Guiding. Girls' Attitudes Survey 2016 *cmf.li/2fOFPS6*
9. Ibid
10. The British Museum. Exhibition - Defining beauty: the ancient body in Greek art. 26 March - 5 July 2015 *cmf.li/2f9szHi*
11. Goldhill S. *Love, Sex & Tragedy: How the Ancient World shapes our lives*. Chicago: University of Chicago Press, 2004
12. CTPA. Key facts about the cosmetic industry *cmf.li/2f5ifS1*
13. Grierson J. Number of cosmetic surgery procedures in UK fell 40% in 2016. *Guardian* 13 February 2017 *bit.ly/2rYCMjr*
14. Donnelly L. Rise in cosmetic dentistry spending makes dentists smile. *Telegraph* 29 March 2015 *cmf.li/2f4XvtX*
15. Knight R. *The quest for perfection: seeking to be better than well*. London: Grove Ethics, 2016
16. Winter R. Perfectionism: The Road to Heaven - or Hell? *L'Abri Papers* 1998 *cmf.li/2e5sLX7*
17. Ashikali E. *The impact of cosmetic surgery media portrayals on body image and attitudes*. Doctoral thesis (PhD), University of Sussex, 2014 *cmf.li/2e5t5VY*
18. RSPH. Instagram ranked worst for young people's mental health. *RSPH* 19 May 2017 *bit.ly/2rPanu1*
19. Harrison G. *The Big Ego Trip*. Nottingham: IVP, 2013
20. McGrath A, McGrath J. *Self-Esteem*. Leicester: IVP, 2001
21. L'Oréal Paris. *Because You're Worth it* *cmf.li/2fwZ8TS*
22. 1 Samuel 16:7
23. Winter R. Perfectionism: The Road to Heaven - or Hell? *L'Abri Papers* 1998 *cmf.li/2e5sLX7*
24. Matthew 5:48
25. Hebrews 12:2
26. 1 Corinthians 4:22
27. 1 Corinthians 6:19
28. 2 Corinthians 3:18

David Robertson
explores how healthcare professionals can use social media to share their faith

COMMUNICATING FAITH IN A WIRED SOCIETY

key points

- This is the era of fake news and 'post-truth' politics and people increasingly live in their own isolated media bubbles.
- Christians need to understand the world we live in and learn to listen.
- To some extent what you post on social media reflects what you love.

Before we talk we need to learn to listen (always a good practice for medical staff anyway).

We live in changing times. It is a biblical requirement that we seek to understand the times and be salt and light in the world we live in, rather than the world we wished we lived in, or the world we used to live in. One of the phenomenal changes in 21st century Britain is the fact that we are now a 'wired' community.

Most newspapers are in decline, the days of families all sitting round together to watch the news on one of four TV stations have disappeared. Now we are in the era of the Internet, Wikipedia, Google and social media. We have access to knowledge that our forefathers could only have dreamed of.

Yet instead of ending up in a progressive enlightened nirvana we are in the era of fake news, 'post-truth' politics and people living increasingly isolated lives. People live within self-defined social media bubbles which prevent them ever thinking about ideas and values outside their own prejudices. In this article I want to take a particular look at the question of social media and how doctors, nurses and students can use social media for the benefit of the gospel.

First of all we need to understand the kind of world that we live in today. We must be those who are constantly observing, reading and learning. Before we talk we need to learn to listen (always a good practice for medical staff anyway).

There are five trends we should be aware of:

- **Secular utopianism**: There are those who believe we are on the verge of entering a liberal, progressive utopia. It is a form of secularism that is largely atheistic and based upon the incredible faith that human beings are essentially good and are progressing towards a better world. This secular utopianism is fundamentally illiberal and not open to question.
- **Religious fundamentalism**: Religion is not the whole or even the main problem. But neither is it the solution. The truth is that religions can do a great deal of harm. We should be concerned with what is true, not with what is religious.
- **State fascism**: Whilst British society has in the past flirted with the notion of a theocratic state, or an absolutist government, in general we have

been a secular society that was founded upon Christian principles. Church and State were good neighbours and good friends. Neither had absolute power. The trouble is that with the removal of Christianity as the conscience of the nation, it is allowing the creeping absolutism of the State. If you remove God and replace him with the State you will end up with some kind of fascist corporate all-powerful state.

- **Consumerist dumbed-down materialism**: Totalitarian states can only survive if the control mechanisms are strong and the populace satisfied. People in Britain today are told they can be whatever they want to be, but for many that is just Disney-esque waffle. Drugs, 15 minutes of fame on reality TV, sex, smart phones, and widescreen TVs are the only things offered. Our elites don't tell us to eat cake, they don't offer us bread and circuses, but they do presume that we will be happy living dumbed-down mediocre lives with the cultural crumbs from their table. The danger is that we end up with this collectivist mindset where people are scared to think for themselves and just go along with the prevailing zeitgeist.

- **Sexual confusion and dysfunctional families**: The sexual 'liberation' of the 1960s has turned out to be anything but liberating for the vast majority of people. Instead of progressing we are regressing to a Greco/Roman/Pagan view. In that world there was sexual exploitation, slavery, diseases, dysfunctional families, children born out of wedlock, child abuse and dominance of the poor by the rich.

It is important that we understand the big picture, as it is the backdrop to the engagements we have with individuals. So let's turn to social media.

Social media is a blessing and a curse

On the negative side it can be pathetically trivial, time wasting and divisive. One basic principle I suggest from bitter experience is don't conduct a serious argument over the Internet. Social media, despite all the emojis, cannot convey tone or humanity. Given that so much of human communication is tone, expression and body language (some studies suggest up to 70% – again, a note for medical staff – how you convey the message is almost as important as the message itself), Facebook and Twitter are wide open to misunderstanding, anger and abuse.

On the positive side, Facebook is great to connect with people. It's good for advertising events and a useful tool for communicating the gospel. This doesn't mean that you have to post scripture verses every day but, to some degree, what you post reflects what you love. If all I read on your FB page is your latest meal then I will tend to see you as a somewhat shallow, if not gluttonous, person. You also need to be very patient – and avoid posting items just to get 'likes'. Over the years I have had many conversations with people because of articles, music and YouTube clips posted through social media. I still love to give people books but recognise that not everyone has the time to read.

At *Solas Online* we developed some video 'shorts', 3-4 minutes clips (sometimes just one minute) looking at some of the big questions.[1]

Why not use them or find other good resources that can act as discussion starters? The point is not that this is dumbing down, but rather that this is a kind of pre-evangelism, or indeed even advertising. And that is how you should consider social media. It is a public means, not of putting every detail of your personal life (why would you want to and why do you think people would be interested?!), but of sharing in the public square issues of general and personal interest.

Let's return to where we began. If we live in an increasingly dumbed-down, shallow and self-absorbed society, where people only listen to those who already agree with them (something that can happen in the church too), how do we connect with it, and break through the barriers of prejudice, indifference, ignorance and even hostility? One tool – and I stress it is only one – is social media.

Instead of the constant tide of worldly and anti-Christian values which our society is drowning in, why not just have the gentle drip, drip, drip of the grace of Christ and his gospel? Post things that cause people to question. Not just the aggressive 'you're all doomed and going to hell in a handcart' type rhetoric; but rather post stories, images and words which hint at a different world, a better reality. We need to be honest. Not everything is rosy in the Christian garden but we need to be humble, joyous, intelligent and provocative. We need to show that we wrestle with the same issues but come at it from a very different perspective. Our aim is surely to point people towards Christ.

Beware the pitfalls of social media, but again as any good doctor would say, 'everything in moderation'. If you get caught up in an alternative online world, take an occasional fast and be disciplined in your use of words and time, then you will find that it can be a great means to share the gospel.

One final piece of advice. Before you can give out, you need to receive in... or the well will soon run dry. Be often in prayer and in the Word. Be a committed and serving part of a faithful lively fellowship. Read good books. Live in and enjoy God's world. And when your heart is overflowing you will have something to share. Or rather you will have someone to share.

David Robertson *is Director of the Solas Centre for Public Christianity and blogs at www.theweeflea.com*

'Having the power to broadcast your thoughts to a potential audience of millions can be both empowering and daunting. However, the benefits of having an active presence on at least some social channels far outweigh the risks – as long as you're aware of those risks.'
BMA Social media practical guidance and best practice, 2017 bit.ly/2r5fN76

The General Medical Council (GMC) and Nursing & Midwifery Council (NMC) have produced detailed guidance on the use of social media by health professionals. Doctors and nurses use social media in both personal and professional contexts, and both bodies are positive about the constructive use of social media. However, they also highlight the particular dangers and boundaries that should exist for all health professionals.

As a general rule, keep private and professional use separate – use different accounts or media for each.

Do not accept friend or follower requests from patients (present or past).

Do not post publicly any material relating to patients or colleagues.

Do not use social media for whistle-blowing or raising concerns, but follow professional guidelines.

Always be aware that your social media activity online (personal and professional) can reflect on you as a professional for current and future employers. All that you post or share will be there for perpetuity. So always think before you post!

Detailed guidance from the GMC is available: bit.ly/2r5fN76 and the NMC: bit.ly/2rPydWx

references

1. *www.solas-cpc.org/wp/shortanswers*

Based on a talk given at the 2016 CMF Scotland Conference.

John Wyatt examines artificial intelligence and the future of healthcare

THE MACHINE WILL SEE YOU NOW

key points

- Artificial intelligence has the potential to benefit healthcare in developing countries, however, maximising shareholder value seems to be one of the driving forces.
- Christians need to affirm what it means to be human, made in the image of God, and what it means to be machine.
- AI and robotics will bring about many ethical questions, which Christian healthcare professionals should start a conversation about.

Does it matter if 'compassion' or 'friendship' is simulated, a product of clever programming? Who is harmed?

As a child growing up in the 1960s I was an avid reader of science-based predictions of the future. By the year 2000 hover-cars, colonies on the moon, free power through nuclear fusion and robot workers were all forecast. The problem for humankind would be how to fill the endless hours of leisure time once limitless resources and energy were on tap.

Sadly reality turned out to be somewhat different. Yet nobody in the 1960s predicted mobile phones, personal computers, or the all-pervasive nature, power and global spread of the Internet, let alone virtual reality and cloud computing.

What we do know is that computer technology has been doubling in power every 18-24 months since the 1960s and this rate of improvement is predicted to continue. Massive investments amounting to trillions of dollars are currently going into AI and robotics, not just in the US but in Japan, China, India, Europe and across the world. AI is already having a significant impact on our lives, but much of this is invisible. Behind the scenes they are supervising our computer searches, selecting the adverts we see online, trading in financial markets, flying commercial aircraft and translating books.

The fundamental driving force behind these remarkable changes is *laissez faire* capitalism – maximising shareholder value. Intelligent automation optimises speed and productivity whilst minimising expense. AIs can work 24/7 without getting tired, they don't demand pay raises, are less likely to make mistakes and their function doesn't deteriorate with repetition. Rather, they are constantly learning and improving on the job – increasing accuracy and efficiency. Above all, unlike human workers, they are infinitely scalable. Once you have one intelligent machine performing a task effectively you can very rapidly expand. So although the speed with which automation will enter healthcare is debatable, the ultimate direction seems clear – the inexorable logic of the market economy will ultimately triumph.

It is said that computer giant IBM has invested over a billion dollars in healthcare applications for their powerful AI system Watson. The system is capable of extracting and analysing information from free text: thousands of unmodified patient records, genomics databases and the entire scientific and medical literature. The system is currently being used to assist experienced oncologists in the USA, providing diagnosis and treatment options. Watson is constantly learning and improving its accuracy from collaboration with experienced clinicians. One physician was quoted as saying: 'One of the amazing revelations was how much like a learned colleague the system can be'. The Watson system 'understands' natural language and speech and uses the context to determine meaning.

IBM claim that a system that has been trained with experienced US oncologists can be used by a junior doctor working in a developing country to obtain the same degree of accuracy in diagnosis and treatment decisions. This kind of technology has enormous potential in increasing access to expert knowledge and advice across the world. The technology will provide a 'democratisation' of expert medical knowledge that was previously the domain of a few highly-paid specialists. But vast sums have been invested in the development of these AI systems. They have high commercial value in privatised health systems and will concentrate economic power in a small number of extremely wealthy high-tech companies.

DeepMind, a British AI company owned by Google, is collaborating with a number of UK hospitals developing algorithms to interpret head and neck scans at UCL Hospital and retinal images

at Moorfields Eye Hospital. The system learns how to identify potential abnormalities within the scans, and how to recommend the right course of action to a clinician. As AIs become pervasive within healthcare systems, issues of legal control, privacy, copyright and responsibility for malpractice are likely to become more problematic.

The ubiquity of smartphones together with tiny smart sensors and cloud computing will enable sophisticated personal health data tracking. It's claimed that this technology, combined with Big Data and cloud-based expert systems, will allow early diagnosis and continuous monitoring of many medical conditions. For instance, tissue glucose readings can be obtained and analysed in real-time in the cloud, giving real-time warning of hypoglycaemic risk and individualised advice on appropriate management. Some believe that in future many medical consultations will take place using smartphones, home sensors and AI systems with access to NHS-wide data and continuous machine learning from user inputs. The AI could decide what questions to ask, and then use a Bayesian statistical approach to give a probabilistic diagnosis and recommend therapies. Human clinicians may only be involved if the systems cannot solve the problem.

In the field of caring for patients it is very likely that different forms of robotics and AIs will increasingly be seen as providing human-like companionship. Systems are being developed to recognise human emotions using powerful face and speech recognition software and to respond in real-time to these emotions. These systems can be virtual – existing purely as an avatar (a human-like form on a screen), or a disembodied voice like Amazon's Alexa. But they may also be in a physical and embodied form, for instance as a 'cute' child-like robot.

It seems likely that companionship systems will be promoted as technological solutions for 'caring', providing 24 hour supervision and 'friendship' for the elderly, the disabled, babies and infants, those with mental health problems and maybe ordinary people who feel lonely or isolated. Some have emphasised that social robots are meant to partner with humans and should be designed to 'support human empowerment'. When used correctly, it is argued that social robots can even be a catalyst for human-human interaction.

Christian responses

Much of this may seem like science fiction and it is certainly true that it is difficult to distinguish between hype and reality. But there's a clear drive for increasing automation and behind these developments there are deep philosophical and cultural processes. In particular, there seems to be a progressive blurring and merging of concepts in what it means to be human and what it means to be a machine.

Blurring human and machine

Modern academic disciplines, such as cognitive psychology and computational neuroscience, use advances in AI as a means of understanding how the human brain works. The fundamental concept, put at its crudest, is that the brain is a 'computer made out of meat'. The more we understand how computers work, the more we can understand how the human brain works. This approach has been strikingly successful, leading to major advances in brain science and cognitive psychology.

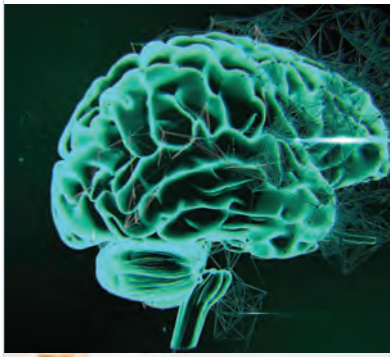
Yet, we are increasingly trying to comprehend what it means to be an intelligent machine in the light of our human experience. Our strong and inbuilt tendency is to *anthropomorphise* intelligent machines – attributing human-like characteristics to them. We instinctively think of them as looking out at the world as we do, having a 'self' with intentions and goals. One troubling aspect of anthropomorphism is that it is not under conscious control; our response is instantaneous and deeply emotionally engaging. Some months ago I was with a group of senior church leaders who were debating the theological implications of AI and robotics. We visited a computer lab in which a group of small child-like robots were active – speaking, waving and moving around on the floor. Instantly the atmosphere changed – people waved back, laughing and responding, and a senior bishop got down on his hands and knees and started engaging delightedly with the robots, as though they were precious and vulnerable children.

The irony is that our very humanity makes us open and vulnerable to manipulation by human-like machines. The aim of many AI and robotics designers is to encourage anthropomorphism – not so much in making the physical appearance indistinguishable from human, but in simulating characteristics such as emotional intelligence and responsiveness, memory, humour, and a sense of personal identity.

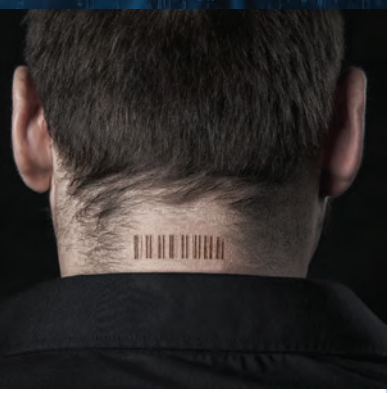
1. Understanding and critiquing of modern technology

A common understanding of technology sees it merely as a neutral tool, like a hammer which can be used equally for good or evil. But in reality the power, widespread reach and hiddenness of advanced technology in our lives means that it changes and manipulates the world we see. Technology generates a 'reality distortion field'.

On the one hand modern technology can be seen as a fulfilment of the creation mandates given to the first humans by the Creator: 'Be fruitful… fill the earth and subdue it'.[1] As such we need to celebrate the extraordinary achievements and promise of digital technology in modern healthcare. But we can't be naïve about the hidden power plays, and the invasion of privacy. So before we accept new and powerful technological innovations in medical practice, perhaps we need to ask detailed questions about transparency, vested interests, privacy issues, and potential dehumanising consequences. As CS Lewis put it: 'Man's power over nature turns out to be power exerted by some men over men'.[2]



We need to celebrate the extraordinary achievements and promise of digital technology in modern healthcare. But we can't be naïve about the hidden power plays.



The early chapters of Genesis see both the positive life-enhancing impact of technology in the flowering of metal-working and instrument-making, and its malign counterpart in the profound and mysterious story of the tower of Babel. Perhaps this ancient story has a fresh relevance in a world where computing technology is providing a new and powerful global language: '*The Lord said, behold they are one people and they all have one language and this is only the beginning of what they will do*'.[3]

2. Resisting the conceptual blurring between our created, embodied humanity and intelligent machines

It seems inevitable that AI technology will become increasingly effective at simulating aspects of human intellectual, emotional and relational behaviour. Technology will be capable of providing physical and virtual companions, colleagues, teachers, therapists, carers and playmates. But this will raise complex and troubling issues. Think of an elderly person with dementia feeling lonely, confused and abandoned. She finds a wonderful new companion who makes her feel loved and cared for: a strange friend who seems compassionate, thoughtful, wise and fun to be with. Her mood improves and she becomes more interactive and engaged with her environment. Simultaneously, the robot companion is covertly recording and analysing all of the patient's behaviour and sending it to a central control facility. Does it matter if 'compassion' or 'friendship' is simulated, a product of clever programming? Who is harmed? If simulated companions can allow elderly people to remain in their own homes rather than being admitted to a care facility, wouldn't this be acceptable? What ethical values should be implanted in autonomous caring systems?

It also seems inevitable that AI, virtual reality and robotic technology will enable people to act out sexual and violent fantasies. Should an adult with paedophilia be allowed to abuse a child robot? After all, who is harmed? Is it possible to torture a robot? To what extent am I damaging my own humanity when I mistreat a human-like machine?

Behind these developments lies a conceptual and emotional blurring between the human person and the intelligent machine. It clearly is true that there are aspects of our humanity, including our thinking processes, which are *machine-like*. But to understand ourselves as though we are machines is a new and subtle form of idolatry. It is to worship the products of human ingenuity in place of the Creator. In Christian thinking human beings are unique in the cosmos because they are created in God's image, as embodied reflections of another reality. And the goodness of our embodied humanity is vindicated and reinforced in the miracles of the incarnation and resurrection, when God himself takes on our humanity and is raised as a physical, recognisable and touchable human being.

In the ancient words of the Nicene Creed, the Church Fathers developed the profound understanding that Christ was *begotten* not *made*. Christ was not part of the creation; he was the only begotten Son of the Father. That which we *make* is a product of our will and is ours to control. Children we *give birth* to are a gift, a product of our nature, and equal to us in dignity and significance. However sophisticated the machines we develop, they are still products of our will to be controlled and used for good.

3. We need to develop resilience to the dehumanising and manipulative possibilities of technology

We are so immersed in technology that it is almost impossible to comprehend its all-pervasive nature and influence on our lives and on our practice as health professionals. Whilst we look forward to increasingly powerful diagnostic, therapeutic and caring opportunities, I think it will be important for Christians to develop techniques of resilience and resistance to the dehumanising and manipulative possibilities of technology in the world of healthcare. Perhaps we will need to develop arguments in favour of real human carers rather than simulated ones, real human relationships in favour of simulated compassion and real experiences in place of virtual reality. At the very least Christian people need to start having the conversation as to how we might respond to these startling developments.

And in the face of apocalyptic fears about a future world in which malign technology has taken over, we need to remind ourselves that God remains the supreme Lord of history. The biblical narrative from original creation to the new creation is still underway. Human artefacts and technology have a part to play in his purposes, but ultimately it is God himself who will bring in the reality of the New Jerusalem, seen in the final chapters of Revelation, and in the final destruction of Babylon, the home of all deceptions, idolatries and counterfeits.

In the face of apocalyptic fears about a future world in which malign technology has taken over, we need to remind ourselves that God remains the supreme Lord of history.

John Wyatt *is Emeritus Professor of Neonatal Paediatrics at UCL and Senior Researcher at the Faraday Institute for Science and Religion, University of Cambridge.*

He is currently leading a multidisciplinary research project into the social, philosophical and religious implications of advances in artificial intelligence and robotics, based at the Faraday Institute.

references

1. Genesis 1:28
2. Lewis CS. *The Abolition of Man*. Oxford: OUP, 1943
3. Genesis 11:6

Toni Saad comments on current ideas in the conscience debate

GETTING CONSCIENCE RIGHT AND WRONG

Can a doctor refuse to participate in something he finds unconscionable? Is this an important liberty to be safeguarded, or an unwarranted privilege which interferes with patient care? Must we leave our conscience at the door of our professional life? These are some of the prescient questions currently being discussed in the medical ethics literature.

It should concern all those who care about liberty and integrity that the debate is skewed heavily in favour of those who wish to see the end of conscientious objection. One representative of this side is Francesca Minerva, a scholar based in Belgium. She has previously advocated the inducement of Italian doctors with financial rewards to practice abortion,[1] and co-authored the infamous paper on 'after-birth abortion'.[2] Her most recent paper in the *Journal of Medical Ethics* caught my attention.[3]

In it she argues that cosmetic surgeons are not at liberty to decline to perform any procedure, even if it goes against their better judgment – and even if it is 'ugly-fying'. Essentially, patient preferences have priority over clinical judgment: the patient's right to request treatment is near absolute, while the doctor's right to refuse is practically non-existent. The *Journal of Medical Ethics* published my response to Minerva's arguments, which I briefly recapitulate below.[4]

Firstly, even passing familiarity with medicine indicates that Minerva's proposal is unrealistic. Patients do not have an absolute right of request, even if they are willing to pay (and I don't believe that any doctor would endorse such a right). Doctors, as the gatekeepers of healthcare, shoulder the responsibility of deciding who needs or does not need a scan, test or procedure. These things are not ordinary consumables. They are often risky, and require expertise to co-ordinate and decide upon. Doctors are not mere mediators of medicine, but active agents. It is impossible to get around this.

Secondly, Minerva's conception of autonomy is mistaken. Patients have a right to say no to treatment, but not an absolute right to request whatever they wish. For example, a capacious patient with a brain tumour can decline a biopsy offered to him. This sort of *negative autonomy* is fundamental. But absolute *positive autonomy* is in the realm of fantasy. If a man with a gouty toe requests the amputation of his foot, his surgeon is under no obligation to comply because amputation is unnecessarily harmful. Moreover, to fulfil his request with this knowledge would be to invite severe criticism of one's integrity.

Thirdly, absolute positive autonomy makes the idea of benevolence redundant. If a doctor's basic duty is to maximise patient preferences, he no longer need think about what it means to do good to his neighbour. Minerva's underlying assumption, it seems, is that human happiness is found in preference satisfaction; it is nothing more than a feeling. Is it beneficent to perform invasive surgery unnecessarily just because it is requested? To give a positive answer, one requires a severely limited account of human flourishing.

Fourthly, it has been the strategy of those who oppose conscientious objection to frame it as a purely moral or religious matter. But doctors make 'moral' judgments every day when they decide on a patient's care plan, on what is a good course of action. And if a doctor objects to a certain treatment based on his clinical judgment, is he to be harangued for interfering patient access to care? It's doubtful. A patient might be entitled in law to a particular treatment, but a doctor's considered professional opinion can lead to it being withheld. Expertise informs opinion regarding what is right. This is not far from 'usual' conscientious objection, but is normally called clinical judgment. Could it be that the two are somehow related?

Fifthly, the goals of medicine deserve consideration. If medicine is anything which improves our subjective sense of wellbeing, as the WHO would put it,[5] then there really is no scope for refusing anything at all, since all refusal would be a desertion of duty. But a reasonable definition of the goals of medicine, which distinguishes between *restoring health* and *enhancing lifestyle*, permits the possibility of saying no to what is beyond the scope of medicine (and therefore not one's professional duty). Interventions which do not restore health include elective abortion, euthanasia, prescribing contraception, sterilisation, cosmetic surgery and ritual circumcision. Pregnancy, frailty, fertility, genitalia and plainness are not diseases in need of 'treatment'. Hence, a doctor should have the liberty to say no to participating in them.

Much more could and has been said about conscientious objection. There is ample cause for concern; the momentum is not on the side of conscience. Christians should seriously consider the matter, as must all people who care about liberty and personal integrity, and make a reasoned defence of it in the public square. There may come a time we are forced to participate in evil, or forced to face the consequences of not doing so. Thankfully, such is not yet the case, but we must prepare for the increasingly likely eventuality.

***Toni Saad** is a medical student at Cardiff University.*

references

1. Minerva F. Conscientious objection in Italy. *Journal of Medical Ethics* 2015;41(2):170-173 *bit.ly/2sWN7d6*
2. Giubilini A, Minerva F. After-birth abortion: why should the baby live? *Journal of Medical Ethics* 2013;39(5):261-263 *bit.ly/2sGsTEO*
3. Minerva F. Cosmetic surgery and conscientious objection. *Journal of Medical Ethics* 2017;43:230-233 bit.ly/2rPmhUE
4. Saad TC. Mistakes and missed opportunities regarding cosmetic surgery and conscientious objection. *Journal of Medical Ethics* 24 April 2017 *bit.ly/2rYoJKH*
5. World Health Organisation. *Frequently asked questions bit.ly/2rZ1Ff5*

David Randall
reflects on the challenges and opportunities as a Christian registrar

THE BLEEP NEVER SEEMS TO STOP

key points

- Registrars may feel stuck in the middle of the healthcare structure – given significant responsibility yet also accountable to their consultant.
- The battle against arrogance and insecurity may be particularly potent.
- Christian registrars, knowing their identity in Christ, can think of themselves less and enjoy the freedom of serving God and others.

You're with a sick patient in the Emergency Department and aren't sure how best to manage her. You've still got three specialty referrals to see, plus letters to dictate from yesterday's clinic. One of the junior doctors on your team seems to be struggling, and keeps asking for your help. Your consultant doesn't seem to like you and criticised the management of one of your patients earlier in the day. Plus the audit you're supposed to be completing hasn't moved forwards in the last month and your annual appraisal is next week. The bleep never seems to stop.

As a registrar, it's easy to feel like you are stuck in the middle of a complex web of responsibility that makes it inevitable that you will disappoint someone at some point, if not most people most of the time. Forget their standards – you even struggle to meet your own. You look at some of your peers with envy; they seem so calm and sorted as they juggle clinical responsibilities with aplomb.

And yet it's not always so dire – just a few weeks ago you made two brilliant diagnoses on one ward round, felt totally on top of all your patients. You were commended by your boss for the calm with which you handled an emergency that developed on the ward. 'Phew', you overheard one of the house officers say as you arrived on the ward, mentioning your name reverentially. 'He's a legend!'

It's not easy to fulfil a role that remains, despite all the recent changes in the structure of healthcare, critical to the running of most hospitals. You are given significant responsibility – and yet remain accountable to a consultant who may have strong views on how they expect you to perform. You have some role in managing a team of juniors, and yet might be acutely aware that you were at their stage of training until very recently. Opportunities to shine for Christ are everywhere. Yet never far away lies spiritual danger: the arrogance that can come from over-estimating your own importance, or the insecurity of feeling as if no matter how hard you try, you will never be good enough.

In his first letter to the church in Corinth, Paul writes to believers divided into factions and rival allegiances to different leaders – 'I follow Paul', 'I follow Apollos', 'I follow Cephas'.[1] In the first three chapters, he traces out the root cause of the problem: pride. The status they accorded to these Christian leaders was a form of boasting[2] – they were puffed up (the Greek word *physio* used literally means 'inflated'),[3] because they had associated themselves with one or other of these 'Christian

celebrities'. In the same way, in hospitals the big characters – perhaps especially at registrar level – can be boasted of in the same way by their juniors.

In the context of this speculation about the relative merits of these different Christian leaders, with all the potential inherent in such comparisons to fuel arrogance or insecurity, Paul explains how he evaluates himself – and specifically, his gospel ministry. He ignores the judgments of others, and even of his own conscience.[4] He is interested in what God thinks of him. And he outlines the great antidote to both the grandiose delusion that we are the greatest, and the corrosive doubt that leads us to feel perpetually inadequate: in Christ we are justified and accepted, and he accepts the work we do according to the motives of our heart – not according to any human standards of achievement.

Paul writes that God's judgment of our work is based on what we build on (the foundation that is Christ), and how we build (with care and good quality).[5] This should serve to reassure us greatly. We are accountable first of all to God and not those around us, and are judged not on the brilliance of our clinical work but on the motives of our heart. God's resounding judgment is that we are accepted in Christ, and he then graciously accepts our weak and faltering efforts to serve him based on our desire to be obedient – not on any outward measures of success. He then goes on to show the absurdity of boasting in our achievements anyway: after all, he asks, 'What do you have that you did not receive?'[6] For any of us who benefitted from a supportive family, a good education, good nutrition in childhood, political stability, good physical and mental health, positive role models, a good work ethic and a keen mind, Paul continues, 'If you [received] it, why do you boast as if you did not?'

Christians have an extraordinary gift that can be of particular relevance to those of us who work as registrars: we are totally accepted by our loving Heavenly Father, and don't need to seek human recognition or approval in order to validate our worth. We shouldn't be puffed up with our own importance, but neither should we be downcast at our own limitations: we are God's children, and he has given us work to do!

Carrying with us this stamp of divine approval, we are set free to serve God in many ways in our work. We can serve our patients, putting their interests first, rather than viewing them as a means of enhancing our own reputation. We can serve our juniors, as we are less wrapped up in our own insecurities, and more able to recognise their needs and support and encourage them. We can honour our seniors, as elsewhere in Scripture we are told to 'obey [our] earthly masters… not only when their eye is on you and to curry favour, but with sincerity of heart and reverence for the Lord'.[7] We can accept criticism, because we realise that our own personal reputation for being right all the time is not important. And we can challenge bad practice, because we have no pretentions that we are any better than anyone else. Indeed, as we gain a reputation for being humble and genuine, people are much more likely to listen to what we say, as they realise we are not engaged in the kind of power games that others might play – we are interested in them, and concerned for their wellbeing, and the good of patients and the wider hospital.

Tim Keller, in his book *The Freedom of Self-Forgetfulness*, discusses what it means to be truly humble, particularly in the context of this same passage in 1 Corinthians. Humility isn't the false modesty of always telling others how bad we are. Rather, it is about paying much less attention to ourselves, our reputation and our wants, and focusing instead on God and others. 'It isn't so much about thinking less of yourself', he writes, 'as of thinking of yourself less.'[8]

In a world obsessed by personal achievement, we can be different. We can stop worrying about ourselves all the time, and how we are perceived, and instead serve God and do the things he wants us to do.

What practical differences might this bring to the life of a registrar?

- We can admit when we don't know something, and so ensure that the patient gets the benefit of a second opinion, thus learning from others with more experience.
- We have opportunities to share the gospel with colleagues, because we invest time asking colleagues about their lives.
- We form good relationships with everyone on the team, holding the door open for a wheelchair-pushing porter, wiping up spillages with the healthcare assistant, making a cup of tea for an over-worked staff nurse.
- As far as it depends on us, we don't get into fights with other specialties, because our ego is small and we are willing to back down where needed.
- We can cope with the mistakes we inevitably make, without becoming aggressive at criticism or broken by failure. Instead accepting personal responsibility, and also suggesting institutional changes that can minimise future errors.
- We are trusted by seniors, because we tell the truth rather than embellishing or covering-up to enhance our own reputation.
- We can set a positive culture within a team, challenging poor practice, bad attitude and cynicism by the quiet witness of generosity, and humble words of challenge where needed.

Being a registrar will always be a challenge, but the less we think of ourselves, the more it can be a wonderful opportunity to serve others and showcase God's goodness. Let's work day by day to shake off our egos and our insecurities, and enjoy the freedom of serving the Father in such an interesting and strategic role within the hospital.

***David Randall** is a Renal/ID Specialist Registrar based in London.*

It's easy to feel like you are stuck in the middle of a complex web of responsibility that makes it inevitable that you will disappoint someone at some point, if not most people most of the time.

references

1. 1 Corinthians 1:12
2. 1 Corinthians 3:21
3. 1 Corinthians 4:6
4. 1 Corinthians 4:3
5. 1 Corinthians 3:10-15
6. 1 Corinthian 4:7
7. Colossians 3:22
8. Keller T. *The Freedom of Self-Forgetfulness*. Chorley: 10Publishing, 2012:31

Alice Gerth and the search for balance between confidence and integrity

WHO DO YOU THINK YOU ARE?

We are taught to be confident. Patients need to trust our clinical judgment and they won't if we bracket it with our uncertainties. As doctors we are expected to lead by example. This means exuding an air of confidence and calm despite any panic running beneath the surface. From the earliest days of clinical practice we are taught to fake it.

Take learning how to do lumbar punctures: somebody has to be your first. So you watch a few being done. You learn how to feel for the space, but ultimately, at some point, you need to insert the needle. You talk the patient through the procedure, set up, bleep your senior to supervise ('just in case, an extra set of hands is always helpful') and proceed. As the needle struggles to find the space, you mutter reassurances to the patient, though it's really to yourself. All the time hiding the tremor in our voice and in our hands.

The skill of projecting a better, calmer, more confident self does not stop with our patients. It permeates our home and church lives too. Through social media it is easier than ever before to project the 'best' part of one's character. We post pictures of holidays and tweet our successes. Rarely do we express the mundane, the everyday, or the hesitancies. Our online self is confident, fresh-faced, running marathons; not lounging on the sofa, tired, fed up.

There are dangers and benefits to this behaviour. If we continually project a 'sorted' self it inhibits honesty: honesty with ourselves and with other people. Without this we are unable to identify areas of sin. So we may not seek forgiveness and help in defeating them. Openness with others encourages them to be honest with us.

By acknowledging our own weaknesses it gives others the space to acknowledge theirs. We see this professionally: it is harder to ask questions and advice from a senior who seems completely sorted while juniors fear that they will think less of them if they ask a question. So they hide their uncertainties. This prevents juniors learning and gaining confidence and it places patients at risk. In church 'sorted leaders' inhibit growth in those around them and they may feel inadequate or fear condemnation if they reveal struggles.

The veneer of superficial control has benefits. In the same way that supported juniors learn to become seniors by stepping into the role before they feel fully ready, so as Christians we need to step into our identity as children of God before we have defeated all sin in our lives. The Bible is full of stories of ordinary men and women doing extraordinary things despite lack of self-belief: consider Moses, Jonah, Esther and Peter.

Through social media it is easier than ever before to project the 'best' part of one's character.

If we don't step out until we feel 100 percent confident we limit God and restrict his glory. Too much doubt and hesitation can undermine the assurance and confidence of those around us. We need to balance confidence and integrity, not falling into behaviours that falsely accentuate our conviction, or lack of it. Posturing to encourage others to confide in you is equally deceitful as portraying false self-assurance.

As we think of these two projections of self – the one we emit to the world and the one within – we have to be careful not to 'split' ourselves. Initially it seems as if the scared, tired, grumpy, sinful self is the true version and as such we fear being exposed by those around us. As Christians, however, we know this to be false. We are more truly who God created us to be when we behave in ways that honour God. We are continually being sanctified by God and so the more worldly aspects of our character are in conflict with the more Christ-like. This conflict will continue until we join Christ in the new creation. John Stott puts it succinctly: 'My true self is what I am by creation, which Christ came to redeem, and by calling. My false self is what I am by the fall, which Christ came to destroy'.[1]

The even greater truth is Christ died for the self I am by the fall. God sent his Son for the self I dislike; he loves that self for he sees the self he created. The challenge, therefore, is to not hide our fallen selves whilst striving to be our created selves. If we can walk this line of 'honestly faking it' we will find it easier to identify and battle sin in our own lives. It will empower the wider church family to grow, acknowledging that we are a church of sinners striving to be Christ's perfect ambassadors.

***Alice Gerth** is an ACCS trainee in Anaesthetics.*

references

1. Stott J. *The Cross of Christ*. Nottingham: IVP, 2006:329

Mary Baines shares personal memories of Dame Cicely Saunders 50 years on

FAITH AND GRATITUDE

'What have I got to do to say thank you and to serve?' These words, spoken by Cicely Saunders, led to the founding of St Christopher's Hospice 50 years ago. It is generally accepted that this was the beginning of the modern hospice and palliative care movement.

Cicely had gone up to Oxford to read politics, philosophy and economics. The war started and she felt it was wrong to be studying books when there was practical work to do. So, much to the displeasure of her parents and college principal, she left Oxford. She enrolled at St Thomas's Hospital and started her nursing training there in 1940. She loved the work and felt that she had found her vocation. However, her long-standing back trouble worsened and she was told that she couldn't continue nursing. But she wanted to remain close to patients so she retrained as a medical social worker.

In the summer of 1945, Cicely chose to go on holiday with a group of Christian friends. She had previously called herself an atheist but circumstances in the family and in her own life led her to seek a living faith. She had started reading, especially CS Lewis, and in the company of her friends, she came to accept she should come to God 'just as I am'. She said later that 'God turned me round and it was all right. It was for all the world like suddenly finding the wind at your back instead of battling against it all the time'. This was the experience which led Cicely to ask God to show her his purpose for her life. She waited two years for the answer when she met the young man who was to change her life.

David Tasma was a Polish Jew who had escaped from the Warsaw ghetto and was working in London as a waiter. All his family had perished in the Holocaust. Cicely became his only friend and they talked a great deal about his needs which were not being met. His physical pain was poorly controlled with intermittent injections of analgesics. He was desperately lonely and dying after what he felt was a useless and unfulfilled life. He had been brought up a Jew but no longer knew if he believed in God.

Cicely later described the total pain experienced by the dying consisting of 'physical, emotional, social and spiritual pain'. She learnt this at David's bedside. It was as they talked that there came to them both a vision of a better way to care for the Davids of the future. And when he died, he left Cicely all the money he had, £500, with the words 'I will be a window in your home'.

During the next two years, Cicely sought to test her vocation by spending time with dying patients, but this did not satisfy her. She discussed her calling with the surgeon she worked for. 'Go and read medicine', he said. 'It is the doctors who desert the dying'. Cicely was by now 33 and had not studied science at school but she was accepted at St Thomas's for 1st MB.

I joined her for the clinical course in 1954 and we came to know each other well as we were members of the hospital Christian Union. Remarkably, no fewer than five of us became hospice doctors at a time when there were almost no hospice doctors in the world.

After qualifying and house jobs, Cicely knew that she needed to understand more about pain control in the terminally ill. So she obtained a scholarship to do research in this field and worked with the patients at St Joseph's Hospice. Her work showed that, with regular giving of analgesics, the widespread fear of addiction was unfounded.

On 24 June 1959, Cicely was reading *Daily Light*, a collection of Bible texts. That day she read: 'Commit thy way unto the Lord and he shall bring it to pass'. She knew with complete certainty that this was the time to do something practical about the vision that had motivated her for eleven years. She gathered around her a group of people who advised her, raised funds and prayed. In 1961 she launched the charity and started looking for a site. This was found in Sydenham, the money came in and the hospice with 54 beds was opened by Princess Alexandra on 24 July 1967. David's window was in a prominent place.

During these 50 years there has been an enormous increase in interest around end of life care. When I joined Cicely in 1968, she gave me a double-sided sheet of A4 saying that this was the symptom control I needed to know! This has grown into the *Oxford Textbook of Palliative Medicine* and much more. A great deal of research has been undertaken including comparing analgesics, studying clinical and psychosocial problems and service delivery. The movement has spread worldwide. There are now 200 hospices in this country and 16,000 units worldwide, including many in poorer countries.

Most people in this country will, by now, have some acquaintance with hospice and palliative care. Unfortunately, few seem to know the story behind them and that they came about because of the calling of God to an individual, Cicely Saunders.

***Mary Baines** is Emeritus Consultant at St Christopher's Hospice.*

further reading

Du Boulay S, Rankin M. *Cicely Saunders: The Founder of the Modern Hospice Movement*. London: SPCK, 2007

The Great Mystery

Science, God and the human quest for meaning
Alister McGrath

- Hodder & Stoughton, 2017, £9.99, 256pp, ISBN 9781473634312
- Reviewed by **James May**, GP in London

If you are looking for a confident, robust and unambiguous defence of Christian belief in the face of modern secularism, then McGrath's book may be the book for you, but not in the way you might expect. We are not observers, he says, looking on and describing what we see in a disinterested way from 'the balcony' on the sidelines.

Instead we are journeying on 'the road', experiencing life in its perplexing mysteries, talking and trying to make sense of its meaning as we go. Richard Dawkins observes the 'all too limited human mind', and CS Lewis dismisses 'thin rationalism'. Religious and scientific fundamentalisms arrogantly fail to understand or even hear other perspectives. Modernism has had its day; New Atheism has been a 'blind alley'. He debunks myths about 'secular humanism' and, 'progress' on the way, with his section 'what's wrong with us?' being particularly salutary, as it should be. McGrath concludes ambiguously, pointing to our need for humility and a sense of wonder; and yet throughout his exploration he gently suggests that knowledge is possible as part of a 'big picture' which we strive towards and yearn for, as we ponder the great mysteries of life. This is a thoughtful and historically informative guide to our journey on 'the road' in which revelation seems both desirable and possible.

Assisted Suicide

Vaughan Roberts

- The Good Book Company, 2017, £2.99, 71pp, ISBN 9781784981938
- Reviewed by **Andrew Fergusson**, former Chair, Advisory Group, Care Not Killing

Following very clear defeats of assisted suicide bills in the Westminster and Scottish parliaments in 2015, debate about this subject should be over for a decade or more – but it's not. So another book in the Talking Points series designed to help Christians think and talk about today's big issues is welcome.

Author and speaker Vaughan Roberts comments authoritatively here to Christians, speaking not just from research and oh-so-relevant understanding of the Bible; but because his own father was dying while he was writing the book, there is a strong note of compassion and reality throughout. It is unlikely *Triple Helix* readers will find anything new in the relatively brief medical, ethical, and campaigning discussion. Almost more importantly, the prevailing cultural context is analysed and critiqued. Dignity? Ours is unique because God has made each and every one of us in his image. Autonomy? Unbridled, it ignores our inevitable interdependence. Vulnerable? Dying or not, the disadvantaged deserve special care and protection. The Christian worldview wins.

With recommendations for further reading and discussion prompts for small groups, this is an excellent starter for lay Christians. Health professionals will need to read more widely.

Lighting the Way

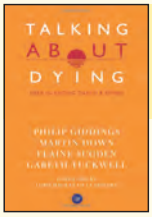
A handbook for Christian Nurses and Midwives
Steve Fouch & Catherine Butcher (ed)

- CMF, 2017, £7, 134pp, 9780906747704
- Reviewed by **Carrie Dameron**, Associate Professor of Nursing in California, USA

Lighting the Way brings Christian nursing essentials together in four sections. 'Identity' brings fundamental skills of Christian faith with discussions on prayer, church, character, and the important relationships in our lives with colleagues and family. 'On Call' merges Christian faith with professional nursing, topics on spiritual care, workplace culture and sharing our faith. The heart of the book is found in the third section, 'Frontline', which dives into the many challenges modern Christian nurses face like bioethics, human personhood and complementary and alternative medicines. The authors are brave, educated and clear on how the Christian faith defines these and other challenging issues in modern healthcare. Each topic in these three sections includes relevant scripture, explorative questions and a reading list to guide nurses and midwives to dive deeper with each topic.

The final section, 'Devotions' includes 40 daily Bible readings and meditations which support the faith and spiritual development of nurses and midwives. The chosen specific meditations encourage a vibrant relationship with the Lord through prayer and worship forged through time in the Word. I feel honored to have authored some of the devotions chosen to be included in the collection.

Lighting the Way is a valuable essential resource for both faith and professional development. A rare publication in Christian nursing that provides knowledge, wisdom and spiritual support.



Talking about dying

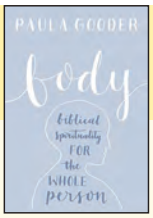
Help in facing death & dying
Philip Giddings, Martin Down, Elaine Sugden, Gareth Tuckwell

- Wilberforce Publications, 2016, £8, 182pp, ISBN 9780995683204
- Reviewed by **Steve Fouch**, CMF Head of Nursing

Sex and politics have become mainstream, but death remains as the last subject which we do not talk about. That, according to the authors, 'simply will not do'. In reality, many people faced with life-limiting illnesses do want to talk, but are either afraid to or just do not know how to broach the subject. This pithy little volume is an attempt to help break down some of those barriers.

Written from an unashamedly pastoral Christian perspective, *Talking about dying* is a helpful starter. It addresses a wide range of issues, from planning funerals and other arrangements, to starting conversation about your own death or someone else's. It also looks at miscarriage and still birth, sudden death, suicide and talking to children. It even manages to explain the gospel succinctly in a chapter on what comes after death. Each chapter is short, with practical follow up reading and resources.

Very much aimed at the concerned layperson, this book could be a useful tool for training church or chaplaincy pastoral visitors. Given that death is universal, however, it is probably worth reading by anyone and everyone.



Body

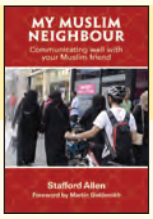
Biblical spirituality for the whole person
Paula Gooder

- SPCK Publishing, 2016, £9.99, 176pp, ISBN 9780281071005
- Reviewed by **Jason Roach**, medically-qualified pastor

This week I sat by the bedside of a morbidly obese woman from my congregation. She confessed that her weight was the result of overindulgence. And now her heart was failing. With our meeting still swimming round in my head, I returned home to hear one of my daughters struggling with being called 'fat' by classmates. She is not remotely overweight. In different ways, both cases reveal something of the cultural pressure and personal sin that creates issues around our bodies. What does a Christian response look like?

Paula Gooder writes that the relative Christian silence on this subject, coupled with a prevailing platonic dualism in our culture, has led to a distorted view of the body. But do not be fooled, this analysis managed, by turns, to make my heart sing, my head ache and my thinking shift. It drew me to revisit Bible texts I thought I knew, to ask hard questions about what I mean by words like 'soul' and managed to anchor it all in the practicalities of cremation, disability, contentment, praise, life after death and more.

Sweetly pastoral, concretely practical, challengingly philosophical, helpfully personal. Gooder navigates the subject deftly – encouragingly clear where the Bible is, and rightly ambiguous where the Bible is less definitive. It left me more thankful for the body that God has given me, more eager for the return of Christ and asking questions like: 'from Paul's perspective, how beautiful am I?' Perhaps Gooder could have, in one or two places, tempered her celebration of our bodies with a theology of the cross. Is a pampering at the local spa or enjoying well cooked meals with friends always spiritual? But Gooder merely wants to start a conversation – and this book does that magnificently.



My Muslim Neighbour

Communicating well with your Muslim friend
Stafford Allen

- Gilead Books, 2016, £8.95, 299pp, ISBN 9780993209062
- Reviewed by **John Martin**, CMF Head of Communications

Here is a very important book for any doctor or health professional who wants to share their faith with Muslim patients or neighbours. It's the fruit of a career-long commitment of a doctor who lived and worked in several Muslim countries, then practised in a mostly-Muslim English inner-city context.

The author's thesis is that faith sharing needs to start at gut and heart level – 'anthropology, not theological disputation'. Much of the book is an endeavour to find 'a common language'. Even so he does not duck hard questions, such as questions over Islam's inherently violent nature.

It is full of treasure: insights about the cultural and linguistic gaps standing in the way; stories of real-life encounters; accounts of lively debates; heart-warming answers to prayer; advice on how to offer and accept hospitality and make friends.

Life Hurts

A doctor's personal journey through anorexia
Elizabeth McNaught

- Malcolm Down Publishing, 2017, £9.99, 144pp, ISBN 9781910786659
- Reviewed by **Alice Gerth**, ACCS trainee in Anaesthetics

Elizabeth McNaught explores the challenges of living with anorexia from a deeply personal perspective. As both a doctor and a sufferer she brings a balanced and insightful perspective to this difficult subject.

She explores the complex underlying causes and the consequences of eating disorders on both patients and their families. She identifies current issues with our mental health care system in a non-judgmental manner. By walking us through her own experience the reader is helped to empathise with Elizabeth's suffering. She does not hide the hurt her actions caused others but helps you to understand why she behaved in the manner she did. The book ends with two short essays by her parents. These will be particularly helpful for families supporting children with mental illness. It has enough detail to interest those of a medical background without alienating a non-medical reader. Her faith is subtly present throughout the book in a manner that will encourage Christians, but won't put off non-Christians.

Overall a short but powerful read with useful insights for all of us. You can't help but be inspired by Elizabeth's courage and determination to use her experiences for the good of others.

A better story

God, sex & human flourishing
Glynn Harrison

- IVP, 2016, £9.99, 216pp, ISBN 9781783594467
- Reviewed by **John Greenall**, CMF National Field Director

If you read one book this year, there is none more timely and needed than this one. In *A Better Story* CMF member and former Professor of Psychiatry Glynn Harrison contends that we are failing to meet the challenges of the sexual revolution through our lack of critical thinking and inability to understand its moral dimension. Still wincing from his insightful diagnosis, I was reeling as he outlines Christians' 'cowardly inability to articulate an alternative vision of sexual flourishing… it is we who have been weighed in the balance and found wanting'.

Having masterfully surveyed the terrain, he devastatingly critiques the impact of the sexual revolution on society, including the most vulnerable of all – children. He finishes by painting the compelling Christian story of God's passionate, faithful and fruitful love in gripping multi-colour. There is invaluable insight as to how we demonstrate the plausibility of the Christian view in our individual lives as well as in our church communities. A wedding anniversary being celebrated more vigorously than the wedding day? Single people's sexuality being a 'powerful witness to the true nature of God's faithful love'? Over and again I was convicted, challenged and inspired. God's story is better, so let's tell it better, he concludes '…for the sake of the gospel, for the life of the world'.

eutychus

Grey crime wave

Where are the present-day John Howards and Elizabeth Frys? Few would disagree that our prisons are a festering problem. A *Guardian* 'Long Read' has drawn attention to an issue that largely goes unnoticed, though CMF members serving as prison doctors are well aware of them. The demographics of the prison population are alarming. In 15 years, the number of prisoners aged over 60 has tripled; numbers of octogenarians almost doubled in the last two years. Our prisons, many of them built more than a century ago are not fitted to their needs. *Guardian* 19 June 2017 *bit.ly/2toOhRh*

Game mocks psychiatric illness?

Bedlam (the nickname given to the notorious Bethlem Royal Hospital) inspired several horror books, films and TV series and could be one of the root causes why, to this day, stigma attaches to psychiatric illness. But have we learnt our lesson? Apparently not. Out now is an 'escape game' set in a fictional asylum. To win you solve a series of clues to find your way out. Critics among health professionals say it is 'demonising mental health'. The company concerned has apologised but insists the game doesn't 'mock psychiatric illness'. *BBC* 14 June 2017 *bbc.in/2sOzCQG*

Two kinds of liberalism

Tim Farron's resignation as leader of the Liberal Democrat Party rightly invites heart-searching. He styled himself as a 'liberal to my fingertips' but found himself ensnared between rival versions of liberalism. For Farron it was 'about defending the rights and liberties of people who believe different things to me'. He lost out to a nastier, politically correct version with no space for differences in thought. Over the last decades this rancid form of liberalism has gained control of what Bill Bright many years ago called 'the mountains of culture'. Nick Spencer, Tim Farron and the two kinds of liberalism. *Total Politics* 15 June 2017 *bit.ly/2rQOl8B*

Pioneers in healthcare

Wise words from Dr Anil Ninan Cherian. The ICMDA course director told 49 graduating South Sudanese health workers: 'You are going to find the health system which is yet to stabilise. Let the conflict there not destabilise you'. War in their country meant the course was moved from Jonglei in South Sudan to the Ugandan capital Kampala. The programme is jointly supported by the Catholic Organization for Relief and Development Aid (CORDAID), a Dutch NGO, and Anglican International Development UK (AID). These pioneers have an uphill task and need our prayers. *All Africa* 17 June 2017 *bit.ly/2ryxxE1*

Social media dangers

Instagram and Snapchat are not good for the mental health and wellbeing of young people, a new report has revealed. The *#StatusOfMind* report from the Royal Society for Public Health (RSPH) and Young Health Movement (YHM) says while there are some positives derivable from social media, more needs to be done to counteract its negative impact. RSPH and YHM claim that 71% of young people want to see pop-up heavy usage warnings on social media. Instagram and Snapchat have the worst impact on young people's mental health, the report revealed. *Digital Health* 27 May 2017 *bit.ly/2s2fYfj*

A veggie tale

A five-a-day habit is recognised as a gateway to good health. But how do parents coax children and young people to buy into the proposition that it's very good for you and – even more importantly – do something about it? Terms such as 'wholesome' lack appeal and sound boring. Now a team at Stanford University may have hit on a solution. They tried a new approach in the university cafeteria. Veggie sales went up by 25% when indulgent labels were used, like 'sizzling beans' or 'dynamite beets'. *BBC* 13 June 2017 *bbc.in/2rVhUJB*

Not all it's cracked up to be

At £11,000 per attempt and a low success rates, egg freezing is expensive. There are also doubts about its effectiveness as an 'insurance' against inability to conceive by natural means. 'Not what it's cracked up to be', said the *Daily Telegraph*. Certainly egg freezing is surrounded by much PR spin. An American woman who tried and failed to conceive said, 'There is so much positivity about egg freezing, and I am pro the idea, but there is not a lot of realism. Egg freezing is highly marketed – and not all doctors are being transparent with the data'. *Daily Telegraph* 18 March 2017 *bit.ly/2nCxNDy*

Binge watching bad for health

Eutychus has noticed a new video from YouTubers AsapSCIENCE warning that binge watching is bad for your health. It lists several health complaints which it traces to over-indulgence: dry eyes, especially if you are a contact lens user; short-sightedness; reduction of sleep quality, particularly among those who watch immediately prior to going to bed. Bad news for men: watching 20 hours of TV a week can apparently reduce sperm count. Too much time in front of the TV is correlated with diabetes and heart disease, and according to AsapSCIENCE, shortened lives. *Metro* 15 June 2017 *bit.ly/2swlhFm*

Two billion overweight

More than two billion adults and children globally are overweight or obese and their weight is responsible for health issues, says a new study. Put another way, one-third of the global population carries too much weight and this is fuelled by urbanisation, poor diets and not enough exercise. The USA tops the league table of obese children and young adults (13%) with Egypt top for adult obesity (35%). The study conducted by the *New England Journal of Medicine*. The researchers analysed data from 68.5 million people between 1980 and 2015. *CNN* 12 June 2017 *cnn.it/2sgB6Sp*

Mending a fragmented NHS

As the NHS approaches its 70th anniversary, Simon Stevens, CEO of NHS England, has embarked on what he says is 'the biggest national move to integrating care of any major western country'. He promises 'eight accountable care systems' and 'better joined up services in place of what has often been a fragmented system that passes people from pillar to post'. He announced nine areas in England – covering around seven million people – which will be the forefront of nationwide action to provide joined up, better coordinated care. We wish him well. *I-News* 15 June 2017 *bit.ly/2to35h4*

Jeff Stephenson asks a searching question

WHAT DEFINES YOU?

And because you are sons, God has sent forth the Spirit of his Son into your hearts, crying out, 'Abba, Father!'
Galatians 4:6 (New King James Version)

Who do you think you are? The question can be a challenge, a put down, or an invitation into life transforming truth. It is a crucial question for us to answer, for what we believe about ourselves will influence how we behave.[1] As a doctor, medical leader, husband, father, colleague, preacher, I have many roles and expectations upon me. But which of these define me? What is the order of priority? What does 'success' or 'failure' in these realms look like?

If I ascribe my primary identity to any particular role, I risk confusion over my true priorities. I also become vulnerable to assaults on my spiritual integrity by failure or success in these areas. My sense of worth can become hostage to how I perform. For doctors this is a particular danger: we work in a highly-respected profession; we carry life and death responsibility; the rewards for high performers can be lucrative; we are often under enormous pressure; and our work can easily become all-consuming.

As Christians we may 'justify' the latter by the call to lay down our lives for others, which our profession gives ample opportunity to do.

Yet the life-transforming truth is that we are sons and daughters of the Father.[2] We are dearly loved, fully accepted, outrageously forgiven, extravagantly blessed and eternally secure. Therein lies our identity. Because we are in Christ, God speaks over each of us, 'This is my beloved son/daughter, in whom I am well pleased'.[3]

I am a child of God. That is what defines me, sets my perspective, and orders my priorities. It is a truth that our enemy will challenge at every opportunity, as he did to Jesus immediately after those words were spoken over him.[4] I must hold fast to what God says about me, rather than be led down a path of identity crisis that can be destructive to me and to others.

Jeff Stephenson *is a hospice medical director, author and preacher based in Devon.*

references

1. Proverbs 23:7a
2. John 1:12; Romans 8:16
3. Matthew 3:17
4. Matthew 4:3, 4:6

biblical teaching, relevant issues

Four new booklets by Peter Saunders, CMF Chief Executive.
Available online: £2.00 each +P&P.

order online at:*cmf.org.uk/resources/bookstore*

we unite & equip Christian doctors & nurses
to live & speak for Jesus Christ

www.cmf.org.uk

CONNECT GROW SPEAK SERVE