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APOLOGETICS

Christianity & critical theory

COVID & apologetics

the limits of apologetics



nuclears

the student journal of the christian medical fellowship

plus: no question off limits, mentoring, Malawi, local groups, palliative care, CS Lewis

NUCLEUS



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Managing Editor

Laurence Crutchlow

Student Editor

Rachael L Middleton

Editorial Team

Steve Fouch, Rachel Owusu-Ankomah,
Mark Pickering, Ashley Stewart, Marolin Watson

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Editorial address

The Editor, *Nucleus*, Christian Medical Fellowship
6 Marshalsea Road, London SE1 1HL
Tel 020 7234 9660

Email nucleus@cmf.org.uk

Web www.cmf.org.uk

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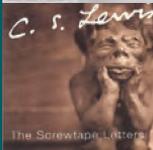
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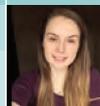
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'The primary audience for Christian apologetics should be other Christians. The bulk of Christians in the world have not deeply, critically considered their reasons for believing...and they are not able to defend what beliefs they hold.' – Joel Furches¹

Christian apologetics is a branch of theology that defends what Christianity claims. As such, it dates as far back as the early church, and is a hefty topic to tackle within the remit of *Nucleus*. However, this edition compiles a wide range of excellently and expertly written articles on apologetics, especially in relation to its relevance to the practice of medicine and allied professions.

Can someone be both a scientist and a person of faith? We know that science lacks the ability to answer all of humanity's questions. To quote Dr Francis Collins (American physician and Director of the Human Genome Project), 'When does life begin? When does the soul enter? That's a religious question. Science is not going to be able to help with that.'

As society secularises, we as believers find our faith increasingly under attack - at our workplace, on the news, even in our homes. It is of paramount importance, both for us and in terms of witnessing to non-Christians, that we take up the responsibility of scrutinising the objective historical and scientific evidence for the faith we possess. David Wilber writes that 'apologetics is one of the biggest things that God has used to strengthen [Christians]...Like Jacob struggling with God and refusing to let go until God blessed him, apologetics allows us to struggle with God over the deep philosophical and theological questions of our time. There's a blessing for us in that struggle!'²

This edition is filled with fantastic and varied content. Zachary Arden, a researcher in microbial genomics in Munich, explores what SARS-CoV-2 research has to do with Christian truth claims. Dr Calum Miller of The Oxford Centre for Christian Apologetics writes about how his background in medicine has given him a unique perspective on the Christian faith. Mike Roberts explores the origin and ethics of Critical Theory in relation to Christianity. As always, we have a range of reviews of books, films, and webinars, which explore whether science and faith belong together, as well as our news review and just ask column. Finally, we hear about David S Kim's trip to Malamulo hospital in Malawi, and how it has taught him what true joy in and dependence upon Christ looks like.

we know that science lacks the ability to answer all of humanity's questions

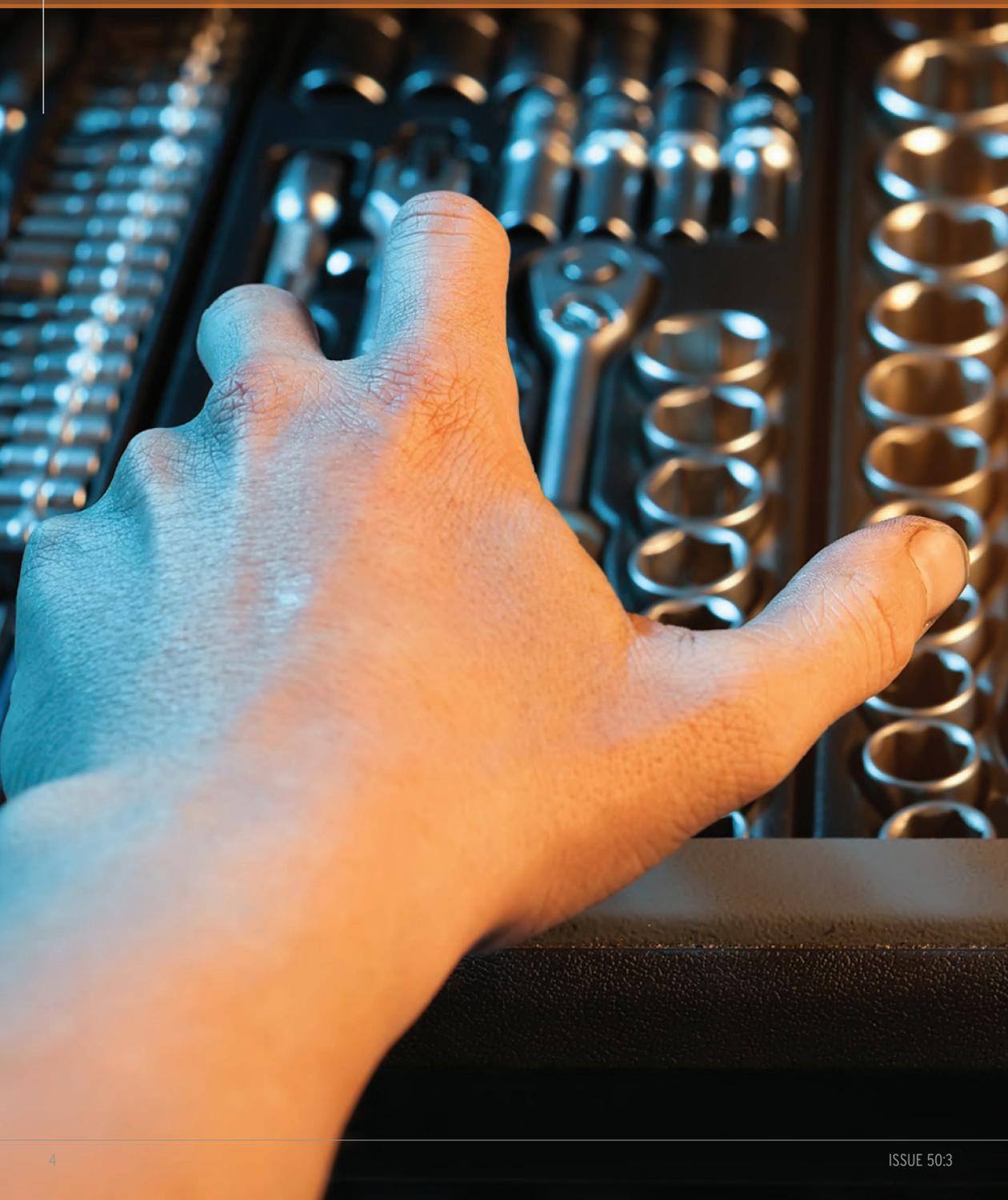
All this, and much more, makes this edition of *Nucleus* an edifying and stimulating read. It has been a privilege to work on, and it is my hope that the wisdom within these pages both equips you with answers to some key questions sceptics have about Christianity, and informs your conviction to live powerfully as salt and light during these uncertain times. Stay safe, and rest in a certain faith. ■

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the limits of apologetics

Zack Millar considers how we show people Christ





Zack Millar is an FY1 doctor in East Anglia

None of my non-Christian friends have become Christians. I find it difficult to express the emotion I feel when I mull over that fact. There is pain unique to each person, as of course I want nothing more than to see my dearest friends brought to Christ. But very soon my thoughts turn to introspection, and I mourn my weak faith and my presumably even weaker arguments. 'What must I do to be saved?' the Philippian jailer asked Paul and Silas.¹ 'What must I do to save others?', I find myself asking.

Therein lies the danger of apologetics. If we believe that we can win someone over to the Lord by the strength of our arguments alone, we step onto a slippery slope that leads to anxiety, self-doubt and sometimes even the loss of our own faith. Apologetics can be a powerful tool, one which I believe should have a permanent place in the Christian repertoire, but like any tool it does not guarantee success.

Peter & Paul

In my recent quiet times, I have been reading through the book of Acts. While the early New Testament church cannot be used as an exact blueprint for modern church life, it is usually a great place to start. What can we learn from Paul and Peter and their powerful speeches to the Jews and the Gentiles?

Paul is probably the first person to give *apologia* for his faith, as recorded in Acts 13, 14 and 17. His message changes depending on his audience – the Athenians in chapter 17 are already an overtly religious group who love philosophical debate, so Paul uses beautifully crafted Greek and rhetorical devices. There would even have been points that coincided with the dominant Stoic philosophy of the region. He argues persuasively in a way that is familiar to his listeners, yet abundantly clear.

What struck me more, though, was Peter's approach in the first half of the book. He addresses

many different groups of Jews and yet his structure is identical every time. He begins with a piece of historical context or prophecy, often with reference to their Jewish ancestors. Then he proclaims Jesus' death and resurrection, before doubling back to more history or prophecy. He meets with a variety of responses but is undeterred, doing the same again and again.

if we believe that we can win someone over to the Lord by the strength of our arguments alone, we step onto a slippery slope that leads to anxiety, self-doubt and sometimes even the loss of our own faith

Apologetics has its place in the New Testament Church but is by no means the only way to evangelise. It is often better simply to present the gospel and show people Christ. Paul himself in Romans 1 writes that 'God has made it plain to [people].'

roadblocks & red herrings

Think about the last time you had an argument with a family member or loved one. A very common tactic is to try and deflect onto them: 'Well yes maybe I was late for dinner, but you can't take criticism.'²

Many apologetics conversations fall into the same category. Being presented with the gospel means being faced with your own sinfulness and inadequacy. It means denying yourself, taking up your cross and following Jesus.³ But if you can throw out an intellectual red herring, you can hold onto the possibility that none of it is true and none of it applies. You can shift the spotlight from your imperfections onto the supposed imperfections of God.

Focusing too much on apologetics can give these red herrings more airtime than they deserve. We must never be dismissive; we must always acknowledge and be respectful. But we should then gently steer around the issue and get to the root of the problem.

Sometimes, though, the issue at hand is more a roadblock, not a red herring. A couple of my closest friends are members of the LGBTQ+ community, and for them the main barrier to becoming Christians is that they feel they would have to give up a significant portion of their identity. To the best of my knowledge, this is not a distractor but a genuine deep-seated painful holdup for them. Again, I believe the solution is to show people Christ – for this issue, perhaps, that Christianity means taking on a new, greater identity and receiving a gift far more precious than what they would have to give up. Easy to say of course; much harder to live out.

many of the conversations you have will be with a scared, deeply shaken person who is trying to make sense of the world and experiencing spiritual warfare in all its horror

Bear that in mind the next time you set yourself up to deliver an apologetic slam-dunk. Not everybody is a smug self-satisfied debate artist who would love to see your entire worldview torn to shreds. Many of the conversations you have will be with a scared, deeply shaken person who is trying to make sense of the world and experiencing spiritual warfare in all its horror. Roadblocks need to be dismantled, but we should do so with love and grace.

diathermy & staplers

I was often tempted to watch apologetics debate videos with a mental (or literal) pen and paper, noting down the arguments used and preparing to unleash them upon my unsuspecting friends.

I envisaged the Christian equivalent of the Monty Python 'Killer Joke' – I would stroll into any gathering, deliver a few perfect sentences, and smile in beatific satisfaction before herding the convicted masses into churches to be baptised.

My error was to believe there was such a thing as a completely airtight argument that would win any apologetics debate. Instead, I think the most we can say is that some arguments are perhaps stronger or more widely applicable, while others are weaker or more focused. Returning to the 'tool' analogy for a moment: diathermy is an excellent surgical technique for cutting many tissue types, but it must not be used on the outer skin layers. Meanwhile, a stapler is unsurpassed in the field of stapling, and not much else.

Everyone is different. From the second we are born, we are influenced by our background, upbringing, genes and personality. At any given moment, our reaction will be shaped by our energy levels or what we had for lunch. 'But Zack, this sounds a lot like context-driven truth!' I hear you cry. Fear not. My point is simply that the exact same argument might land today and fall short tomorrow. What works for one person might not work for another. What works for *one person at one point in their life* might not work at another time. We should pray instead that the Lord who knows people better than they know themselves would work in their lives.

the tool chest

When I was about six years old, I really wanted one of those humongous tool chests on wheels with seven drawers and 160 different tools. Of course, I would have had a use for about three of them at best, but it was all about the status for me. It would have denoted my ascension into manhood, my ability to conquer any task laid before me.

I never did get that tool chest. Yet so often we attempt to construct the apologetics equivalent. We yearn to have an answer for every objection, never to be caught out. 'Always be prepared to give an answer to everyone who asks you to give the

reason for the hope that you have,' says Peter.⁴ Surely reading wider and studying more will fulfil the requirements of this verse?

No. John Calvin puts it very eloquently: 'Peter here does not command us to be prepared to solve any question that may be mooted...[he] had in view no other thing, than that Christians should make it evident to unbelievers that they truly worshipped God, and had a holy and good religion.'⁵ *The Pulpit Commentary* is much more direct: 'Some answer every Christian ought to be able to give.' We should not be struck dumb by fear of rejection or persecution. The only requirement of this verse is that we are prepared to give an answer. Studying the Bible may deepen our answer and perhaps make it more profound, at least from a human perspective, but often the best defence is simply to tell our own story.

sowing & reaping

'What must I do to save others?' I posed the question at the beginning of this article. Logically, if we believe that our failure to bring people to Christ is our own doing, it follows that we must be the ones at fault. We try the 'better' arguments and present them like the great apologists do. When that fails, all that is left is our personal relationships with God – and since we are human, those relationships will be flawed. The cracks in our Christian lives merge with the cracks in our arguments until we begin to accuse ourselves of hypocrisy, or start agreeing with the very doubts we are seeking to assuage. We see our role models seemingly bringing scores of people to faith and we tell ourselves that, surely if we were proper Christians, we would see results.

The initial premise of such reasoning is flawed, because of course we do none of this in our own strength. Every soul brought into the kingdom was first written in the Book of Life. 'And those [God] predestined, he also called; those he called, he also

justified; those he justified, he also glorified.'⁶ If the Holy Spirit has not worked to soften the heart of our listener, then every word we say will be like the seed which fell on the path, the rocky ground or among thorns. The answer to my question is therefore simple: to save others, we must pray first and foremost. If we are not immediately successful, it does not mean our faith is weak, our understanding is shallow, or our prayer is ineffectual.

if the Holy Spirit has not worked to soften the heart of our listener, then every word we say will be like the seed which fell on the path, the rocky ground or among thorns

I discovered fairly recently that one friend of mine actually has become a Christian after all. We had a 'good conversation' three years ago and she seemed so entrenched in her worldview that nothing I said appeared to sway her. Yet unbeknownst to me, a year later she started attending a church, and a year after that she gave her life to Christ. Whether that has anything to do with me I may never know, but God had his own perfect timing. Sometimes we go out hoping to reap the harvest and end up planting seeds. It even happened to the apostle Paul himself, and he acknowledges the true source of all persuasion. *'I planted the seed, Apollos watered it, but God has been making it grow.'*⁷

*'Thus the saying "One sows and another reaps" is true.'*⁸ ■

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Christianity & critical theory

Mike Roberts considers a key apologetic question for our times





Mike Roberts is a final year medical student at Queen's University, Belfast

the culture wars

Have you felt it? The rifts in our society that have been growing over the past decade? From 'Brexiters vs Remoaners' during the Brexit vote; to the recent Black Lives Matter protests vs far-right protesters in various cities across the UK, USA and beyond; the 'maskers vs anti-maskers', 'pro-lockdown vs anti-lockdown'; the list goes on. There was a brief respite during the peak of lockdown, where it was the NHS vs COVID-19 and over 750,000 members of the public volunteered to help their neighbours.¹ Sadly, this did not last.

These issues are vastly complex; however, there are common denominators. An exacerbating factor has been social media which has created 'echo-chambers' – where algorithms are used to show you content and groups that you might be interested in. How many in your friendship groups have *exactly* the same political opinions as you? Perhaps that is not you and you have managed to forge friendships with people who have differing beliefs and opinions. But if you are anything like me, you've found there is rapidly diminishing space for respectful, courteous dialogue. As discussed in previous *Nucleus* editions, our society has a real identity crisis. In the wake of the New Atheists, many try to construct their identities from scratch. Something that both Christian and secular cultural commentators have identified as a key cause of the cultural divide is 'Critical Theory' (CT). Although we can always trace sin to our human hearts, CT is the most recent ideology that is at the eye of the storm. It appears to have been growing slowly within Western academia, and its thinking and vocabulary have become part of everyday British vernacular. So, what is it? And is it a problem?

we all worship something

Before we examine CT, we need to establish some foundations. Whatever our age, gender, ethnicity or sexuality, we all have a 'worldview'; a lens through which we view the world – the framework of beliefs

we use to navigate life, which ultimately influences our short and long-term decisions, our morals and political views. Therefore, our worldview determines what we decide to devote our time and effort to, and what or who we derive our meaning from – in other words, we all worship something. Jesus put it succinctly, 'For where your treasure is, your heart will be also'.² The reality is, we cannot serve two masters.³ A key question we need to ask ourselves is – how are we viewing the world? Are we viewing the world through the lens of Christianity or through the lens of critical theory?

the roots of critical theory

CT is difficult to define. It has its roots in the philosophies of Max Horkheimer and Herbert Marcuse, German philosophers and social theorists who subscribed to a form of Marxism as well as 'Postmodernism'.⁴ Generally, there are four premises to CT:⁵

1. **The social binary** – society can be divided into oppressor and oppressed groups.
2. **Oppression through power** – the dominant group maintains the status quo by forcing their ideology on everyone.
3. **Lived experience** – oppressed groups have special access to knowledge through their personal experiences.
4. **Social justice** – actions that aim to liberate people from all forms of oppression.

CT has been growing and developing over several decades. It has affected many disciplines and created its own subtypes (eg 'queer theory', 'critical race theory'). Due to the increasing proportion of society attending university over the past two decades, these thoughts have become integrated into public thinking.

critical theory as a worldview

So, is CT a problem? Notice the changing definitions over the past decade; for example, 'oppression' is no longer defined as 'prolonged cruel or unjust treatment or exercise of authority',⁶ but in terms of 'hegemonic

power'. Essentially, the dominant people group sets the standard by which all marginalised groups are judged. Much of the new vocabulary and phrases that have become part of the British vernacular have their roots in CT, for example, 'check your privilege', 'heteronormativity', 'as a person of colour...'

It is not only language which has been affected, but an all-encompassing worldview which has been adopted. Although there are some things that CT has shed light on, the danger comes when it is *the way* in which we view the world. According to CT, the most oppressive tribe is the straight, cis-gender, white, Christian male and the most oppressed tribes are transgender, gay, black/Asian minority ethnic (BAME) groups, and Muslim women.

Of course, not everyone fits into extremes, which is where 'intersectionality' comes in. 'Intersectionality' is where different oppressed people share the same oppression in a specific category, eg, a black woman may suffer from both racism and sexism. If she were also a lesbian, that would be another form of oppression and prejudice she experiences.

CT is widely criticised, even by non-Christians; however, it is important to understand that CT is fundamentally a competing worldview to Christianity because it tells a different meta-narrative of the world as below.

- Our identities are not rooted in the image of God, but are self-constructed through race, sexuality and gender identity.
- Our problem isn't sin, but oppression. We need atonement for our privilege, not something arbitrary like 'sin'.
- The final solution isn't Jesus but activism.
- Our aim isn't to glorify God, but to liberate all oppressed people and create a social utopia of pure equity.

However, it would be wrong not to acknowledge the positives of CT. There is a legitimate recognition of the sin of oppression and injustice, which is repeated throughout Scripture⁷ and liberation is a recurring theme – from God's actions in Exodus, to Jesus' atonement on the cross. Crucially, CT has made us acutely aware of the ongoing racial injustice in our

society. As self-proclaimed followers of Jesus, we should be ashamed that we have not been one of the leading voices constantly striving for justice. Secondly, CT correctly points out how power can corrupt – with examples throughout human history and in the present. Irrespective of our background, demographics, or worldview, we all have our blind-spots and can be susceptible to confirmation bias. As Christians, our sanctification is ongoing, therefore we need to approach topics like racism and sexism with genuine humility; whilst constantly testing everything against God's perspectives and standards.⁸

comparing Christianity & CT

However, there are irreconcilable differences between Christianity and CT:

difference in epistemology (the philosophy of knowledge):

Classically we would discover truths using reason, logic and providing objective evidence – whether that be in the sciences, history, philosophy, or theology. If we want to ascertain truth, these are the necessary tools God has given us, especially when approaching his Word. However, critical theorists do not need to provide any sort of objective evidence, they simply need to appeal to their 'lived experience', which has given them special access to truth. They insist that we must accept the marginalised groups' perspective, and if anyone disagrees they can be accused of wanting to 'cement their privileged position' (if they are deemed to be part of an 'oppressor group') or accused of having 'internalised oppression' (if they are deemed to be part of an 'oppressed group'). Any appeal to 'reason' or 'objective evidence' is viewed as white, heteronormative, male methodology, which is part of the 'hegemonic power' that dominates the West and is therefore invalid. There is no room for debate within this worldview. It usurps the Christian idea that we must test all our knowledge against what Scripture says.

CT denies our common identity:

Christianity does not deny that there are and have been

oppressed individuals and groups – in fact, we are called to help the weak and the vulnerable.⁹ But that does not equate to dividing up the population into rigid, unalterable group identities (oppressed/oppressors or good/evil). If this becomes the primary lens with which we view the world, it undermines our common humanity. Conversely, according to Scripture the simple fact that we are *homo sapiens*, means we are all ‘image-bearers’ which means that we all have intrinsic value irrespective of our gender, race, age, or sexuality.¹⁰

CT denies our common sinfulness and states that there must be a ‘moral asymmetry’ between the oppressors (perpetrators) and the oppressed (victims). CT ignores the individual’s beliefs or actions and states that they are guilty simply by belonging to certain group and by perpetuating a status quo, although unknowingly. This creates a volatile imbalance between certain groups. Conversely, the Bible teaches that sin is universal and pervasive. Every culture has their specific sinful idolatries, and no race or people group is more sinful than another. With our common humanity comes our common sinfulness.

Furthermore, if we are no longer responsible for our personal sins, we become victims of our environment and the ‘system’. As remarked by Neil Shenvi, ‘If we are only the victims of sin and not the perpetrators, then we will see no need for a Saviour’.¹¹

CT makes forgiveness and reconciliation impossible – under CT, some actions are viewed as ‘unforgivable’. ‘Unforgivable actions’ lead to the likes of ‘cancel culture’. A recent example includes JK Rowling over her stance on transgender conversations.¹² According to CT, if atonement for social sins cannot be made in the present, then activism is required – if you are not with us, then you’re against us. CT promotes a ‘performative’, self-righteous identity and encourages performance-based salvation. Only by proving how much of a social justice activist you are, or how much you renounce your privilege, or hold the correct views about certain issues; maybe then you will be righteous. This is in contrast to the Gospel, where we acknowledge that we can never do enough to save ourselves and are only saved through having faith in Jesus’ victory on the cross.¹³

medicine & critical theory

medical ethics:

Are men allowed an opinion on abortion? Poor women (who are subject to classism and sexism) who want abortions are viewed as oppressed, by (historically) rich, white male doctors (who are oppressors). Therefore, the doctor refusing to abort a fetus is not merely making an ethical decision but is now using their privilege to create barriers for a woman. The decision has been complicated and there’s a shift from a purely ethical decision, to a matter of ‘discrimination’ and ‘the perpetuation of oppression’.

A similar case could be made in the arena of euthanasia. How can an able-bodied doctor have an opinion or make any ethical decision on a patient who’s disabled? The critical theorist might state that any sanctity of life argument is based on a Judaeo-Christian ethic which has oppressed other minority cultures. This could bleed into recruitment and retention of doctors and medical education – if you do not agree with the CT assessment, then you could be prohibited from entering medicine or be forced to leave.

feminist theory & medicine:

In 2019 the *Lancet* published a review describing the benefits of applying ‘Feminist theory’ to medical education. To quote the review, ‘Understanding power and privilege has the potential to allow practitioners to connect with their students, humanise their collective practice, and provide better care to their patients. Feminist scholar Bell Hooks notes ‘Feminist perspectives in the classroom [affirm] **the primacy of critical thinking**, of linking education and **social justice**’.¹⁴ Feminist perspectives are not merely useful but are suddenly needed for the ‘primacy of critical thinking’ and to the ultimate goal of ‘social justice’. Again, social justice isn’t bad, however there’s danger in concluding that it’s ‘the Way’ to create the utopian society which this worldview aspires to.

medical elitism:

Should doctors (categorised as oppressors) be able

to give health advice to patients who are deemed to be working class? Despite the empirical evidence demonstrating the link between obesity and several diseases, a critical theorist could argue that it is fatphobic and medical elitism for doctors to provide management plans for obese patients. In the same vein, is it classist for healthcare professionals to provide smoking cessation material to working class patients who statistically are more likely to engage in smoking?

Of course, as future medical professionals, this might seem irrational and highly implausible. However, if culture at large is unknowingly imbibing this worldview, then these hypotheticals quickly become plausible. It's important to restate that I'm not saying that classist or sexist or racist doctors do not exist or that medicine can never be an 'old boys club' at times. I believe that as Christians we ought to rail against these ideologies and create equality of opportunity. However, this goal does not equate to statements emerging within our society that are directly against this approach, such as 'no uterus, no opinion', or 'all men enable or contribute to toxic masculinity'.

towards solutions

There is no substitute for Jesus. It's easy to dismiss or become desensitised to a message we hear frequently – a message that some of us have been hearing our whole lives. The reality is that the Gospel is for Christians and non-Christians alike.¹⁵ Therefore, it's paramount that we don't butcher the basics. We should have that sacrificial, Christ-like love for all people – for those who agree or

further resources:

Neil Shenvi

- Necessary viewing – bit.ly/3jphjY7
- Notes from his talk – bit.ly/3kuywkk
- Book – bit.ly/3odyEXs
- bit.ly/2IYhKfs
- bit.ly/31wod7G
- bit.ly/3dUANTo
- bit.ly/2IZX7j1 – if we see ourselves as victims of sin we will see no need for a saviour
- bit.ly/3medZRb
- bit.ly/3ogIsPj
- bit.ly/31vBw8v

Tim Keller

- bit.ly/3jq9r8F
- New discourses bit.ly/3ojeviG
- Gender + sex in medicine: bit.ly/3dPlpr8
- bit.ly/2HrO75m

disagree with us.¹⁶ Keep reading broadly – this article is merely a beginner's guide to CT, which is complex, and it's important to read the primary texts to grasp it well. Try not only *Is everyone really equal?* by DiAngelo and Sensoy, but also *Cynical Theories* by Pluckrose and Lindsay.

Justice is an important Biblical concept¹⁷ and therefore we shouldn't be surprised that it is a primary part of another worldview, and that we are immediately attracted to it as Christians. Justice is an integral part of sharing the gospel¹⁸ and, as Christians, we need to stand by those who are oppressed and love those who do not think like us.¹⁹

But Jesus is clear²⁰ – if people do not know him, then they will face God's judgment without Jesus as their intercessor.²¹ Are we more passionate about Jesus than whatever opinion we may hold during the next culture clash? ■

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21. Romans 14:11-12

no question off limits

Calum Miller shows that Christianity makes sense



Calum Miller is a doctor also working part-time as a speaker at the OCCA



How do you know God exists? How do you know Christianity is the right religion? Why does God allow suffering? How can you be a doctor and believe Jesus came back from the dead? Why doesn't God allow abortion?

You've probably come across questions like these from others – perhaps at medical school. You may have even asked them yourself. Perhaps they've even caused you to doubt your faith.

My name is Calum and I am a doctor working part-time as a speaker at the OCCA (The Oxford Centre for Christian Apologetics). At the OCCA, we do our best to answer questions like these. Sometimes the answers come very easily, and at other times they are more difficult, but as Christians we don't need to fear the truth. Jesus

said, 'I am the way, the truth, and the life' (John 14:6), and entered history in part to show precisely this: that we can test the claims of the Bible and subject them to historical scrutiny.

When I went to medical school, I wasn't sure what to believe about much of this. This was at the time that Richard Dawkins was particularly popular: I had gone to Oxford, his home university, anticipating a barrage of anti-Christian ideas, perhaps even ridicule. And partly for that reason, I went with a very watered-down version of Christianity that looked down at mainstream Christians with scorn and derision. I even set up an alternative Christian Union in my first year to challenge the claims that Christians were so confident about.



I was surprised to find so many Christians at the top levels of academia, no matter what the discipline. Perhaps the most surprising was finding my tutor, the Director of Preclinical Studies and Professor of Anatomy, giving a sermon in chapel about the (literal, bodily) resurrection of Jesus! But there were many more besides.

I was surprised to find so many Christians at the top levels of academia, no matter what the discipline

As time went on, I grew more sceptical of my own scepticism. When I met 'mainstream' Christians, I found that they weren't as crazy or irrational or plain nasty as I'd been led to think they were. They were kind and thoughtful and – perhaps most importantly to me – they had solid answers to the difficult questions.

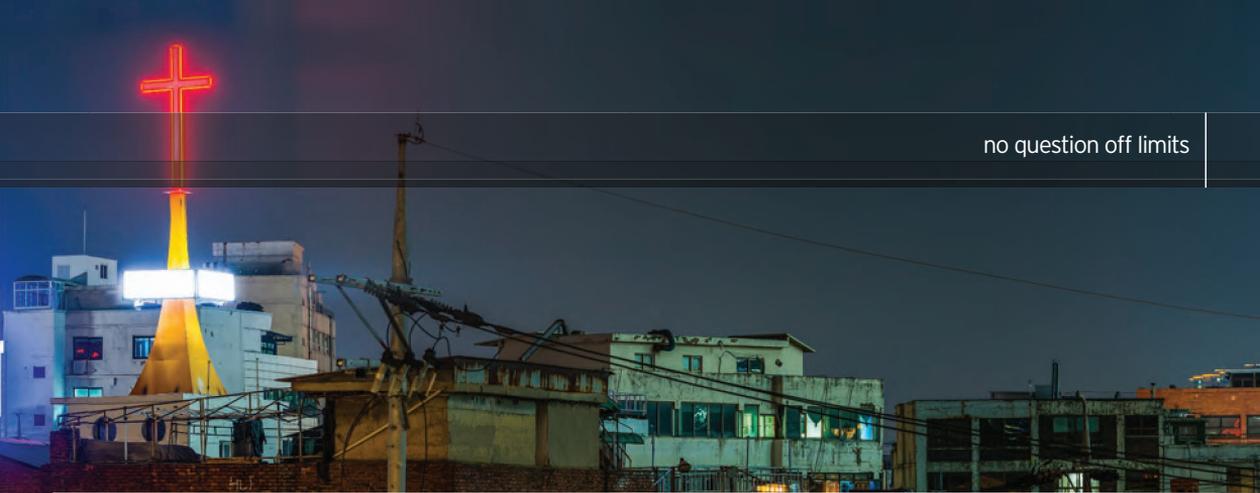
At university, I began to wrestle with these questions at the highest level I could. I read the latest ideas in philosophy and history, even getting to work with my philosophical hero, Richard Swinburne. After working as a doctor full-time for a couple of years, I went back to Oxford to study bioethics, finding again that the Christian perspective on the dignity and equality of human beings – no matter how young, old, or dependent they are – made the best sense of our most basic intuitions about equality and human rights. At conference after conference, and in paper after paper, I found that the Christian worldview made the best sense of the world: of our beliefs about

morality and rights, the existence of the universe, our conscious experience and, most critically, the historical evidence for Jesus' life, death and resurrection.

That doesn't mean that all my questions have been answered – that would almost be too easy, perhaps even suspiciously neat and circumscribed. But we trust people without knowing everything about them all the time. We do so not because we know everything about them, but because what we do confidently know about them gives us a firm enough basis to trust them on the things we're uncertain about. This is what 'faith' is: putting your trust in and investing in somebody not because there's no evidence for them, but precisely because they've given you reason to trust them.

Christianity ultimately hinges on the person of Jesus: Who was he? What did he do? And what happened to him after his death? Again, not only does Christianity have good answers to these questions; any other answers are demonstrably flawed. To ensure I wasn't just naively believing biased Christian apologetics, I went on to do an MA in Biblical Studies, with my dissertation on the historical reliability of the gospels. This confirmed to me what my prior reading had suggested: historians simply cannot plausibly explain who Jesus was and what happened after his death. They have been trying for 2,000 years, and they still do not have the faintest idea of how to explain the evidence, unless Jesus really was who he said he was.

At some point in your studies, you will probably come across Sims' *Symptoms in the Mind*,¹ perhaps the introduction to clinical psychiatry. It was written by Andrew Sims, a former President of the



Royal College of Psychiatrists. Lesser known, but more important still, is another book he wrote just two years ago: *Mad, Bad, or God?*² In this book, one of the leading psychiatrists of the last 20 years shows how the radical claims of Jesus about his own identity need explanation. One explanation is true of other people who make the same claims: he was suffering from psychotic illness. But Sims explains how this explanation – perhaps the usual explanation for these claims – simply doesn't make sense of the historical evidence. Not only was Jesus not psychotic, he showed profound mental stability and genius, rivalling some of humanity's greatest minds. Nor did Jesus show signs of being a liar: not least because he was willing to die for what he believed. If that's the case, our ordinary explanations for why people claim to be God fail. Is there another one? Sims thinks there is.

Perhaps that's not enough for someone to believe in Jesus; it's not what originally convinced me. What really stumped me is the evidence for Jesus' resurrection. There's so much to say about this – I recently recorded a 45-minute podcast³ on the topic! – but the short story is this: when you probe deep into the historical evidence, there really is no other plausible explanation for how Jesus' tomb was found empty, and for how his disciples – and some people who thought he was evil or crazy – saw visions of him after his death. Grief hallucinations can happen after the death of a loved one; but they are rarely polymodal, even more rarely experienced by more than one person, and virtually never experienced in group settings. No matter how sophisticated the explanations presented for these facts, when you scrutinise

them in detail, they don't convince. The life, death, and (ostensible) resurrection of Jesus stand out as an historical anomaly – and yet an anomaly that shattered the norms of the societies preceding it, starting a cultural and moral earthquake, the aftershock of which we are still experiencing. History was never the same afterwards.

Having a background in medicine has given me a unique perspective on these questions including, for example, the question of Jesus' sanity, and the plausibility of hallucinations explaining the disciples' sightings of Jesus. And so, I still practise medicine, while doing a bit of teaching and research at university on these sorts of questions. But I've increasingly moved into speaking and advocacy, trying to show thoughtful, reflective people the sense that Christianity makes, whether historically, philosophically, or ethically. At the OCCA our job is to show thoughtful non-Christians the sense that Christianity makes, and at the same time demonstrate to Christians the richness that can be found in intellectual, evidence-based thinking about faith (without undermining the fact that it is ultimately a relationship!). One of our mottos is: 'No question off limits'. We hope this motto communicates the scrutiny and rigour we try to bring to our work, knowing that even when Christianity is seen clearly, exposed in the cold light of day, it still shines. Indeed, it shines more brightly than ever it did before. ■

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COVID & apologetics

Zachary Arden asks what has SARS-CoV-2 research got to do with Christian truth claims?





Zachary Arden is a junior group leader in microbial genomics in Munich

The disease COVID-19 is caused by a new kind of betacoronavirus, SARS-CoV-2, closely related to the virus that causes severe acute respiratory syndrome, SARS-CoV, and classed within the same viral species. The virus is a single strand of RNA wrapped in protein, and the main method of cell entry is by attaching to the receptor ACE2, which is found on the cell membrane of a range of human tissues. Of course, as a healthcare student, you are probably at least vaguely aware of these things! You might not, however, have thought much about the principles underlying much of what we know about what SARS-CoV-2 is – the principles of comparative or evolutionary genomics. Similar principles can be applied to key Christian truth claims and thinking through this should be helpful both for your own understanding of the evidence for Christian claims and in discussions with others who are trained or interested in science.

background

With the tools of comparative or evolutionary genomics we can compare sequences found today, and using known patterns of sequence change, can infer the most likely relationships between these and discover the most probable ancestral sequences. These methods can be applied to virus sequences, or to the bacteria I usually study; but similar methods can be applied to a much wider range of data, including early texts such as the writings of the New Testament. The broader principles underlying the method can fruitfully be applied more widely still.

By comparing SARS-CoV-2 genomes taken from COVID-19 patient samples with each other and with the genomes of other viruses we can learn many things. We see, for instance, that the virus, like other coronaviruses, has a low mutation rate, that it contains both normal and overlapping genes which are being acted on by natural selection, and that some genes are more important for its

functionality than others. We can also see that its genome is very similar to other well-characterised coronavirus genomes but includes a couple of interesting major differences such as changes in a receptor binding site of the 'spike' glycoprotein and perhaps one or two additional short genes. These findings are made by taking whole genome sequences (the information in the full ~30,000 nucleotide viral RNA molecule), comparing them to each other, counting the various kinds of differences observed, and using these differences to infer the relationships and kinds of changes occurring between them. The core methods in this area of study involve the conversion of genome sequences into phylogenetic trees via the alignment of sequences and calculation of their most probable histories.

we can have high scientific confidence that we know the vast majority of the original words of the books of the New Testament

the original text of the New Testament is known with great confidence

The same general kinds of comparative methods applied to microbial genome sequences can also be applied to the sequences of ancient Greek letters found in the early manuscripts of the New Testament. This is an active field of highly technical research, with many recent articles and theses, and a lot of debate on the most appropriate methods. The basic facts of the broader field of 'textual criticism', however, are straightforward, and will be surprising to most people not aware of the strength of the evidence. We can have high scientific confidence that we know the vast majority of the original words of the books of the New Testament. When discussing the differences between his views

and that of his Christian mentor, the noted skeptic Prof. Bart Ehrman said:

*'If he and I were put in a room and asked to hammer out a consensus statement on what we think the original text of the New Testament probably looked like, there would be very few points of disagreement – maybe one or two dozen places out of many thousands.'*¹

Why such academic consensus? Isn't the reliability of the biblical text a matter for faith rather than science? In the first few centuries, hundreds of early manuscripts were translated into multiple different languages including Greek, Latin, Coptic, and Syriac. Scribes copying manuscripts made mistakes, or sometimes changed words to suit their own assumptions. These changes can be compared, and the most likely original inferred using our knowledge of other scribal changes.

simplicity is extremely important across science and medicine

Variants that look like simple mistakes, like minor spelling errors, are some of the most important, as they are probably not due to intent and so the same pattern of minor mistakes is unlikely to arise independently. Anyone who's had to mark students' work will know that one of the surest ways to catch cheating is to find shared mistakes. Different students are unlikely to make the same series of mistakes by chance, but it's highly likely when people copy each other. It's the same when scribes copy manuscripts; following sets of shared and unique mistakes, as well as seeing the most common version among early manuscripts, can help us to cluster manuscripts into 'families' and work out likely earlier versions of the text going right back to the beginning. The fact that the early transmission of the New Testament was not controlled by a central authority is important – the 'sequences' were freely mutating and spreading across a wide geographic region. Unlike the case for the Qur'an, for example, there

was no early period where New Testament manuscripts were collected and standardised. All this doesn't prove that the Bible is true, but does mean that the message of the Gospels cannot be rejected as being a matter of later invention or distortion.

from similar principles there is a rational case for God's existence

The detailed methods of phylogenetics rely on some broad principles which are held in common with other fields of science. In particular, the principles of *simplicity* and avoiding *invention* – or more technically, 'parsimony', also known as Ockham's Razor, and avoiding *ad hoc* explanations.

To most people, this might sound strange, but simplicity is extremely important across science and medicine. Without this principle, we could claim extremely complex causes which are consistent with any evidence presented, such as a combination of ten different diseases of specific organs when instead one accounts well enough for all of the observed symptoms. Instead, however, scientists typically look for the simplest explanation sufficient to account for the data. This principle underlies, for instance, the building of phylogenetic trees (whatever detailed mathematical approach is used). Without it, we could invent all kinds of complex histories which are consistent with the data observed, but instead we tend to prefer the path involving fewer changes and fewer entities. A related principle is that we should avoid unnecessary inventions, or '*ad hoc* explanations'. In comparative genomics, we prefer explanations which refer to causes we already have some evidence for (eg mutations of a type already seen in nature), and we want to avoid tacking on new elements to a theory to account for new evidence. It is better for a hypothesis if it doesn't need to be changed in order to account for new data.

These same principles can be applied when exploring the evidence for God. Let's quickly compare two claims: 1) God exists (theism), 2) there

is no God and nothing like God (naturalism – definition according to philosopher Alvin Plantinga).²

Naturalism, if it gives any account at all, relies on multiple independent (and unproven) explanations for the origins of the universe, cosmic order, consciousness, and ethical knowledge, while theism unites these independent lines of enquiry by ascribing them to a single cause with the right properties to account for them – a personal transcendent source. This seems to win some simplicity points, as explored in depth by leading philosopher of science and theism Richard Swinburne, amongst others.

the basic claims come primarily from historical evidence concerning Jesus of Nazareth

Secondly, regarding avoiding inventions, Christian theism in particular does very well. The basic claims come primarily from historical evidence concerning Jesus of Nazareth. That the resulting picture of the world should also be useful in explaining the diverse categories of evidence listed above, such as cosmic order and ethical knowledge is, I think, really remarkable. The early Christians weren't thinking about laws of nature, cosmological fine tuning, or meta-ethics when they started worshipping Jesus!

Naturalism, by contrast, offers a bunch of disconnected explanations which have had to be updated as our knowledge of the world has increased. From the materialism of some ancient Greek thinkers, to the determinism of Laplace, to the eternal universe of Bertrand Russell, to the wide variety of incompatible naturalisms on offer today, the fundamental picture of naturalism has had to evolve and become more complex to keep up with reality, scoring badly in the *ad hoc* department.



resources

If you would like to learn more please explore some of the resources below, or feel free to contact Zachary.

- Website of Zachary Ardern; zacharyardern.com
- Swinburne, R. Does God Exist? bit.ly/ExistenceofGod
- Research by medical doctor Calum Miller; calumsblog.com
- Diverse apologetics resources at bethinking.org
- Science and the resurrection of Jesus; bit.ly/resurrectionreality

so what?

It is widely believed that scientific reasoning and Christian faith are at odds, travelling in opposite directions; or at best are separate magisteria,³ far beyond the range of meaningful communication. A careful study of the actual methods and principles of science however – as used with practical benefit during the current public health crisis of COVID-19 – suggests otherwise, and this essay is just a small start at that. ■

Related essays will soon be posted at the thinkingmatters.org.nz. A paper on a new gene in SARS-CoV-2 is available as a pre-print at [BioRxiv](https://www.biorxiv.org/) and will soon be published.

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essentials: who needs apologetics?

Laurence Crutchlow says we all do, and explains how we can get started





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

'Isn't it enough to tell them the gospel and let the Holy Spirit do the rest?'

'Why get bogged down in studying critical theory when Holy Scripture is sufficient for our every need and question?'

'You'll never argue someone into the Kingdom of God'

Defined broadly as 'reasoned arguments or writings in favour of something',¹ the term 'apologetics' comes from the Greek *apologia*, translated as 'reasoned defence'.² Christians usually base this on a passage in 1 Peter:

But in your hearts, set apart Christ as Lord. Always be prepared to give an answer to everyone who asks you to give the reason for the hope that you have. But do this with gentleness and respect.
(1 Peter 3:15)

Yet like the hypothetical commentators at the beginning of this article, we can wrongly dismiss apologetics. Of course, we must be mindful of the limitations of persuasion and discourse; and remember that God has spoken in these last days through his Son.³

Talking about the Christian faith is not 'just' a matter of proclaiming the truth. Jesus preached and taught crowds, but also taught much smaller groups, or one-on-one. Paul spoke in synagogues, but also discussed faith in the Areopagus in Athens,⁴ and in the homes of those he stayed with. It is clear from the way these conversations are recorded in the Bible that they are not monologues.

So Peter's command is surely for us all. We should be ready to explain what we believe and why. Giving these reasons leads to questions, and it seems reasonable that we should answer these.

how might we 'prepare to give an answer'?

First, know what they are asking.

As a GP, I begin most consultations with 'How can I help you today?' Sometimes, the initial answer explains exactly why the patient is there. 'I think I have a chest infection' or 'You told me to come back about now to see how the tablets were working, doctor'. This can be dealt with easily – at least, providing the tablet in question isn't one of 20 on a medication list (yes this really does happen – and no, it really shouldn't happen in most cases!).

But often it is not quite so simple. A query about a patch of dry skin, easily answered, often leads to a pause, followed by 'Can I ask while I'm here about ...', and sure enough the *actual* problem that concerns the patient most is discussed. Sometimes this is a mental health problem, at other times a deep-seated worry about serious disease, or a problem that might cause embarrassment, like symptoms of an STI.

talking about the Christian faith is not 'just' a matter of proclaiming the truth

Careful listening and asking questions makes it easier to discern the real problem more quickly and reduces the risk that they will leave without discussing what was really bothering them.

Discussions with friends about faith are not so different. Occasionally, someone will just come out and ask what we believe, or how we came to believe. But more often we'll be asked a more specific question. Just as in the surgery, some questions may be a bridge to something more important. We need to get to the underlying issue.

Discernment is vital. Jesus was once presented with a Roman coin and asked about tax payments.⁵ His response to this clear 'trap' amazed the listeners. But I think he responded as he did because he could see the motivation behind the question. If the question had come from a desperately poor member of society for whom struggling to pay the tax was a serious personal issue, the style of his response might have been different, even if the underlying conclusion he reached would probably have been the same.

...know the gospel and be able to present the main points clearly

A modern-day example might involve discussions over the perceived incompatibility of Christianity and evolution. For many questioners, the issue won't have a strong personal dimension for them. Christians don't necessarily agree on the answer anyway, meaning it is easy for the well-meaning believer to defend their own position, leaving little space to talk about God or Jesus. But suppose your questioner is a genetic scientist who is seriously exploring Christianity but worries that some of what they see isn't compatible with their scientific expertise. Whether or not their understanding of such incompatibility is correct, this is then a much more serious and personal issue, and your approach to the conversation is likely to be very different.

Although much has been written on suffering and Christian faith from an intellectual perspective, a seemingly technical question about it may well indicate an ongoing deep issue, such as a bereavement, or chronic illness. Questions around sexual ethics or gender issues may be very similar. It is a good principle to assume that any question is about something personal unless it becomes clear that this isn't the case.

By listening carefully to questions, we will discern what the real issues are and be more helpful; we will also spot hidden agendas or suffering and be sensitive to these.

Just as important – know the gospel and be able to present the main points clearly. This might seem obvious, but it is surprising how many Christians find this hard to do. We often give the opportunity to try presenting a 'two-minute gospel' early on when doing evangelism training for CMF students, and very few find it easy.

Even if we know the basics, most of us find it hard to talk about sin or judgment even though we know that they are important. Of course, Jesus is central to the gospel; but without mention of judgment or sin the gospel is incomplete, and indeed intellectually incoherent. A plan to help us present the key points clearly helps us to avoid missing anything vital, and ensures that we keep Jesus at the centre of what we say. There are many 'gospel outlines' that people use to do this – one example we've often used in CMF is 'God-Man-God', which I describe in more detail in an article in the freshers' *Nucleus*.⁶ Those who like images may prefer 'Two Ways to Live';⁷ others may want to use Glen Scrivener's '3 2 1' idea.⁸

Second, we should get the 'ultimate' question right. Though there are many intellectual questions raised about Christianity, ultimately the truth or otherwise of the Christian faith turns on whether Jesus rose from the dead.⁹ Know the basics of the evidence. This has been covered in some depth previously in *Nucleus*,^{10,11} and *bethinking.org* is another good source.

Third, we need to be prepared to answer questions raised.

This may not be so much of a challenge as we think. There seem to be a near infinite number of things that someone could ask about our faith. But experience suggests that, at least in a specific culture and time, the same few things are likely to keep coming up.

Preparation is not much different to revising for medical school exams. After my third year MCQ, it was the question about whether a patient with a cough should give up his pet parrot on the grounds that he might have psittacosis that caused endless discussion over a drink afterward. But most of that

otherwise long forgotten exam covered common conditions; ischaemic heart disease, diabetes, COPD. But those didn't stick in my mind like the parrot! My friends and I all shared the anecdotally common medical student interest of trying to dig up the rarest condition to be found in the hospital, certain that it would come up, but of course these questions weren't actually in the exams too often – it was just that recall bias meant that we always remembered them when they were.

It is not much different when we look at common objections to the Christian faith. By all means hone your theory on the exact meaning of the ten horns of the dragon in Revelation 12 in case someone asks you about it; but in reality you are probably best sticking to the topics that are most likely to come up.

Conversations with CMF students over the year suggest that the most common questions a UK medical student is likely to ask centre on:

- sexuality and gender
- suffering
- science and faith
- the nature of God (such as 'Is God a Moral Monster?')
- is Jesus the only way to God? (including other religions and atheism)
- is the Bible reliable?

There is plenty of material available on all of these. Please see the resources box above.

how might this all help?

Assuming we've done all these things, what might be the result?

We usually think of apologetics as being for others. Study will help us be able to give a clearer and more coherent answer when asked to account for the hope that is in us. The Holy Spirit, of course, works in these conversations too, but the Bible seems quite clear we should learn and grow in our understanding as he works in us.

But isn't apologetics just as important for believers? The life of any healthcare student will

resources

- Crutchlow L. Why sexuality? *Nucleus* May 2017 bit.ly/2U6WeHO
- Palmer B. Is science opposed to religion? *Nucleus* May 2020 bit.ly/31c1xBp
- Cattermole G. Is God helpless or heartless? *Nucleus* November 2012 bit.ly/36fCW8L
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involve situations that make questions around suffering or gender identity very real and personal. If we have considered what Scripture says about these things beforehand, we will be much better placed to trust in God when dealing with these issues; as a result, we'll be much less likely to be knocked off course when challenges come.

It would be a very unusual Christian testimony indeed to go through a life of faith without ever having doubts about our beliefs. We believe in Christianity because it is true. Knowing the evidence behind our beliefs should help sustain our faith in difficult times where we might not feel it is all true, but can still know Jesus' words are eternal truth. ■

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leadership: mentoring

John Greenall encourages us to seek out mentoring relationships





John Greenall is CMF Associate CEO and a paediatrician in Bedfordshire

What comes to mind when you think of a mentor? Perhaps you think of Dumbledore or Yoda or, if you are old like me, Mr Miyagi from the Karate Kid (still one of the greatest films around!).

I want to suggest that mentoring is a hugely helpful and perhaps essential part of growing as a leader; both being mentored and then mentoring others. There are many helpful and comprehensive courses on mentoring which you may cover in your studies; here we will focus on mentoring as applied to spiritual growth and to your work.

what mentoring is

Mentoring is a relationship with someone who likes you, believes in you and wants to see you win in life. Otherwise stated, a mentor helps his/her mentee reach his/her God-given potential. In our context a mentor is likely to be further on in their faith and healthcare journey than you are.

Mentoring carries elements of imitation. I feel I have been mentored from afar by several writers like CS Lewis. Whilst of course I never knew him, I feel I have got to know him and want to imitate aspects of his life. I have also been informally mentored by others around me like my rugby coach and my best friend's dad.

Whilst most of us have been informally mentored from time to time, the mentoring I am referring to is that which 'intentionalises' a relationship. The Apostle Paul was very deliberate in his mentoring of Timothy. In 2 Timothy 3 he writes, '*you, however, know all about my teaching, my way of life, my purpose, faith, patience, love, endurance, persecutions, sufferings...*'¹ going on to exhort Timothy to '*continue in what you have learned...and from whom you learned it*'.² Elsewhere Paul says, '*Follow my example, as I follow the example of Christ*' (1 Corinthians 11:1). So being mentored involves walking alongside someone and looking to imitate them, whilst always measuring their words and conduct against Scripture.

why I love mentoring

Personally, mentoring has made a huge difference to me and helped me navigate difficult stages of life, from exploring working cross-culturally to my work as a Christian doctor in the UK. I currently meet with a mentor myself and then mentor five people.

Furthermore, most of us do not get formal leadership training. Having a mentor has taught me so much about leadership and life and has accelerated my growth.

what mentoring is not

Mentoring is not 'discipleship': instead, it is a subset of discipleship. Discipleship is more global; it happens in the context of your local church as you hear and apply the Word of God and develop your relationship with God both alone and in groups.

the heart of a mentoring relationship is to grow in your love for Christ

Mentoring is not 'coaching': coaching is often focussed on a specific issue for a specified period. It can also happen with people you work with and can be aimed at skill development. Life coaching can sometimes overlap with mentoring, but coaching is usually a more formal and perhaps monetised agreement with someone who remains more emotionally detached from your situation. That said, do not get too hung up on the terminology.

Mentoring is not 'friendship': Many mentoring relationships grow from an initial friendship, and many will grow into friendships potentially moving beyond mentoring. In general, for it to remain a mentoring relationship rather than primarily a friendship, there will be some sense of the direction of advice flowing more from mentor to mentee.

Mentoring is not an 'accountability partner':
Although there will inevitably be elements of accountability, this is not the focus. Instead, the focus should be on supporting, encouraging and strengthening. I would encourage you to form other relationships, ideally in the context of a local church, which contribute to your whole-life-discipleship journey of growth and accountability.

Mentoring is not uniform: Whilst below I am giving some recommendations, every mentoring relationship will be different.

being mentored involves walking alongside someone and looking to imitate them

how I choose people to mentor

I have always looked for 'FAT' people, but one writer³ helpfully adds an I and an H to make a better acronym. So, try and be someone who is:

1. **Faithful** (to your previous commitments)
2. **Available** (you make the time to meet regularly)
3. **Initiating** (you are self-motivated)
4. **Teachable** (you have a teachable spirit, indicating humility and integrity)
5. **Hungry** (you are passionate to grow spiritually and personally)

the foundation of mentoring⁴

1. **Christ-centred** – the heart of a mentoring relationship is to grow in your love for Christ. For mentors, that ideally includes a commitment to pray for you as the mentee.
2. **Trusting** – it is so important to walk alongside one another honestly and by honouring commitments.
3. **Relational** – mentoring requires good character, an interest in developing others, and clear expectations of what you want to discuss. Ideally the relationship has elements of fun; you enjoy spending time together.

4. **Vulnerable** – openness and transparency build relationships; being able to say 'I'm not perfect either'.
5. **Affirming** – much of mentoring is simply affirming – 'I believe in you'. 'You're going to make it'. 'Keep going'. I will always look for strengths in a mentee.

how does a mentoring relationship start?

It might seem a little 'un-British' to offer to mentor someone, but I have seen it happen and work well. For most people it will be 'mentee-initiated'. It is not about walking up to someone and asking them to mentor you, and you might not use the term 'mentor'. Instead, you might approach someone you see as a trusted person who you admire, and who can help you grow in certain areas, and simply ask them if you can ask them some questions. After having coffee (or a Zoom conversation) see how you think it went. If there is a sense that it was a mutually beneficial time you might say, 'I've really enjoyed chatting. Would it be ok to perhaps meet every month or so for me to ask you some questions? Every time we meet, I'll come prepared with specific priorities and ask for the help or advice I need to grow.'

how I conduct a mentoring session

Typically, I meet with a mentee for an hour a month. This may vary but the key is to set expectations early. Ideally the mentee prepares a list of questions beforehand. Then I listen. Not just to the words but instead deeply listen to what is being expressed. Often the issue becomes clear without needing to offer any advice, but sometimes saying things like 'can I clarify what you just said?' or 'you seem to be expressing x' can help. Beyond that I might cautiously offer my own experience, point to Scripture, or pass on something I have found helpful. I tend to avoid directly trying to solve people's problems; my role is to help my mentee take responsibility for his growth rather than solve his problems.

questions I ask:

- What are your priorities? – goals or problems, personal or professional.
- How can I help? – help them decide on a course of action.⁵

'I have found having a mentor such a helpful experience. Often even simple or seemingly obvious questions help me to think through aspects of problems I'd not considered. Having a mentor has helped widen my perspective in new ways and it's always uplifting to be pointed towards key truths and encouragements.' James, current FY2 doctor

how does a mentoring relationship progress?

Typically, I start with six months and review from there. It might be that it ends there, or it may continue (with ongoing review points).

Sometimes it's clear that it's time to end the more formal aspect of your meeting together, which is where a pre-set review point helps. You might suggest a decreased frequency of meetings or stopping altogether. It is always best to be open and clear. Take a deep breath and just have the conversation, being thankful and affirming of your mentor, remembering to thank them for all they have given to you, of course.

who are you mentoring?

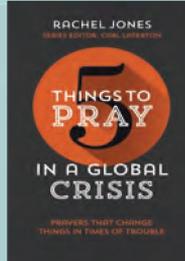
Mentoring others is a great joy. I have found that giving away causes me to grow in joy and knowledge of Christ.⁶ And whilst I want to help others know their life purpose and calling, I am so often sharpened by my times with mentees.⁷ It is never too early to start mentoring. Indeed, if you are being mentored, I would challenge you to mentor someone else, perhaps someone a few years younger than you.

all the difference in the world

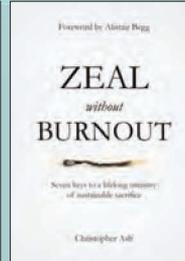
I believe mentoring is hugely significant for life and leadership. In my last piece⁸ we saw that resilient disciples had significant relationships with those



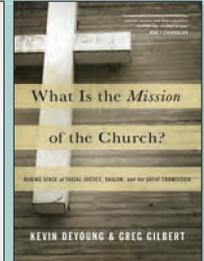
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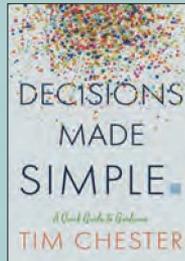
5 Things to Pray in a global crisis
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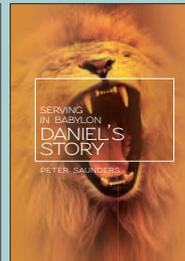
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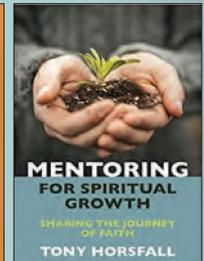
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£2



Mentoring for Spiritual Growth
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older than themselves as younger adults. Who do you respect at the current time? Perhaps someone who knows your name, who says 'Hi, how are you doing?', someone you admire. Why don't you prayerfully consider approaching someone to mentor you, and then begin to intentionally look out for, pray for and meet with those who can learn from and imitate you? Such is the way of mentoring. I believe that such investment and care will reap a significant harvest for the Kingdom of God. ■

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7. eg Proverbs 27:17
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Distinctives: promise & purpose

Sally Barker describes one CMF group's response to the COVID-19 pandemic



I've recently become the Pastoral Secretary for my university CMF group. This role usually involves organising weekly prayer lunches for our pre-clinical students, as well as all the fun of helping out at Fresher mingles, Text-a-Toasties and our Cookie for a Question tables with the CU.

But planning for the year ahead is suddenly a lot

more complex than usual (and personally, I found it complex enough as it was!). Masks, distancing, maximum numbers, no catering, etc. These are necessary restrictions that keep us and others safe. However, we can't deny the frustrations they bring, perhaps especially when we think of our faith, families and fellowship.



Sally Barker is a final year medical student at Imperial College, London

How can we possibly be CMF as we know it when we have so many restrictions?

I found the answer by turning to Philippians 1:12-26. The letter to the Philippian church was written by Paul during a time of imprisonment, most likely during the two years of house arrest described at the very end of Acts, around 60–62 AD. Some might say he was somewhat restricted by his circumstances. However, Paul used these very restrictions to fulfil one of our primary purposes as Christians; to witness and lead others to Christ.¹ He adapted by adopting an alternative form of communication; no longer able to testify and encourage in person, he wrote letters (including Philippians, Ephesians, Colossians and Philemon). Not to mention the fact that we, as followers of Christ, are able to access the Word of God through Paul's writings nearly two thousand years later. Paul was without doubt living his best 'lockdown life'.

On the other hand, it can be hard to see such opportunities in our current situations – or hard to act on them when we do see them. Yet that in no way means that God can't work through us.

I recently spent time volunteering on a COVID ward as a ward assistant. My colleagues and I quickly realised that the masks make it extremely difficult for any of the patients to identify us, hear us or generally get to know us. A frustrating restriction! However, the patients quickly began to identify us using other means. For example, one nurse was known for her hair, which was dyed in a rainbow pattern. My friend Beth became known for eyeshadow designs, which become more elaborate by the day and developed according to patients' requests for glitter and stars. For me, it was a cross necklace. I've worn it every day since my second year of medical school but it has never been commented on by a patient before. During COVID, it suddenly became my identifier. As a result, I think I spoke more about the cross in those short months than in my four years as a member of CMF.

So yes, in this moment we face restrictions. We

can't throw a potluck to welcome our freshers and we can't offer toasties and cookies in return for a genuine conversation about faith. However, we must remember that our purpose is to unite and equip doctors and nurses to live and speak for Jesus Christ – a purpose that is God-given. We trust that God establishes our steps and, as long as we submit our motivations and pride to him, he will provide all we need to accomplish his purposes.

However, I love this passage in Philippians because it not only shows the purpose of Christianity, it also reminds us of the promise. That whilst we were put here on purpose and for a purpose, we are grounded in his promise, which is affirmed all the way from Genesis 1 to Revelation 22.

The promise is eternal life with God, the Son and the Spirit for those who believe. This promise is comfort as we grieve those we have lost. This promise is hope and a certainty in the chaos of our current situation; and courage, in a time when fear is our bread-and-butter. Because Jesus loves us while we're grieving. Jesus knew grief. Jesus loves us when we're fearful. He calmed the storm. Jesus loves us when we're lonely. He died so that we can spend eternity with our Father. There is no self-improvement, achievement or status required. God is for us and will continue to work in and through us to fulfil his purposes, no matter how weak we may feel.

For to me, to live is Christ and to die is gain. If I am to go on living in the body, this will mean fruitful labour for me. Yet what shall I choose? I do not know! I am torn between the two: I desire to depart and be with Christ, which is better by far; but it is more necessary for you that I remain in the body. Convinced of this, I know that I will remain, and I will continue with all of you for your progress and joy in the faith, so that through my being with you again your boasting in Christ Jesus will abound on account of me. (Philippians 1:21-26) ■

REF

1. Philippians 1:13

Just Ask COVID conundrum

Abigail Randall is a GP in East London and medical school link for Bart's and the London Medical School.



Help! I live in a flat of four and two of my flatmates don't seem to care about COVID rules. They have been out at least two nights this week and I'm pretty sure they are mixing more widely than they're meant to. They are also planning a flat party for the weekend – I don't know what to do!

For many reasons, COVID-19 strains many of our closest relationships, drawing out hidden attitudes of judgmentalism and irritation.

The first thing to be aware of is your own heart, looking out for any unloving or hypocritical attitudes. There is also great merit in doing what one can to live at peace with people...

'If it is possible, as far as it depends on you, live at peace with everyone.' (Romans 12:18)

However, the rules exist for a reason, and there may be a role for frank conversation, either with your two flatmates or with all the residents.

Remove the plank from your own eye first. It's a truism that it's easier to see fault in others if that fault first exists in oneself. Have you really kept all the rules perfectly? What about that time when....?

Try discussing with your flatmates what makes you most anxious in this situation. This may be fear for your own safety, or concern for the broader picture and numbers of cases, or concern for vulnerable family members and your ability to go home for visits. Or it might be helpful simply to point out the latest government regulations.

Remember, your flatmates may not be aware of all the rules. Not everyone has managed to keep up with all the changes. It could be helpful to review with your housemates what the latest rules are – you may all be surprised! It could also be helpful to look at some of the fines that can be imposed on those who break the rules....

As with many similar situations, your approach will be affected by whether your flatmates are Christians. When dealing with fellow believers, we have a greater responsibility to lovingly bring correction. With our friends who are not yet Christians, we are seeking to demonstrate the love of Jesus and to model what it looks like to follow him.

Think of fun or fulfilling activities that you could do as flatmates while staying within the rules. There may be a great desire to join with other groups – consider setting up a video link with another flat, or watching a movie together while logged into Teams or Zoom, or investing some time in organising a quiz night. If you can socialise as flatmates, make the most of this. Could you organise a work-out or baking week or a fun run? Look out for Student Union-run events, and consider getting behind these as a Christian Union – a great opportunity to raise the profile of your group, and show love to the organisers who may have put much time into something which could flop if insufficient numbers join.

'Above all, love each other deeply, because love covers over a multitude of sins.' (1 Peter 4:8) ■

If you have a burning question, why not email us: nucleus@cmf.org.uk. The best question each issue wins free student membership for a year.

local groups : Dundee

Esther Oyewusi brings news from Dundee



Esther Oyewusi
is a medical student
in Dundee

In a small city like Dundee (popularly known as 'Scotland's sunniest city'), you might be tempted to believe that visiting the new Victoria and Albert Museum (standing by the beautiful Tay river) is the highlight of our year. But because of our living room gatherings where we 'ponder over pudding', study the Bible, and debate ethics, we have been able to get to know each other and build a rich CMF student community.

The year commenced with a potluck dinner to welcome new students and plan for the year ahead. October will be remembered for getting a taster of the TV programme 'Total Wipeout' at our local aqua park in Dundee's City Quay. It was an adventurous afternoon of swimming in the icy water and lots of jumping off inflatable assault courses, followed by hot chocolate at our medical school link's house. In addition, some of our students attended the 'Three Great Debates' at the Royal College of Surgeons, Edinburgh.

Over the next few months, we continued our study of *The Human Journey*,¹ focusing on 'marriage and sexuality'. We had our downtime and devotional of the year at our local Blend Coffee Lounge. The year concluded with a Christmas potluck dinner and social, before we headed homewards to spend the holidays with our families.

We are always excited about the CMF Student Conference; the long drive to Yarnfield Park in Staffordshire was sustained by Laura Doherty's mouth-watering tray-bake. Our more senior students had raved about the excellent food at Yarnfield, and we were not disappointed; but more importantly, our souls were truly fed as we navigated through the book of Philippians under the guidance of Dr Peter Saunders. One of our Dundee CMF members, Daniel Chiew, said the conference highlighted the importance of 'reconnecting and prioritising what matters in life, cutting through the noise of the busy every-day and worldly distractions to be in God's peace and



grace'. The weekend also gave us the rare opportunity of interacting with fellow students from other universities in Scotland with whom we attended various seminars. I was particularly amused by how effortlessly the students from England mastered the Ceilidh, which was directed by our own Matthew Amer.

February was rounded off by a visit from CMF's Head of Student Ministries, Rachel Owusu-Ankomah, who directed our study on 'New Technology', another installment in the *Human Journey* series.

Despite all that has happened this year with the pandemic, as we reflect on the previous year at CMF Dundee, the Lord has undoubtedly been good to us. We look forward to the year ahead, assured that the Lord will provide for us and enable us to shine. Our prayer at CMF Dundee is that:

- We would all grow in the knowledge of how to live and love Christ in our medical school.
- We would be good ambassadors for him, and have courage and compassion as we seek to spread the gospel.
- That all the events we hold would be fruitful. ■

REF

1. humanjourney.org.uk

my trip to... Malamulo Hospital, Malawi

David S Kim visits Malamulo Hospital, Makwasa, Thyolo, Malawi



The first thing I notice at the hospital entrance is a small plaque which reads 'Malamulo Adventist Hospital: We care, God heals'.

Situated in the rural district of Thyolo, there are a small number of wards along with an outpatient department and a community clinic. Patients are mostly villagers reliant on subsistence farming or work for local tea plantations. Most were acute cases related to infectious diseases. I worked mostly in the general and paediatric wards, along with American doctors, Malawian clinical officers and nurses.

working with limited resources

In a resource-limited setting, diagnosis and management is very different. Everyday bloods and imaging were not easily available, meaning that diagnosis relied on a good clinical history and examination. Malamulo has portable ultrasound, X-ray and two oxygen concentrators. Medications

were limited, with staff driving two hours into the city of Blantyre to buy supplies from a pharmacy if stocks ran out. We regularly ran low on blood so doctors and nurses were encouraged to donate as often as possible. There was neither hand sanitiser nor adequate personal protective equipment.

The most difficult cases for me were those that highlighted the disparity in health outcomes between rich and poor. Children born with HIV/AIDS endure a life-limiting consequence through no fault of their own. A 31-year-old female presented with renal failure from drug-induced nephrotoxicity – a common side effect of her HIV medications. In the UK, she would have been a candidate for dialysis or even transplant. But there are two dialysis machines for the whole of southern Malawi, for which there is a long waiting list and a formal application process. Though she was young, she was deemed unsuitable and rejected from the list. All we could offer her was palliative care. She died three days later.



David S Kim is a medical student in Oxford

None of the good work at Malamulo would happen without faith. The handful of American doctors, surgeons and their families who reside there permanently, are employed by the Adventist Church on five year contracts. The level of dedication and compassion I have been able to witness in each of them was beyond inspiring. Their unconquerable determination in the face of immense limitations is what enables Malamulo to deliver.

On the outside I tend not to display emotion. But every day, I was internally brought to my knees and humbled. I felt a strange mix of emotions that I can only describe to be a feeling of submission, recognising how fragile we are, mixed with a sudden euphoria that I could not quite place. I felt every day I was living with this joy. For the first time in my life, I felt I could say that I had a purpose and that I would not want to be anywhere else in this moment. I had never felt like this about anything before in my life.

taking up the cross

I thought I had my priorities straight. I have never desired a life of luxury or wealth growing up and I worked hard so that I could one day make the world a better place. I wanted a 'normal' life that partakes in modern society and also served God. In my mind, my goal had been to do God's work and live a not wealthy but not poor life. I had assumed that good things I wanted to achieve in life went hand in hand with what God wanted. But God seemed to be asking me a deeply uncomfortable question – was I was truly living for Christ or myself?

I felt an interrogation that I could not avoid, that would not leave me in peace throughout my days in Malawi: if it were asked of me, could I give up everything I had ever desired and choose to suffer with Christ? Would I be ready to give up the life I had dreamed of living and take up the cross? Would I be ready to be perceived as a failure by everyone I once knew if that is what is asked of me?

The Bible is clear that to truly live for Christ, a person must deny himself and be willing to take up the cross.¹ He must deny all he once held dear. The story of the rich man in Matthew 19 highlights the sheer difficulty of what is asked of Christians.² The path that Christ asks us to take is composed of suffering and sorrow; it requires immense sacrifices and being ready to be hated by the world.³

I met some of the happiest people I have ever come across while in Malawi. They lived humble lives, yet seemed to experience unconditional joy. It was as if every day the world smiled on them and they smiled back. I wondered if the root of dissatisfaction in UK society is in our constant yearning for happiness that is conditional on various goals being met. Had I, perhaps, got it wrong this whole time? Maybe it is that the joy that these people feel, and the joy that I am slowly beginning to feel, is in submission to God's plan and letting go of my own desires, no matter how noble or righteous those desires may have seemed. It reminded me of the meaning behind the words of an 18th century English hymn:

My richest gains I count but loss, and pour contempt on all my pride... All the vain things that charmed me most, I sacrifice them to his blood.

I do not know why it felt like such a pressing burden on my conscience. I wondered if maybe this was the voice of God teaching me to surrender and instead, to willingly follow a path I may not have wanted. To live more for Christ and less for myself. The kingdom of God is not a physical place, but it is wherever God rules. It may just have been in a crowded hut in Thyolo, where a few Malawian villagers share their *nsima bread* and praise God with songs for what he has done. And they were the ones who showed me what true joy looks like. ■

REFS

1. Luke 9:23
2. Matthew 19:16-28
3. John 15:18

counterparts: care at the end of life

Danika Leung recently completed her fellowship in palliative care in Canada



Early in medical school, I became friends with Elaine.¹ Elaine had just been diagnosed with metastatic lung cancer and was searching for hope, peace, and meaning in the face of her terminal diagnosis. She did not have any spiritual background, but she had seen our church advertising an Alpha Course, and walked in. Shortly after, I witnessed her come to a saving faith in Jesus Christ and finish her life journey without guilt or fear. Elaine's 'Celebration of Life' service held at our church included a video she had recorded prior to her death. In it, she shared that she would not have traded away her cancer as she encountered Jesus Christ because of it.

As I watched her video, I heard the Lord nudging on my heart, 'Danika, never in the 20 years you have been attending this church have this many

non-Christians entered the building to hear the gospel for the first time. Don't ever think that I can't use even someone who is dying to further my kingdom. A life is precious to me until the last breath. Today I have used Elaine to share the gospel with more people than you have in your entire life.'

With God's help, I graduated from medical school and completed my fellowship in palliative care. I currently work as a palliative care consultant in hospitals and patients' homes. I've also had the opportunity to work at a harm reduction house that takes in homeless palliative patients with addictions – to give them a home and 'family' in their last days to months of life. Sometimes I like to think this house is a place Jesus would have loved to visit, filled with



Danika Leung is a palliative care doctor in Alberta, Canada

individuals Jesus would have shared a conversation and meal with. This was a career path I never thought I would end up in, but now I cannot think of a job that I am more passionate about.

Each person faces a terminal diagnosis very differently. Some turn to anger and hate. Some embrace it quickly and change their life priorities to make the most of their final days. Most, at some point, feel lost and vulnerable. I get to help patients and families navigate the last chapter of their life journey, transforming it from a time of fear to one of security and meaning. More importantly, I get to show Christ's love to those on that crossroads (between heaven and hell) before they step into eternity.

Yet, there are days when it is not easy. Seeing people dying every day can take an emotional and mental toll. But for the Christian doctor, the greater tragedy is seeing people die every day without accepting Christ as Lord and saviour – which the Bible tells us is the only way to eternal life. Living in a society that values pluralistic truth, there is significant pressure to keep silent about our own faith convictions at work. In addition, in 2015, Canada legalised assisted suicide (locally termed 'MAiD' – Medical Assistance in Dying). For those of us that continue to believe that only the Creator God has authority over the time of our death, this legislation weighs very heavy on us as our patients request this service. The message God imprinted on my heart at Elaine's funeral continues to remind me of the infinite worth of each life to him, and steadies my resolve to persevere in following God rather than society.

Along with the challenges, this is also a season of opportunity. We do not understand God's full intention for the pandemic we are currently living through. But certainly, it is breaking the self-sufficient attitude of North Americans. Foreseeable death often brings an existential crisis which is not just a reality my palliative patients face, but one

that even the currently healthy person may find themselves in. I pray that the contemplation of their mortality may bring many to seek and find the truth.

In autumn 2019, I had the opportunity to participate in CMF's Sydenham 2 (SYD2) Conference in London for junior doctors. I arrived in London during a season of burnout in my career and personal life. At SYD2, I met brothers and sisters who loved the Lord with all their heart, soul, mind, and strength, and lived courageously for him in the face of suffering. They reminded me of my identity in Christ, the sweet fellowship with God's family that transcends borders, and the glory in eternity promised for those who stand firm in their faith. It was a taste of heaven to be able to worship and share life with them.

One moment that still brings tears of joy to my heart is when we all sang the Gettys' song together: *'There is a higher throne / Than all the world has known / Where faithful ones from every tongue / Will one day come.'* God used my brothers and sisters from every tongue to rekindle my flame for Jesus and his cause. We are not alone in living faithfully for Jesus. There is a group of Christian medical professionals in Canada that are striving to obey God,² as there are in many nations. As a Canadian doctor, I do not have the same challenges as my friends in developing countries, such as low resources which result in patients frequently dying because they can't afford healthcare. But in North America, we suffer from a spiritual poverty. We have forgotten the Lord who made us and has authority over our lives and also our deaths. Pray that God's children in my country will have wisdom to be 'Esthers in the palace', to be our Lord's mouthpieces, hands, and feet 'for such a time as this' (Esther 4:14). ■

REFS

1. Name has been changed
2. cmdacanada.org

local groups: Sheffield

Rebekah Dimmock reflects on the Saline Solution course for Sheffield Student CMF



Rebekah Dimmock a medical student in Sheffield

In February 2020 our Sheffield student CMF group, along with several doctors, undertook the Saline Solution course, led by Ravi Thevasagayam, a local ENT consultant. The course is designed to equip and encourage healthcare professionals to better witness for Jesus to patients and colleagues. Discussions centered around ways of initiating conversations about faith on patients' terms, techniques for building spiritual relationships, and methods to identify and overcome barriers individuals may have to Christianity. Exploration led us to discover that such barriers may comprise intellectual ones (the stigma surrounding the equation of belief in God to 'intellectual suicide'), emotional (for instance, following discrimination based on religious beliefs), or volitional – some patients or colleagues may simply never have felt a need to ponder the existence of a higher power.

We were reminded of Paul's words: *'Be wise in the way you act toward outsiders; make the most of every opportunity. Let your conversation always be full of grace, seasoned with salt, so that you may know how to answer everyone.'* (Colossians 4:5-6) As healthcare professionals, we are in a uniquely privileged position by which we can fulfil this command. The stressful and often emotionally charged environment in which we work and study can be a catalyst to make people consider, perhaps for the first time, issues such as suffering, mortality, and what comes after death.



I was surprised to learn that, far from skirting around the subject of faith, the GMC states: 'you should take account of spiritual, religious, social, and cultural factors',¹ whilst the RCN guidelines also call attention to the importance of religion to some patients.² We explored how discussion centering around faith could be brought up whilst taking a history, for example, by enquiring whether a patient has any spiritual beliefs or a religious community which they can rely on in difficult times. The guidelines go on to state that a healthcare professional's personal beliefs should only be mentioned if a patient directly asks about them. This led to a discussion in our group about 'faith flags', which are small ways of indicating one's faith non-verbally, such as wearing a cross or fish symbol, or CMF lanyard. We found that there was much anecdotal evidence to suggest that colleagues and patients alike are curious about these symbols and are open to conversation about them, and it seems to me to be a small but significant step towards being a bolder witness for Christ. ■

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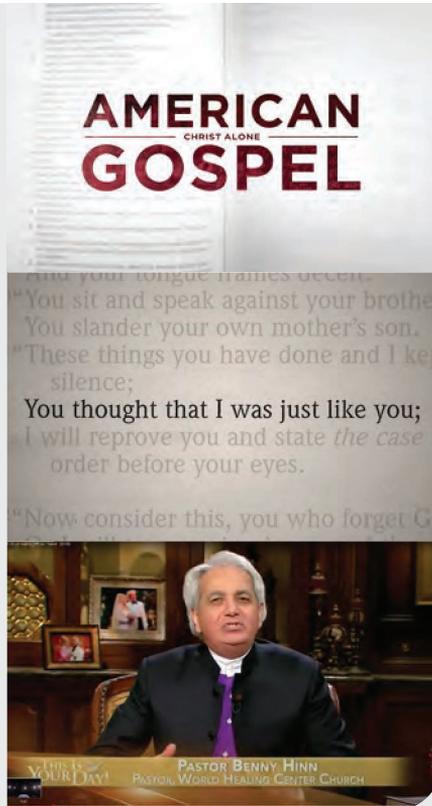
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Review

TV: *The American Gospel*

At the moment, Netflix seems to be focusing on documentaries that really shock their audience – with David Attenborough’s *Life On Our Planet* forecasting the end of planet Earth as we know it, and *The Social Dilemma* exposing how social media can control our way of thinking and feeling. I thought that *The American Gospel* would be the Christian equivalent of these fear-factor documentaries. The trailer sets the scene for a two-hour film exposing the blatant hypocrisy and deception in the ‘Word of Faith’ movement in the USA – I expected to despair!

Shocking as the exposure of this movement is, however, the best thing about this documentary is how it focuses on what the gospel *is*, more than what the Word of Faith movement demonstrates it *isn’t*. The documentary is a compilation of interviews with believers who all have a powerful testimony about how the true gospel transforms lives completely. It provides a clear and exciting exposition of gospel truths – and the presentation of these truths alongside the opposing false gospel preached in Word of Faith churches only serves to amplify the awesomeness of the real truth.



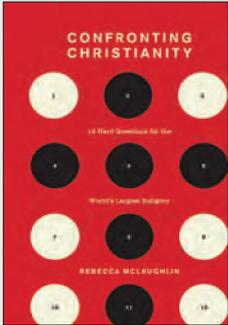
Personally, lockdown and separation from church family made fighting the temptation to go into crisis-management mode and be entirely self-reliant harder than ever. I found this documentary was good medicine for my increasing prayerlessness and numb heart – it left me feeling distraught about the scandal of false gospels, but even more than that, rejoicing in the magnificence of what Jesus has achieved for us.

I would recommend this film to all believers for encouragement, but also for equipping in evangelism. It explains the gospel wonderfully clearly and in a way that is useful and

engaging for sharing with friends. It is also a powerful reminder of the urgency with which the gospel message must be shared.

This film is incredibly provocative and stimulates conversation as well as being the most thorough grounding in the gospel that most people will ever hear – why not invite some friends over who don’t know Jesus, and watch it together (COVID restrictions permitting)? ■

Helen Rimell is a medical student at Imperial College, London



Confronting Christianity, 12 Hard Questions for the World's Largest Religion

McLaughlin R
240pp, Crossway, 2019
ISBN: 9781433564239
hardback £11.95

Gareth Hutchinson is a medical student at Queen's University, Belfast

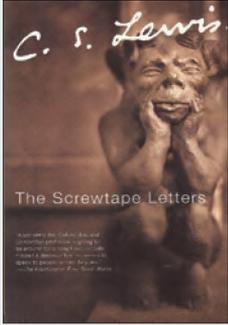
After seeing this book by Rebecca McLaughlin widely recommended by friends on social media, as well as by Prof John Lennox, I felt the endorsements justified a purchase; and so with high hopes I delved in.

The author covers a lot of ground as she tackles twelve common and difficult objections to the Christian faith, with topics ranging from suffering and sin to science and slavery. The book is thoughtfully and clearly written, with each subject addressed in a refined and well-structured manner. One such instance is the chapter on hell, where Rebecca gradually builds her case by demonstrating the sinfulness of human nature using helpful analogies, and then points to God's justice, the logic of the cross, and the amazing grace at the heart of the gospel. I loved her ability to link each chapter back to the heart of the Christian message. An anecdote from the trial of US Olympic gymnastics team doctor Larry Nassar at the end of the book was particularly hard-hitting. It explained how Rachel Denhollander, a victim of his crimes, pleaded with him from the witness stand to turn to Christ and find the mercy and grace that can be extended to everyone, including sexual abusers.

Although the book contains many heavy topics, reading it was not laborious in the slightest. I really enjoyed the author's style of writing, interspersing stories from her own life with quotes from renowned experts, famous Christian writers, and the Bible itself. I found her own experiences with same-sex attraction particularly striking; they added weight to her endorsement of the traditional Christian

definition of marriage in the chapter on homosexuality. This chapter was well formulated and covered points I had never considered – for example, a significant section highlighted the value placed on same-sex friendships within the Bible. I felt this was a helpful way to dismantle secular culture's idolatry of sexual relationships. The vision for friendship in the Bible is not as a consolation prize for those not married but rather an incredible expression of vulnerability, dependence, and another metaphor of God's love for us. Moreover, I found her chapter on morality particularly strong; it illuminated the shortcomings of the atheistic worldview and explained how we only have an appropriate foundation for human rights if each of us are valuable creations in God's image, as the Bible portrays.

This book represents an excellent introduction to apologetics. I plan to revisit it to make notes on each chapter; it is a fantastic resource for learning about some of the most difficult questions. It has increased my confidence in giving solid responses to peers in discussions about faith. It would also be a helpful book to lend to friends who are sceptical about Christianity: it showcases robust answers to key objections leveled by atheists; introduces the central tenets of Christianity; and serves as an avenue for deeper conversations about apologetics and the gospel. ■



The Screwtape Letters: Letters from a Senior to a Junior Devil

Lewis CS
224pp, Collins, 1942
ISBN: 9781784983314
paperback £6.99

Rachael L Middleton is *Nucleus* student editor and a final year medical student in Manchester

The *Screwtape Letters* (1942) was written by atheist-turned-Christian CS Lewis. It takes a refreshing look at Christianity, broken down into its simplest concepts. This work of fiction, a scary reflection of reality, both identifies Christian struggles and provides practical solutions to battles every Christian must face. Although this article will attempt to pay homage to this book, no praise can do justice to how it can revolutionise one's perspective on Christianity, God, and the Devil.

The narrative takes an epistolary form, detailing imagined instructions from an experienced 'senior' demon, Screwtape, to his nephew, Wormwood. Discussion centres around Wormwood's 'patient', a newly converted Christian, and the various trials and temptations he faces. The universality of these human experiences make this book resonate with Christians and non-Christians alike.

Lewis in his brilliance captures the timeless nature of humanity. He satirises human folly in pursuing things we feel we 'ought' to rather than pursuits which will bring genuine happiness. He highlights the cognitive dissonance rampant today; Screwtape writes, 'we will make the whole universe a noise in the end'. Lewis deciphers human fickleness in our 'desire for novelty' and 'Fashions or Vogues... [which] distract the attention of men from their real dangers'. He even calls the reader out on their propensity for ultimate selfishness: 'certainly, we do not want men to allow their Christianity to flow over into their political life...we do want...to make men treat Christianity as a means...to their own advancement, but, failing that, as a means to anything – even to social justice'.

As a reader I found myself scrutinising my own heart and motives.

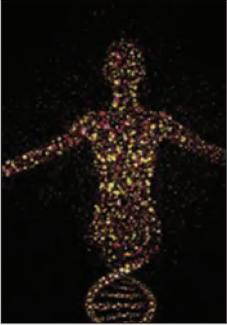
Although the book tackles a multitude of moral subjects – adultery, sloth, cynicism, charity, humility, war – particularly gripping was discussion surrounding pursuit of achievement and the notion of 'earning' the future. Many of us live not day-to-day but rather for an imagined future, one we do not yet possess. Lewis writes on this brilliantly: 'It is far better to make [humans] live in the Future...nearly all vices are rooted in the future...we want a whole race perpetually in pursuit of the rainbow's end, never honest, nor kind, nor happy now'. This passage is pertinent in today's consumerist world, where one is never satisfied; alas, it is our mental health and happiness that so often suffers.

Another poignant commentary is on human endurance in running the Christian race. Screwtape writes, 'the thing to avoid is the total commitment...let [the man's]...inner resolution be not to bear whatever comes to him, but to bear it "for a reasonable period"...the fun is to make the man yield just when (had he but known it) relief was almost in sight'. This resonated with me, as someone who dislikes uncertainty. Lewis here reminds us that God is in ultimate control and that we mustn't lose sight of his imminent deliverance of us.

This book provides penetrating insights into the human heart and mind through its original and radical narrative technique. It caused me both to laugh and to be deeply contemplative; it is a challenging read in that it provokes sincere self-examination. I cannot recommend it highly enough. It simply must be read. ■

Review

resource: *Telling a Better Story: Why Faith & Science Belong Together?*



Telling A Better Story: Why Faith & Science Belong Together

The Faraday Institute for
Science and Religion

Speakers:

Prof René van Woudenberg
Prof Roger Trigg
Prof Tom McLeish
Prof Russell Cowburn FRS
Prof John Walton
Prof Simon Conway Morris FRS
Dr Cara Wall-Scheffler
Dr Sharon Dirckx
Revd Dr Joanna Collicutt
Prof John Wyatt
Dr Hilary Marlow
Prof Darren Evans

Recordings of all the webinars can be
accessed at: bit.ly/34z3XUS
(Accessed 7 October 2020)

Molly Hobbs is a medical student
at University College London

The far-reaching nature of COVID-19 was mirrored during the lockdown by an explosion of online materials and resources. The usually inaccessible was for the first time wonderfully available to a limitless audience. One such was the *Faraday Institute for Science and Religion* summer course 2020, a week of 13 webinars examining whether the faith-science dynamic is one of conflict or compatibility.

Illuminating discussion on the nature of reality encouraged listeners to engage with the questions faith and science can answer. Prominent speakers argued that science does have limitations, and so we need to seek answers elsewhere. Over the first three talks, each landed on the conclusion that faith and science are two disciplines considering one reality.

This key theme was reiterated more specifically when asking whether randomness in the physical world and scientific theories of origin are compatible with theology. Thought-provoking discussion followed, bringing to light the necessity of randomness and disorder in God's creative purposes, and unlocking the truth of Genesis by engaging with its cultural context. The discussion considered whether Genesis is a story of identity or scientific claim. It emphasised that we don't have to try and reconcile the biblical creation narrative with scientific discoveries about origins.

The lectures towards the end of the week applied the theological principles previously considered. This took the discussion into the medical realm by exploring human identity - the mind-brain relationship, consciousness, dementia,

and end-of-life care. As the talks progressed, each pointed to a biblical narrative which transforms and expands our perspective on what it means to be human.

Practical application of spiritual truth to the field of conservation was also considered. Both speakers proposed that 'creation care' is profoundly Christian. Not only does the practice reflect God's purposes and Christ's work as Creator, Sustainer and Redeemer, it also expresses a conviction about and a love for him. In a world extremely challenged by environmental problems and where conservation work can feel futile, Christians can hold onto God's sovereignty, proven love, and the ultimate hope of a transformed created order to come.

In summary, the series not only illustrated the complementarity of faith and science, but also explained how the biblical narrative provides a much better picture of reality.

We can often neglect grappling with the interface between faith and science, maybe on a personal or institutional level. This webinar series serves as an excellent tool to scrutinise this intersection in a rational, genuine and engaging way. Hearing the convictions of those who have thought and researched deeply in this field provides great encouragement, deeper understanding, and motivation to continue joining the dots between faith and science. ■

alcohol-related liver disease and transplants

A *Lancet* article published in May 2020¹ suggests that more research needs to be done to establish whether some patients with alcohol-related liver disease are suitable candidates for a liver transplant even if they haven't completed the six month period of abstinence that is normally required. Many transplant programmes already weigh up the severity of the disease against the period of abstinence, so that a patient at imminent risk of dying might not need to have been alcohol-free for at least six months in order to receive a transplant. The article acknowledges that more needs to be done to support these patients post-transplantation if they are to benefit from a transplant long-term, but at a time of dwindling resources, is this likely to be forthcoming?

Currently, the NHS criteria for offering a liver transplant² are as follows:

- That expected lifespan would be shorter than normal without it, or quality of life so poor as to be intolerable.
- That there is at least a 50% chance of surviving for at least five years after the transplant with an acceptable quality of life.

The '50% chance of five-year survival' criteria might exclude some patients with alcohol use disorder who have not been abstinent for at least six months. But with fewer livers available for transplantation than there are people requiring them, is it inevitable that some patients with liver disease not resulting from lifestyle choices might not be able to receive a liver in time?

1. bit.ly/livertransplants
2. bit.ly/NHScriteria

HIV: the other global pandemic

The number of people estimated to have been infected with COVID-19 worldwide is around the 55 million mark. Of those, nearly 36 million have recovered and just over 1.3 million people died (as of 18 November 2020).¹

With the attention of governments and health organisations and professionals focussed on containing COVID, another more serious global pandemic (in terms of the number of deaths and people infected) is being sidelined. This other global pandemic has been around for much longer and is claiming the lives of around 770,000 people per year, with 1.7 million people newly infected annually and 38 million men, women and children throughout the world living with this viral disease.²

As Christians, we have been wrongly accused (for the most part) of believing that HIV, like liver cirrhosis, is a lifestyle disease that perhaps doesn't deserve as much compassion as a virus that infects people indiscriminately. But of course HIV infects women and children as well as the communities with which it is most associated.

Although developed countries have made some progress with containing the disease, worldwide there is a failure to meet the health challenges posed by the virus. Even in the UK, there are an estimated 7,500 undiagnosed cases and up to 15,600 people carrying the virus and capable of transmitting it to others. Because of this, an HIV commission has been established in the UK with the ambitious aim of eliminating transmission of the virus by 2030. This would ideally involve universal testing and reducing stigma, but the likelihood is that the high cost to government of navigating the COVID crisis will make this a pipe dream.³

1. bit.ly/deathsbycovid
2. bit.ly/HIVaidsstats
3. bit.ly/HIVcommission

big three nations go it alone on COVID-19 vaccine development

International cooperation is vital in the race to develop an effective and safe vaccine against the COVID-19 virus before it destroys more lives and economies worldwide. So far, 64 developed nations and 92 low and middle-income countries have signed up to ACT (Access to COVID-19 Tools (ACT) Accelerator).¹

Initiated by organisations like the World Health Organization, the Global Fund, Unitaid and the World Bank, the aim is to support 'the development and equitable distribution of the tests, treatments and vaccines the world needs to reduce mortality and severe disease, restoring full societal and economic activity globally in the near term, and facilitating high-level control of COVID-19 disease in the medium term.'¹

However, China, Russia and the USA have elected to go it alone and refused to sign up to this collaborative effort or support the COVAX facility, which is the main repository of COVID-19 vaccines currently under investigation.²

Each of these big players in the global economy is speeding through development of their own vaccines, sometimes without adequate testing, leaving less prosperous nations to foot the estimated \$100 billion cost of developing a vaccine that will be available to all.

WHO Director General Tedros Adhanom Ghebreyesus said, 'COVID-19 is an unprecedented global crisis that demands an unprecedented global response. Vaccine nationalism will only perpetuate the disease and prolong the global recovery. Working together through the COVAX Facility is not charity, it's in every country's own best interests to control the pandemic and accelerate the global economic recovery.'³

1. www.who.int/initiatives/act-accelerator
2. bit.ly/cvvaccine
3. bit.ly/vaccinenationalism

the impact of the anti-vaxx movement

The story of how Andrew Wakefield, a former British gastroenterologist, convinced a reputable medical journal like *The Lancet* to publish the results of spurious research linking the MMR vaccine to autism is well known. Even though *The Lancet* eventually published a retraction and the research has been thoroughly discredited, suspicion about the MMR vaccine in particular, and vaccines in general, continue to linger in the public mind, mainly because his relocation to America enabled him to find a willing audience for his false claims.¹

The result is that a year ago, the *BMJ* listed vaccine resistance as one of the top ten threats to global health which is already resulting in a resurgence of measles.² Not surprisingly, the impact has been particularly felt in the USA which in 2018 reported the highest number of cases in 25 years. Other European countries, including the UK, have lost their measles-free status.³

The implications are particularly worrying at this time of pandemic. In the USA, a Gallup poll found that 35% of Americans would not accept a COVID-19 vaccine, even with FDA approval and population-wide availability.⁴ Such is unlikely as, in the UK, any COVID vaccine is expected to be available to less than half the population.⁵

1. bit.ly/WakemaninAmerica
2. bit.ly/measlesresurgence
3. bit.ly/measlessurge
4. bit.ly/Americavaccine
5. bit.ly/vaccineavailability

medicine post-COVID

Telemedicine is not new, but the COVID crisis has given it fresh impetus as routine GP consultations have started – and sometimes ended – with a phone call. This has served to reduce the risks to both patients and healthcare professionals. But the prediction is that it will go further even after the crisis ends, and the focus of

healthcare will shift from clinics and hospitals to homes and mobile devices like smartphones.

There are advantages, of course, and these include reduced costs and a lower risk of cross-infection with dangerous pathogens that usually find a home in hospitals. It also potentially gives patients access to a broader range of specialists as geographical location will no longer be a barrier.¹

One GP writing in *The Lancet* suggests that the COVID emergency has served to reduce the amount of work that was motivated by political rather than clinical considerations. She writes 'There is perhaps an opportunity for us to capture, now. It might be one route to banish systemic tendencies to create overtreatment. The new normal could be never again allowing ourselves to agree to do work of more political than clinical importance. Divisions between departments seem to have been subsumed with common purpose, good will, and urgency. We have also been talking more with colleagues... the priority is organising to give the best care we can to the people who need it most.'² We can only pray that these modest gains that are the silver lining to a global crisis persist when the crisis is over.

1. bit.ly/medicinebytech
2. bit.ly/GPquote

dementia in a time of austerity

We probably all know someone who has dementia, or someone who is caring for a relative with dementia. As medical advances and improved living conditions allow people to live longer, the incidence of dementia in all its manifestations is increasing. NHS England calls it 'one of the most important health and care issues facing the world'.

Already, around 850,000 people in the UK suffer from some form of dementia, and around 540,000 individuals are caring for them in England alone. One in three of us can expect to be caring for

someone with this condition in our lifetimes – and it can be hugely challenging.

NHS England had lofty goals, set in 2015 to be achieved by 2020. These included:

- being the best country in the world for dementia care and support for individuals with dementia, their carers and families to live; and
- the best place in the world to undertake research into dementia and other neurodegenerative diseases.

But that was before COVID and the enormous cost to the NHS and the economy of treating its victims and controlling its spread. When the dust settles and there is time to review progress, how will we find we have fared in caring for this vulnerable group as well as those who care for them? And how will we fare in the future when the disease already costs the country around £23 billion per year?

england.nhs.uk/mental-health/dementia

impact of period poverty

Worldwide, on any given day, more than 800 million people will be menstruating. Although menstruating is a natural, normal process, millions of people around the world not only lack access to sanitary products and safe, hygienic spaces in which to use them, but also face deeply entrenched stigma and taboos associated with menstruation.¹

This statement from an article in *The Lancet* sums up the multiple challenges that girls and women throughout the world face for several days out of every month. Where sanitary products are not freely available or affordable, menstruation can lead to absence from school and even infection from unhygienic alternatives. Most damaging of all, though, is the shame that girls and women are made to feel, and education is key to changing attitudes.

1. bit.ly/Lancetpp



Advice for Christian students
in Healthcare from Christian
in Healthcare



Student
FEATURE



FIND OUT WHAT'S
HAPPENING IN OUR
STUDENT GROUPS



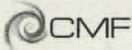
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Question **?** *Time*

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