

ISSUE 47:2 MAY 2017

# SEXUALITY: good news for some?

steward your sexuality

the sexual agenda

do no harm

# nurses

the student journal of the christian medical fellowship

plus: 'out-there' & 'in-here' leadership, compassion, conference report, these little ones

# NUCLEUS



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**S**exuality. A topic best avoided? Not discussed in polite society? But so fundamental to the lives of Christians and others alike.

This hasn't been the easiest edition of *Nucleus* to put together. Much has been said and written on this subject. Some has been of great value. But we've almost all read less helpful material about sexuality as well - articles that are too black and white, or books that are so vague and grey as to be unclear.

'Gut instinct' morality often trumps careful thought. The psychology behind this is as applicable to Christians as anyone else, and means that our reactions to sexual ethics that differ from our own are sometimes confrontational and condemning. People outside the church have come to hold quite clear impressions of how Christians view sex and sexuality. Though not always accurate, such impressions are understandable, and are now often a bigger barrier to a conversation about faith than more traditional objections such as the reliability of the Bible.

One thing that is helpful when writing or speaking about this topic is to think about how it will come across to your friends. What about the same-sex couple you know who married last year? Or the lady in church struggling to bring up two toddlers after a divorce? Or the young Christian couple who are expecting a baby having planned to marry next year? Are we being gentle and respectful in how we communicate?

While fear of giving offence may be helpful in ensuring that we strike an appropriate tone, it can also completely silence us. Christian sexual ethics are clearly at odds with those of the society around us. Christians are seen not just as wrong, but as backwards and even oppressive. It is not surprising that saying nothing at all has become the apparently safe route.

But if we say nothing, we don't start on neutral ground. Most people already think they know what a Christian view of sexuality is, and they don't like it. This view prevails, rather than a 'neutral' standpoint, if we are silent. So we need to make sure that our story is heard.

**If we say nothing, we don't start on neutral ground. Most people already think they know what a Christian view of sexuality is, and they don't like it.**

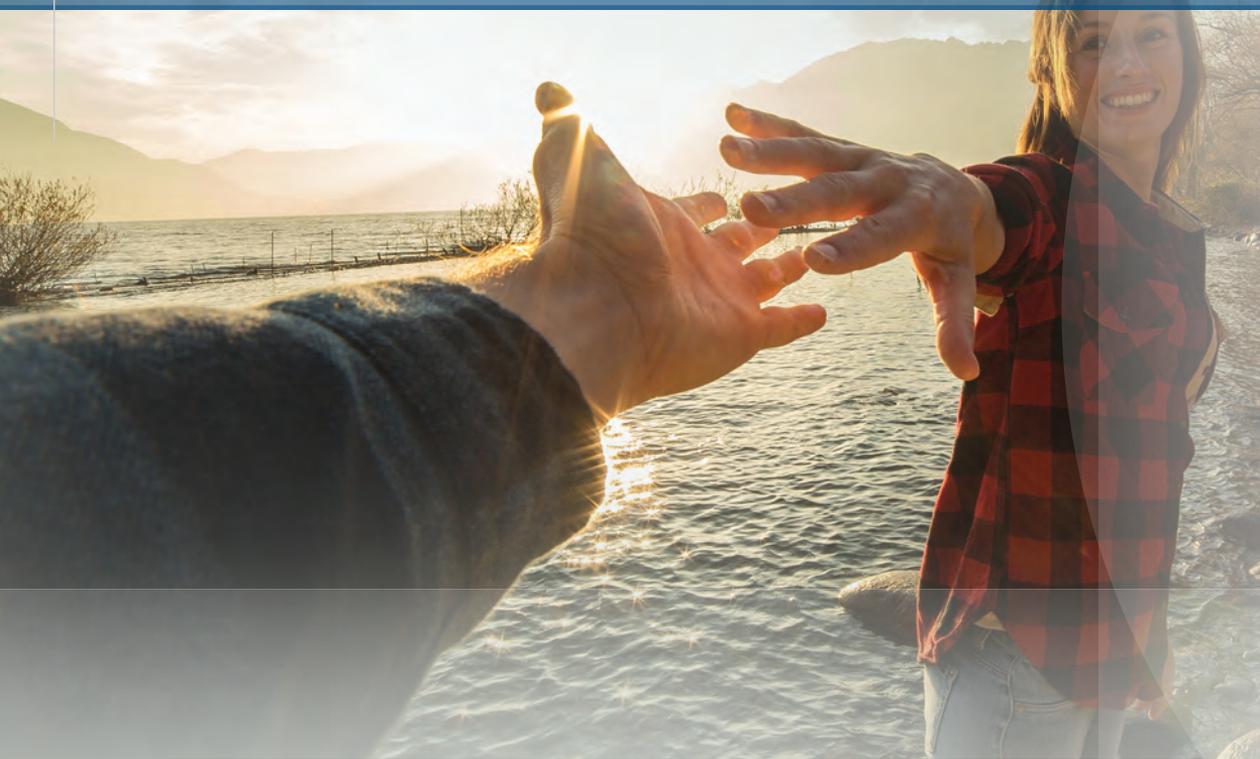
It won't always be popular, of course. Challenging the unbridled autonomy and self-centredness of today's sexual culture strikes at the core of what many people have been led to believe is central to their identity. It is not surprising that there will be significant resistance.

But we should make sure it is the real story that we tell. Not a story of moral rules, nor a story that says 'no' loudly and stops there. God gave sexuality not for its own sake, but that it might point to the union between Christ and the church in God's kingdom. Sex is not all there is - it is a pointer to something very much better, and to our place in the greatest of stories.

Our challenge today is to tell this story with gentleness and respect, giving an account for the hope we have as we do so. We pray that this edition of *Nucleus* will be a tool that helps you to do that. ■

# steward your sexuality

John Greenall on celebrating sexuality whether married or single



Sex... despite our studies covering the topic, despite the fact it is all around us, many of us feel uncomfortable talking about it.

How do we respond to the hypersexualised culture around us? How as a single person can I honour God despite (or even through) the powerful sexual urges I feel? Is the Christian view of sex good news to those around us?

## culture on sexuality

Our culture screams loud and clear: '*you are your sexuality*'. Your sexual identity (the act of 'labelling' oneself based on one's sexual attractions or orientation eg straight, gay, lesbian, bisexual) is seen as the 'core' of who you are. And of course, this must be affirmed - to fail to do so is our culture's 'unforgivable sin' because it means a fundamental rejection of you as a person. Because it is so intrinsic to our identity, sexual fulfilment is

key, and a life without sexual satisfaction is portrayed as a life not worth living.

This is the sexual revolution in a nutshell. More sex, better sex, more varied sex, freedom from the prudish constraints of our religious heritage. But as we see in Alex Bunn's article in this edition of *Nucleus*,<sup>1</sup> the sexual revolution is not delivering on its promises. Instead it's leaving a trail of destruction in its wake, including broken families and confused children.

On this backdrop, I believe the Christian message is good news for a confused and rudderless society. God has a positive view of sexuality. After all, it is he who made us as sexual beings,<sup>2</sup> and he pronounces us as 'very good'.<sup>3</sup> My body is as much 'me' as my soul or my 'inner self'. It is not dirty, but created to glorify God.

## but what is our sexuality for?

It's only when we know what our sexuality is for



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time, finances. But what about human sexuality and behaviour?

Mark Yarhouse says: *'What you do with your sexuality (including singleness) is one of the most important testimonies you give to an unbelieving world... When Christians bring clean water to a remote village in Africa... When Christians provide shelter to those... who do not have adequate housing, people appreciate what we are doing. But when Christians live out our faith in the decisions we make about our sexuality and sexual behaviour, it is truly countercultural. The choices we make are a witness to a culture that is increasingly unfamiliar with why Christians choose to live as they do.'*<sup>8</sup>

The message isn't 'steward your sexuality until you get married'. It's not promising heterosexuality, or promising you will all be married. Instead we are to honour God with our sexuality, recognising that it is not ours to begin with, but rather one of many aspects in the human experience that is ultimately God's. We are to see its part in the greater story, pointing to God himself and his purposes for the world.

Are we ready to be countercultural and bear witness to the good news of Jesus *in and through our bodies*? To show that our culture's relentless desire for perfection, beauty and intimacy through sexual identity are all met in Christ? There is good news - the trail of destruction wrought by our culture's sexual revolution can be healed and the church can be a countercultural place of healing, freedom and truth to know who we are and what we are here for. The goal of our lives isn't necessarily to be 'happy' but instead to love God and to become like Jesus.

### a difficult message?

Of course, this last statement goes against the grain of what we hear in our culture. We need confidence to know that that no one loves us more than he does, therefore we can trust what he says, even though it can be difficult. Indeed, when I am

that we can understand how it's supposed to work. The Bible tells us that ultimately our sexuality points us towards Jesus. He teaches us through his life that sex and romantic fulfilment are not the key to making us complete; it comes instead by discovering him, the 'bread of life',<sup>4</sup> and finding purpose, freedom and satisfaction in him alone.<sup>5</sup> Our longing for joining, to know and be known, foreshadows the intense and passionate longing of God to be united with his people.<sup>6</sup>

This really is wonderful news: we don't have to define ourselves, or find our fulfilment in satisfying our sexual urges. Becoming the 'real me' happens as we walk with God, fulfilling the unique calling God has placed on each of our lives.

### steward your sexuality

The concept of biblical stewardship<sup>7</sup> is familiar to many of us - take stewarding our environment,

striving to be holy and Christ-like I am not going against the grain, but with it. I am being most 'me' when I am pursuing holiness, not sin.<sup>9</sup>

For some of us, we feel uncomfortable at this point. We know we have been created 'very good', but we feel 'not so good' - or worse. We've made mistakes. What hope is there for us?

Some who speak to me feel more uncomfortable than others. How about the same-sex attracted fourth year student who feels she has it harder? What about the porn-addicted first year who is despairing at his addiction, feeling powerless to change? Are they any worse off than you? Well... no. We are all sexually broken and Jesus calls each of us to 'take up your cross and follow me'.<sup>10</sup> The gospel isn't unfair to same-sex attracted people, or those with particular struggles. Its call is the same to each one of us - to steward our sexuality - and if we count the cost in our own lives, it won't be easy.

So yes, this is a difficult message to grasp. But I would argue, it's still amazing news. But how? And what does all this look like? Let's consider marriage and singleness.

### what is marriage for?

As a married person, my view is that marriage is an amazing (albeit at times confusing) invention! I'm also discovering that the Bible's view on marriage is profound and relevant, not only to me but, as it claims, to the whole of mankind.

In fact, the Bible begins and ends with a marriage. The joining of Adam and Eve as husband and wife is a picture of how heaven and earth will one day be joined together through the union of Jesus and his people, the church. All through the Bible we see clear descriptions of God's intimate love for his people - Israel is often depicted as an adulteress cheating on a faithful husband (the Lord).<sup>11</sup> Song of Songs images the delight of Christ in his church through graphic descriptions of the intimacy of a husband and wife. Jesus refers to himself as 'the bridegroom'.<sup>12</sup> Paul speaks of the mystery behind human marriage, which is Christ's intimate relationship to the church.<sup>13</sup>

When sex happens in the context of a lifelong marriage commitment, we enjoy an amazing God-given gift. But instead of idolising this and seeing marriage as something meant to fulfill us, it instead points to the thing that does.

Marriage is also portrayed as between one man and one woman; in fact, to picture Christ and the church it has to be between like and unlike, male and female (see Jesus' words on this in Matthew 19:4-5). It is our very 'genderedness' that points towards this greater and more permanent union. Any change sees a distortion of the spiritual reality to which it points - the gospel itself.<sup>14</sup>

### but what if I am single?

Let's be honest - there are many more Christian women than men in the church.<sup>15</sup> If you stick to your ideal of marrying a Christian, it is likely that many of you will remain single. How do we deal with that?

Our environment doesn't help. Often the implication is that singleness is an incomplete state for the Christian. 'Have you met anyone yet?' says a well-meaning relative. 'She's so lovely, I can't believe she hasn't found anyone yet' says another. All this talk can make those of us who are celibate feel we are wasting our sexuality by not giving expression to our sexual desires.

So, what does 'hope' look like for you as a single person, or someone experiencing same-sex attraction? Is it marriage? Is it 'orientation change'? I would argue no! Instead what we need is a positive vision of singleness and a way of valuing it as highly as marriage - whether a person is attracted to the same or opposite sex. Because sex isn't what defines you, and neither is marriage.

Perhaps 'hope' can look something more like this: in a culture obsessed by sexual identity, you can demonstrate that God is your everything. That your identity and community is found in Jesus and his church, and that you have meaning and purpose in stewarding your sexuality.

*'...single Christians who abstain from sex outside marriage bond bear witness to the faithful nature of*

*God's love with the same authority as those who have sex inside the marriage bond. Both paint pictures of God's faithfulness, but in different ways. Denying yourself can be just as potent a picture of a thing's goodness as helping yourself to it.'*<sup>16</sup>

Indeed, singleness testifies to the gospel just as much as marriage does, albeit in a different way.

*'In refusing to have sex outside marriage, the single person witnesses to the unbreakable link between passion and faithfulness. And in refusing to commit adultery, the married person bears witness to the same truth.'*<sup>17</sup>

Indeed, the most complete human being to walk the planet, Jesus himself, was celibate. He showed that celibacy isn't a waste of our sexuality. As Sam Allberry says:

*'If marriage shows us the shape of the gospel, singleness shows us its sufficiency. It's a way of declaring to a world obsessed with sexual and romantic intimacy that these things are not ultimate, and that in Christ we possess what is. Our sexual feelings point us to the reality of the gospel.'*<sup>18</sup>

So singleness can be not only your *identity*, but also your *vocation* (for a time, or for your lifetime), to bear witness to God's faithful love. But let's be honest here - this sounds demanding. What does it mean in practice? Saying 'no' to a particular relationship perhaps? It may well do. But be assured. Jesus recognised that the costliest things we are called to leave to follow him are relational. Peter said to Jesus 'we have left everything to follow you'.<sup>19</sup> Jesus responded to him with a promise: 'everyone who has left houses or brothers or sisters or father or mother or wife or children or fields for my sake will receive a hundred times as much and will inherit eternal life'.<sup>20</sup>

Many single and same-sex attracted Christians feel on the fringes of the Christian community. You crave friendship, relationship, intimacy and may feel you are being called to leave all these things. But Jesus promised you all of this through a family - *his* family - the church.

Can you see that singleness isn't a waste of your sexuality but instead a wonderful way of fulfilling it?

That your gifts, passions and training can shape a world to give you the sense of calling, purpose and joy whether married or single? That you can develop meaningful friendships and communities that will support your celibacy? We will need to help each other with this, both in CMF and in our churches, for example by placing as much focus on celebrating singleness as others do marriage.<sup>21</sup>

## the future

Marriage and singleness can be glorious. But both can be, at times, gruelling, which is why as Christians we need to grasp and rejoice in the glorious future that awaits us. A future where our unwanted temptations are gone and the marriage we've always dreamed of is finally fulfilled. A time when what our sexuality points towards will become present reality as we are presented perfect to Christ.

*'For now we see only a reflection as in a mirror; then we shall see face to face. Now I know in part; then I shall know fully, even as I am fully known.'*<sup>22</sup>

For a more in-depth but compelling treatment of the sexual revolution and the call for Christians to tell a better story of 'God, Sex and Human Flourishing', I highly recommend Glynn Harrison's *A Better Story* (review on page 39).

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SEXUALITY: good news for some?

## the sexual agenda

Alex Bunn asks how we can find good news in sex and gender





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A gay war hero from World War II is chemically castrated, leading to his suicide (*The Imitation Game*). A convent schoolgirl falls pregnant so the nuns have her child adopted, which breaks her heart (*Philomena*). Gay activists against social injustice are further victimised by straight society (*Milk, Pride*). Journalists reveal a child abuse scandal covered up by the church to save face (*Spotlight*). All true stories.

According to these narratives, shame has been used to enforce a repressive Christian sexual ethic that denies diversity and full human flourishing. But now it's Christians who are likely to feel ashamed and foolish. Do you blush when asked to defend a Christian view of sexuality? How can we persuade our friends that Jesus is good news even here?

Let's follow Paul's example in Acts 17. He was prepared to sound foolish,<sup>1</sup> as we need to be in the current climate. But he was wise in the way he built bridges, challenged misconceptions, and then introduced Jesus persuasively.

## building bridges

There are many points on which we should agree with our detractors. Much of society's objection to same-sex relationships wasn't based on love of others and deep reflection on God's purposes, but often on gut reaction and thinly veiled prejudice. Good riddance to that!

Christians should have strong convictions about child protection,<sup>2</sup> compassion for the marginalised,<sup>3</sup> injustice and hypocrisy.<sup>4</sup> Are we as passionate as Jesus on these issues today? It's hard to blame Jesus for behaviour that falls short of his teaching, but it's a good opportunity to explain why his followers are in need of grace.

But what does the Bible actually say about sexuality? Let's surprise our friends by our lack of prudery. After all, sex was God's idea. Point them to Proverbs 5:18-19 and Song of Songs to show that

the Bible celebrates a good gift from God, albeit in the right context.

Ultimately though, we don't want to celebrate the gifts but the giver, we want to talk about Jesus. A few years ago, a bank robber was asked why he robbed banks, and he gave a surprisingly frank answer: 'because that's where the money is!' We want to take our friends to where the gold is, and introduce them to Jesus. But we may need to clear some ground first.

## challenging misconceptions

### MYTH 1:

#### **only Christians are moralistic about sex**

Secularists sometimes talk as if only people of faith make moral judgments. But the question is not *whether* we put down boundaries but *where*. Is it OK to date a teacher or patient? Send a 'sex'? Have plastic surgery? Use pornography? Promote gender-neutral toilets? Have sex with animals or robots? Society has changed its boundaries massively, and will continue to do so:<sup>5</sup> what makes a secularist think we have got it right and not our parents or children?

### MYTH 2:

#### **the sexual revolution has been good for us**

The sexual revolution is often touted as a great success. This was the liberalisation of attitudes to sex, especially in the 1960s, promoting increased access to contraception and sexual equality. Christians may applaud parts of it, such as opportunities for women, but there have been many losers too. The hypersexualisation of society has led to pornography addictions, unwanted pressures on teenagers and women, body shaming, spiralling sexually transmitted infections and unwanted pregnancies and abortions. Even on its own terms, despite promising more and better sex,

we are having less sex than ever before,<sup>6</sup> and rates of sexual satisfaction are down.<sup>7</sup> More people are living alone than ever before.

Arguably, the most troubling is the fallout for the most vulnerable of all: children. The compelling evidence is that children raised by two biological parents in a stable marriage do better, on average, than children raised in other family structures. They enjoy 'better physical, cognitive, and emotional outcomes than children who are raised in other circumstances'.<sup>8</sup> For instance, the Millennial Cohort Study showed that 18.1% of children in stepfamilies had significant mental health problems, compared with 15% living with single parents and 6.6% living with both biological parents.<sup>9</sup>

Whilst cohabitation may be a happy arrangement for couples, consider the implications of these stats for children: of those who never married, 69% had broken up by the child's 15th birthday, compared with 54% who married after their first child, and 24% who were married before.<sup>10</sup> And the irony is that whilst liberal elites have foisted progressive agendas on the poorest and least educated in society, they have kept the benefits to themselves. As one journalist observed 'marriage has become a preserve of the rich' after a study showed that the wealthiest are 48% more likely to marry than the poorest.<sup>11</sup> Perhaps the privileged recognise the rewards of family values that puts education, work, marriage and childbearing in that order. But the thought leaders of society are not exactly helping others to do the same. You could call it hypocrisy, and a justice issue.

### **MYTH 3: the church has been universally harmful to women**

As always, we want to recommend Jesus as our role model, not the Victorian archetypes that usually get wheeled out in debates. He had a unique relationship with women. The author Dorothy L Sayers was impressed by his countercultural values for any age:

*'Perhaps it is no wonder that the women were first at the cradle and last at the cross. They had never known a man like this man - there never has been such another. A prophet and teacher who never nagged at them, never flattered or coaxed or patronised; who never made arch jokes about them, never treated them either as "The women, God help us!" or "The ladies, God bless them!"; who rebuked without querulousness and praised without condescension; and who took their questions and arguments seriously.'*<sup>12</sup>

We need to retell the story of the first and best sexual revolution that Jesus unleashed. It's no accident that the West offers the best opportunities for women today. It follows a long tradition created by the church 2,000 years ago. Women flocked to the church in the early centuries, because they were not forced into early marriages, abortions, infanticide, and were given property rights for the first time.<sup>13</sup> Ever since, the church has been working out the implications of the Bible's revolutionary teaching that in Christ 'there is neither Jew nor Gentile, neither slave nor free, nor is there male and female'.<sup>14</sup>

But immediately there'll be questions, such as:

- **marriage:** why is the church so anti-sex unless within marriage?
- **homosexuality:** why would God condemn loving same-sex couples?
- **transgender:** why is the Bible so binary about sexual identity?

It's hard to tackle all of these succinctly, and there are many good resources on each of these. But as with other thorny issues like suffering, they drive us back to scripture to a God we wouldn't have invented, who surprises and delights the seeker. Because behind these trap door questions is one helpful theological question: why does God seem so fanatical about marriage between male and female? That takes us right into the heart of God, and his invitation to us.



## introducing Jesus

The Bible opens with a marriage between two people, and ends with a marriage between himself and his people, the church. And inbetween 'the pages rustle with images of love, betrothal, sex and marriage'.

Perhaps there are four aspects of biblical marriage that we should communicate to friends. God's pattern for marriage reflects his own nature in being passionate, faithful, diverse and fruitful.

## passionate

It may sound a bit icky to mix the erotic and religious - God and gonads in the same sentence. But the Bible describes a God who is the great romantic, because he is a God of passionate love before he even created people to love. There

are countless references to God's desire for his people's affections, romantic love is the most common metaphor.<sup>15</sup> He doesn't merely want our dutiful obedience, but our passionate love. He is courting us:

*'As a bridegroom rejoices over his bride, so will your God rejoice over you.'*<sup>16</sup>

But what's the connection with our earthly passions? Ed Shaw makes this connection: *'as film directors put romantic scenes in their trailers to make us want to go to their movies, God has put sex on this planet to make us want to go to heaven'*.<sup>17</sup> So sexuality is so much more than a physical 'urge to merge'. It's a homing instinct, a compass pointing

to our need for intimacy with our creator. Our most intense fizzing romantic desires are just teasers, anticipating a more lasting union. But in the meantime, we will be frustrated if we look for our passions to be satisfied in anything other than Christ, because we were made for each other. As Augustine said: 'you have made us for yourself, and our hearts our restless till they find their rest in you'.<sup>18</sup> Any other desire will need to be rightly ordered, so as not to disappoint, until they bring us home:

*'These things - the beauty, the memory of our own past - are good images of what we really desire; but if they are mistaken for the thing itself they turn into dumb idols, breaking the hearts of their worshippers. For they are not the thing itself; they are only the scent of a flower we have not found, the echo of a tune we have not heard, news from a country we have never yet visited.'*<sup>19</sup>

Therefore, whilst the Bible is very positive about marriage, we are encouraged to put it in perspective as a temporary state, as Jesus encouraged us that a better one is coming.<sup>20</sup>

## faithful

*'Happy are those who have been invited to the wedding feast of the Lamb.'*<sup>21</sup>

What's the best wedding invite you've ever had? Who doesn't love the combination of glamour, top nosh, and the cheerful launch of a new family? Although it sounds strange, the most important and attractive personality in the universe offers us the best wedding invite ever.<sup>22</sup> Not of course as a guest but as the bride, the object of his attention.

But there is one aspect of weddings and marriage that we cannot ignore. We were made for faithful committed relationship. There are few sadder things than a short-lived marriage.<sup>23</sup> Marriage on earth is a foreshadowing of the union to come between Christ and the church,<sup>24</sup> and therefore profoundly symbolic of God's covenantal love, and what is to come. Therefore there is

something holy about sex, even when we don't treat it so ourselves.<sup>25</sup>

*'What a person desires is unailing love.'*<sup>26</sup>

Let's also tell our friends our stories, and why we personally trust the boundaries given by God. For all the facts we can spar with as medics, you can't 'outfact' a story. I was pleasantly cheered by a conversation with my registrar when I was a junior doctor. He was a gruff biker who bragged about kicking out the lights of a car that cut him up, and was a bit of a player with the nurses. He once asked me how my love life compared. I was tempted to change the subject, but I had a stab at explaining the Christian view on marriage. He paused and, to my amazement, grunted 'respect that'. We should have confidence that others have God-given conscience,<sup>27</sup> and the same God-given desire for faithful relationship.

## diverse

So our sexuality is not a trivial or accidental aspect of our human nature, because it points beyond itself to the source of all love and intimacy in eternity. It is such a fundamental dimension of how we are created, how we reflect the unity in diversity that is present within God himself:

*'So God created mankind in his own image, in the image of God he created them; male and female he created them.'*<sup>28</sup>

This high theology is not an easy sell in our culture, where our internal experiences and impulses are king. But if the self-giving, other regarding, passionate, faithful God of unity in diversity is the primary reality behind the universe, this may go some way to explaining the Bible's assertion that unity in diversity is central to marriage that honours the creation order. When we love someone who is 'other', we are aligning ourselves with the most basic reality of the universe, we are 'going with the grain' of creation.

That raises challenges for those who are same-sex attracted. But Sam Allberry points out that all of us have a problem with our orientation, fundamentally towards our creator. Our loves need reordering, whatever our sexuality.

## fruitful

*'God blessed them and said to them, "Be fruitful and increase in number; fill the earth."'*<sup>29</sup>

A few years ago a celebrity suggested that everyone should wear a condom for sex because 'the future of humanity depends on it'. Of course that would cause mass extinction! Perhaps it's easy to forget in our technological age that in the created order there is an intended link between sex and reproduction. Now we can have sex without babies (due to contraception) and babies without sex (due to assisted conception). But we were intended to be fruitful, literally by procreating in the context of loving committed relationship, reflecting God's creation in the context of his eternal loving committed relationship within the trinity. And it is in the context of marriage that new life erupts, and is most successfully nurtured into maturity.

## conclusion

Our sexuality is a reflection of the passionate, faithful God of abundant diversity in whose image we are made. Christians are likely to look out of step with our culture for a while. So we will need to learn to listen better to people who are different. But also re-emerge to tell the variety of stories of how Jesus has been known as good news for family life for centuries past, and for us personally today. In a world that is increasingly restless, we will need to live by example: that whether single or married, whatever our orientation or identity or past, that we live in delighted anticipation of the great union to come. Come Lord Jesus. ■

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### GENDER AND SEXUALITY

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## do no harm

Laurence Crutchlow explores a complex dilemma

**P**rimum non nocere. If like me you had no opportunity to learn Latin at school, you probably still recognise this phrase.

Translated 'first do no harm', it is usually attributed to Hippocrates, though the famous oath contains only an approximation to these words. It has been a consistent principle in medical ethics, today usually expressed as 'non-maleficence'. It often comes to mind when thinking about euthanasia or abortion, or decisions over risky treatments. So what relevance has it to sexual ethics?

### is sexuality relevant to medicine?

Sexuality often affects day-to-day medical work. This article focuses on one issue - prescribing hormones to patients with gender dysphoria. Though seemingly niche, it is likely to arise more frequently (we've already had queries from CMF members about it). Just as CMF is keen to encourage students to think practically about abortion or truth-telling, this is an area also worth consideration.

Problems with gender identity are not new, but normally have only involved the psychiatrist or specialist gender clinic. Discussing such difficulties has become more acceptable, meaning that virtually no doctor will avoid these questions. The 2010 Equality Act<sup>1</sup> names 'gender reassignment' as a protected characteristic, which may affect conscientious objection to gender reassignment treatments if such treatments are perceived as 'indirect discrimination' against transgender patients.<sup>2</sup> But might treatments harm our patients? Or could our attitudes be harmful if not carefully thought through?

### case scenario

You are an FY2 in general practice. Your next patient, registered as John, appears in the notes to be a fit 28-year-old man.<sup>3</sup> When he arrives, you are slightly thrown by his female appearance. All soon becomes clearer as the patient explains that he has been buying oral oestrogen online for the last nine



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## CRITERIA FOR ADOLESCENTS & ADULTS<sup>6</sup>

months, and has identified as female for some years. He is now having trouble obtaining supplies and would like a prescription on the NHS, which he believes he is legally entitled to after a discussion with friends online.

### *how do you respond?*

Step back from the situation and think about your own feelings and reaction. You will be inexperienced as a GP FY2, and probably haven't come across anything like this before. You may be worried that you've shown embarrassment or surprise when the patient didn't look quite as you expected on entering your room and, quite aside from any ethical concerns, you are likely to be clinically uncertain of the position.

'Ask your trainer/supervisor' will form an important part of your answer, but your own learning will be much better served if you think through a plan to discuss, rather than simply ask what to do.

### what about the patient?

Let's start with the patient. Before thinking about a diagnosis, consider John's feelings. It must have been very difficult to come to the doctor with this question, which is perhaps why he has done research online before consulting. It must be even trickier if he realises he is seeing someone quite junior. Whatever you actually do, you must take this into account, and ensure he feels listened to.

### is there a diagnosis?

What is his diagnosis? This is controversial. ICD10 (the diagnostic manual usually used in the UK and Europe in psychiatry) still describes 'Gender Identity Disorders'.<sup>4</sup> The definition under code F64 is:

*'A disorder characterised by a strong and persistent cross-gender identification (such as stating a desire to be the other sex or frequently*

In adolescents and adults gender dysphoria diagnosis involves a difference between one's experienced/expressed gender and assigned gender, *and significant distress or problems functioning*. It lasts at least six months and is shown by at least two of the following:

1. A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics
2. A strong desire to be rid of one's primary and/or secondary sex characteristics
3. A strong desire for the primary and/or secondary sex characteristics of the other gender
4. A strong desire to be of the other gender
5. A strong desire to be treated as the other gender
6. A strong conviction that one has the typical feelings and reactions of the other gender

*passing as the other sex) coupled with persistent discomfort with his or her sex (manifested in adults, for example, as a preoccupation with altering primary and secondary sex characteristics through hormonal manipulation or surgery).'*

However the phrase 'Gender Identity Disorder' has become controversial, as it implies that the cross-gender identification is abnormal or even pathological in and of itself. DSM-V (the psychiatric diagnostic manual most widely used in the USA) published in 2013, took a different approach, using the phrase 'Gender Dysphoria'. *Frontiers in Psychology* has a freely available review that describes the discussion leading to this.<sup>5</sup>

The DSM-V criteria are for adolescents and adults listed in the box above [the italics are mine].

The significant difference is clear. In the ICD10 definition, the fact of identifying as a different gender, and being uncomfortable with 'assigned' gender, is pathological in itself. In DSM, there must also be significant distress or problems functioning for this to be considered a disorder.

Even though the ICD10 is still the 'gold standard' in the UK, anecdotally 'gender dysphoria' has become the most commonly used term.

After you've asked more questions, it seems likely that John fits this definition. He has wanted to be a female for many years, and this is the second time that he has started taking oestrogen.

## referral and treatment

If you think John is suffering from gender dysphoria, who should treat him? It is probably well beyond your experience and may be new to your trainer as well. So ideally you would ask a specialist clinic to see him. A number do exist in the UK, but are not easy to access. Waiting lists have increased markedly. A Freedom of Information request by a prominent newspaper<sup>7</sup> led to a report detailing exponential increases in referrals in the past few years, with an average adult waiting time of around nine months. You make a referral, but what will you do about his hormones until he is seen at the clinic sometime next year?

It is unlikely that we will be able to credibly use safety alone as a reason not to prescribe.

Prescribing sex hormones *per se* isn't actually unusual in general practice. Oestrogen is widely used as part of contraceptive pills and in hormone replacement therapy. But prescribing oestrogen for gender reassignment isn't licensed (meaning that the prescriber takes full responsibility for any adverse effects), and has historically been the preserve of specialists - all very well when a patient can easily see one.

Long waits were one factor leading to controversial GMC guidance<sup>8</sup> suggesting that it is usually appropriate for GPs to prescribe while patients wait to see gender specialists. Given that GPs are very unlikely to have had much specific training in this area, there must be a risk of harm in such cases. The GMC suggests a one-hour online module to help GPs in this situation, but surely this is not adequate preparation for taking on a new and complex area of practice, and is unlikely to serve

these patients well. Most prescribing guidance rightly emphasises that prescribers should only prescribe (and so take responsibility for) medicines which they are fully competent in using.

## are hormone prescriptions harmful?

A 2015 summary<sup>9</sup> suggests that prescribing oestrogen in this situation increases thromboembolic risk. However these risks are also present with the combined contraceptive pill and hormone replacement therapy which are widely used, so will not normally stop doctors prescribing. There was no clear evidence of other risks, though the paper points out that there is very limited research to draw on currently.

Although we may logically see other possible harm from such prescribing (subsequent infertility, for example), we may not be able to support these with robust evidence. It is unlikely that we will be able to credibly use safety alone as a reason not to prescribe.

On the contrary side, a recent review suggests that there is some mental health benefit in such treatment, although acknowledges that the evidence is not unequivocal.<sup>10</sup>

Many Christians in the position of our hypothetical FY2 still feel very uneasy about issuing such a prescription. The remainder of this article will consider why that is the case, and whether we have any better alternative available.

## the Bible says...

This may not be such a straightforward area as abortion or euthanasia, where we are dealing with the taking of innocent human life. There is no single 'proof text' to which we can easily go to say that prescribing hormones is wrong in these cases.

But a look at the wider story of scripture and the place of gender within it may leave us with a distinct unease about such a prescription. God created humans male and female, and intended them to form families.<sup>11</sup> We may not be surprised that in a fallen world this pattern is distorted. Rarely this is through 'intersex' conditions such

as androgen insensitivity syndrome that lead to physical changes and initial confusion over biological gender. More often it is through a struggle with biological sex not matching perceived gender identity, and experiencing dysphoria.

Yet there is more to God's decision to create two sexes than this. Revelation 19:7 uses the image of a wedding to describe the union that is to come between Jesus and the church. When a man and woman join in marriage, they reflect that union.<sup>12</sup> A far fuller exposition of these things is found in Vaughan Roberts' *Transgender* (review on page 38).

At minimum, scripture gives us a sense that our gender is from God, and is important; being part of what illustrates the climax of salvation history to us here on earth. We will naturally be uneasy at interfering with what he has designed, though there may not be the same firmness as over the making and taking of life.

## is there a better way?

Providing oestrogen to John would deal with the immediate need that he perceives. Indeed it is probably safer that he uses a drug which is formulated properly, and known to be genuine. The current regulatory environment will make life very difficult for a doctor who does not prescribe, even though many without strong moral views on the subject might agree that it is no area for the generalist.

Those who cannot in all conscience issue a prescription may want to come to an arrangement with a colleague who could see these patients - which will be all the easier to do if we have already built good working relationships, though is not without its risks. Although it may feel good for us to 'keep our hands clean', the reality is that patients like John will obtain their hormones somewhere, even if not from us.

Whether we do or do not issue a prescription to this one patient will not in itself change society and its perceptions over gender issues, unless a large number of doctors do the same thing.

How might society change? The church has not

always intervened well in these areas. Conversations with friends who hold different views on sexuality are difficult as any mention of Christianity usually founders on past negative impressions.

Whatever we do about prescribing, we must be compassionate and caring in our response. But we need to look more widely than our individual consultation. Culture tells us that sexuality is important, which Christians can affirm. Yet whilst our culture sees sexuality as a defining characteristic of our identity and something that's up for grabs, Christians find their identity in Christ. Our culture agrees with us that sexuality is very important, but differs first by seeing it as something only important for the individual, and second by making it the most important thing of all. More broadly, we need to tell the story of sex and gender in the much better way that points to God's salvation plan.

Although we have only looked at one specific example here, I hope that we've seen how the interface between medicine and sexuality can be complex, harder than a simple 'yes' or 'no' answer, however pleasing. We need to think through not only what we will and will not do, but on how we will practice in a way that tells something of the better story we have to tell.

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# essentials how to study the Bible

Sarah Wright offers some hints and tips

**M**ost of us will have been to a Bible study at some point during our lives, but not all will have been shown how to study the Bible and discern what God is saying in it. Why should we study the Bible? Why it is so vital to our discipleship? And, above all, how do we actually do it?

## why study the Bible?

The Bible is an amazing book. Written over 1,500 years by 40 authors, it is astonishingly coherent in its message and purpose. This is because God was in control of the writing at all times. As Paul writes to Timothy 'All scripture is God-breathed...' 'If God is the ultimate author of the Bible, and we want to know more about him, shouldn't we study his 'autobiography'?

Studying the Bible allows us to discover what God says about himself and his plan for our lives. We learn how to be more Christ-like, and understand how God wants us to act towards ourselves, each other and the world. Trying to live for Jesus in this world without studying and following what the Bible is saying to us is useless. It's like trying to put together flat pack furniture without the instruction manual - you're unlikely to succeed!

Spending time with God individually is good and necessary for spiritual growth, but spending time reading and exploring the Bible together is equally helpful. We can share thoughts and ideas, questions and concerns, challenges and encouragements. Studying together, we strengthen our friendships,



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support each other through hard times and, most importantly, encourage each other in our journey of faith - 'faith comes by hearing, and hearing by the word of God'.<sup>2</sup>

Without discussing and exploring God's Word together, we can become confused and not understand what God is saying. Peter notes that Paul's letters 'contain some things that are hard to understand, which ignorant and unstable people distort, as they do other scriptures, to their own destruction'.<sup>3</sup> Group study not only encourages us in our faith, but can prevent us from unintentionally distorting scriptures through misunderstanding their meaning and purpose.

Such discernment can be particularly important in questions of medical ethics. You will find no direct mention of genetic modification or three person embryos in the Bible. However, through examining the Bible's view on humanity and creation, we can discuss and form biblical views on these subjects together.

## how should we study?

The first step to exploring the Bible is to pray. Prayer is so important to day-to-day life, but especially when we are reading God's Word. Asking for God's guidance and wisdom is the perfect place to start when exploring what God is saying and looking to deepen our faith in, and relationship with, Jesus. As Paul writes, 'I keep asking that the God of our Lord Jesus Christ, the glorious Father, may give you the Spirit of wisdom and revelation, so that you may know him better.'<sup>4</sup> We are also called 'by prayer and petition... [to] present our requests to God',<sup>5</sup> including requests for wisdom and guidance in sharing his word together.

There are three questions we need to ask when looking at a Bible passage, whether a single verse, chapter or an entire book!

The first is 'what does it say?' This is as simple as it appears - what does the verse, chapter or

book literally say to us? At this stage, no interpretation or thoughts are needed, just a straightforward statement of what it says.

We need to 'observe' the passage, much as we observe a patient. Read the passage multiple times to get a feel for the text, how the words flow, and identify any initial thoughts or ideas. While reading look out for unusual or repeated words or phrases, any surprises or common themes, and anything that you don't understand. It is often useful to have a notebook to jot down any of these observations so that you can look at them afterwards.

Find out not only who the writer is, but who is speaking at a particular point in the text. This is particularly important in books like Job, where there are long passages spoken by Job's companions. Once you have observed the passage from a distance, it is time to explore the structure of the passage - best done while ignoring the chapter and verse markings. Is the passage part of a longer section, or is it a defined section of the book? Has the writer created separate sentences, or a long single thought stream? What type of writing is it? Is it poetry? Historical? Allegory? Imagery?

Second, 'what does it mean?' Identifying structure and context of the passage often leads us to the interpretation. Should it be taken literally or is there an alternative meaning? What would it have meant to the original audience? What would you have thought if you were in a church meeting in Ephesus, hearing Paul's letter read at the front of the meeting?

This (and not before) is the point to read commentaries and articles to explore the passage further and see what other people have thought about the passage you are studying. This might be formal commentaries or Bible study notes, and both are equally helpful in exploring alternative ideas or meanings. Resist the temptation to skip straight to this point, as you will miss a significant learning opportunity if you do.

Jeremiah 29:11

“For I know the plans I have for you,” declares the Lord, “plans to prosper you, and not to harm you, plans to give you a hope and a future.”

	READING IN ACTUAL CONTEXT	READING OUT OF CONTEXT
WHAT DOES IT SAY?	God has a plan for Israel in exile that will give them hope and not cause them harm.	God has a plan for us that will give us hope and not cause us harm.
WHAT DID IT MEAN THEN?	God knows what will happen to Israel, and that his plan will be good for them. They have not been abandoned by God during the exile.	It means that God knows what our life will hold, and knows that we will not come to harm on the path he has set down before us.
WHAT DOES IT MEAN NOW?	<p>We see that God keeps his promises. He did bring Israel back to Jerusalem.</p> <p>We may infer that he is also alongside the church in her 'exile' on earth, and will keep his promise to unite her with Christ in his kingdom.</p>	We can trust in God's goodness and love towards us, and that he protects us and gives hope for the future.

This verse is often quoted to encourage and inspire us when life is hard, but as such is often taken out of context. Looking at the right hand side answers above, the passage is inspiring, and the conclusion seems true (compare it with Romans 8:28). But seeing Jeremiah 29 as a whole, we see God is speaking to Israel as a nation, during the exile. By applying this verse mainly to ourselves as individuals we miss out on the message that God's plan for us as a whole is good, and to be trusted. He has plans for us not only individually, but as a whole - to be the body of Christ in this world.

Only after this can we be equipped to answer question three - 'what does it mean to us today?' Does the passage say something that clearly applies in all times and all places, or does today's context affect it? How does the meaning affect our modern lives and behaviours? We are used to this kind of thought process when dealing with sections about Old Testament sacrifices, but often forget to go through this stage when reading Paul or Peter's letters.

Then we move to apply it to our life. If the passage we are looking at says to be joyful always, how does that impact our day-to-day activities? Maybe it means we should grin and laugh at everything all day everyday, or maybe it means we should find something to be joyful in every day

but not necessarily joyful when our patient has just died? By looking at our life and individual situation we can identify how the message of the passage can alter our outlook and actions in this world.

### conclusion

Studying the Bible is an integral part of our journey of faith, and studying together can be a good way of sharing thoughts and ideas about what God is saying to us through his Word. The Bible should impact on our lives, but we can only find God's message and purpose for us through exploring the Word of God by prayer, observation and application. ■

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## mentor maladies

### **How do I react to an unsympathetic, unhelpful or even bullying mentor on placement? (Question posed by a first year nursing student.)**

First off, it's important you have support and some frame of reference from someone else, probably a peer in the same department, so that you can make sure your perception is right and decide if you have a genuine problem. Having external support from a friend, trusted colleague or personal tutor will also help if you're not getting enough support and encouragement on the placement itself.

Give the relationship a good go, everyone has their off day or week, and some relationships need a bit of extra grace and time. You could encourage things along by discussing your needs, your required learning outcomes and competencies for that placement and asking your mentor to plan for it together. It might help focus them! Try where possible to talk through the problem with your mentor - they may not always realise the impact their behaviour is having on you. Keep a written record of what was said, in case the problem doesn't go away.

If the situation doesn't improve and you feel you're not learning and being given opportunity to acquire key skills, and so can't meet your placement competencies, explore the option of changing mentor with the ward manager or whoever is responsible for organising the mentor.

Unfortunately a few mentees I've met have felt bullied by their mentor, and it's a real confidence knock, often at a vulnerable time. Issues constituting bullying may include being

consistently rude to the student, not being truthful about the student and their abilities or deliberately not signing placement documents.

In these cases, you should speak to the ward sister and your personal tutor. *The Student Nurse Handbook* has a helpful chapter on mentors, in which it says, even as a student nurse, you may have to 'whistleblow' if you feel something or someone is wrong.<sup>1</sup>

The RCN has a guide for nursing students, *Dealing with bullying and harassment*, in which they suggest you keep a written record of incidents with dates and location, nature of incident, your response and feelings at the time, whether you took any action and what, and the names of any witnesses.<sup>2</sup> This can be therapeutic for you, and can help clarify exactly what's happening. If you decide later on to make a formal complaint, this diary of events will also provide vital evidence.

Having an unsupportive or bullying mentor can cause anxiety, self-doubt or a lack of confidence, all of which are valid reactions. Find one or two trusted Christian friends to pray with you and encourage you, and help you turn to the Lord for strength and affirmation through this experience.

*For I am the LORD your God who takes hold of your right hand and says to you, Do not fear; I will help you.* Isaiah 41:13 ■

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regular features

# 'out-there' & 'in-here' leadership

John Greenall continues our leadership series





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In the first of this series,<sup>1</sup> we noted that leadership is an increasingly popular concept in our professional context. We also saw that as Christians we are all called to leadership in the healthcare sphere. But what might this look like?

Whilst there are many ways to think about leadership as Christian healthcare professionals, one way is to divide it into four roles as follows (my thanks to Professor John Wyatt for these categories):

- 1. movement (or organisational) leaders.** These are the designated leaders of local, national and international Christian healthcare groups. They provide strategic vision for the movement and develop organisational structures to ensure that this vision is communicated clearly and ultimately accomplished.
- 2. thought leaders.** These provide intellectual and theological leadership by developing and communicating an understanding of the contemporary secular world, especially its threats and opportunities, by developing and communicating authentic and relevant Christian responses, and by engaging in defending and promoting Christian values with secular organisations, media and governments.
- 3. medical/political leaders.** These take on official leadership and managerial roles within the secular medical establishment, including medico-political activities, and use their position and influence for Christ in a secular context.
- 4. medical specialty leaders.** These develop national and international leadership in a specific medical specialty, influencing the development of the specialty, providing specialist expertise on practical and ethical issues, and providing advice and mentorship for junior trainees within the same specialty.

Do any of the above make you think 'that sounds a bit like me'? Well, at CMF we want to help develop leaders in these areas from the very early student years. It is possible you will be more than one of the above, either concurrently or at different stages of your career.

But before we look any deeper into these roles, it is worth considering that there are two important aspects to grasp in each role.

### 'out-there' leadership

Firstly, all four of these roles are aimed at influencing society for good. Each one might involve being a voice in the public square, influencing policy, or as the Bible might put it, being 'salt and light'.<sup>2</sup>

History tells us that Christians in healthcare have had tremendous influence over the centuries in all four roles. Medical specialty leaders like Thomas Sydenham and William Osler and nurses like Elizabeth Fry changed the face of medicine and nursing, benefitting millions.

Medico-political leaders like Thomas Barnardo challenged the institutions and politics of their day to change the social and institutional landscape of their (and still our) day. Nowadays members of CMF have been at the forefront of challenging attempts to change the law on assisted suicide, and many play an active role in the British Medical Association both locally and nationally. Movement leaders like Douglas Johnson founded CMF and a collaboration of medics founded the International Christian Medical and Dental Association (ICMDA)<sup>3</sup> as recently as the middle of the last century. Thought leaders like John Wyatt and Peter Saunders profoundly shape the Christian response to issues of our day through their speaking and writing in particular.<sup>4</sup>

Whilst it may seem an overwhelming, uphill task in what can often seem a dark and decaying society, we can take heart, because it only takes a

small beam of light to penetrate the darkness and a small amount of salt to flavour a meal. We are called to be those who take 'out-there' leadership seriously even though it may cost us our reputation or even our career.

The alternative is to keep your head down and 'go with the flow', but you will have missed an opportunity to 'let your light shine before others in such a way that they may see your good deeds, and glorify your Father in heaven'.<sup>5</sup>

### 'in-here' leadership

That said, we are living in a post-Christian context. For example, by 2020 it is estimated that church attendance in England will be 4.1%.<sup>6</sup> Evangelical Christians are very much a minority group, our society is aggressive in its attacks on Christian values and we can't assume that we are going to have a prominent voice in the public square for much longer.

Whilst we are called to influence culture, the medico-political sphere, or our specialties, history tells us that we mustn't neglect the task of fortifying the faith of those who profess faith in our communities; the task of 'in-here' leadership.

When Israel was in Babylon in exile, great importance was placed on preserving the beliefs of the community.<sup>7</sup> The prophet Ezekiel reminds them of God's character and plans in 36:22-23: *'This is what the Sovereign LORD says: It is not for your sake, people of Israel, that I am going to do these things, but for the sake of my holy name, which you have profaned among the nations where you have gone. I will show the holiness of my great name, which has been profaned among the nations, the name you have profaned among them. Then the nations will know that I am the LORD, declares the Sovereign LORD, when I am proved holy through you before their eyes'*. Brother Andrew,<sup>8</sup> known as 'God's smuggler', was inspired by Revelation 3:2 to *'Wake Up! Strengthen what remains and is about to die'*. This led him to smuggle Bibles to Christians behind the Iron Curtain. As Christians were strengthened in their faith, the foundations were laid for the church

### QUESTIONS TO PONDER

- Which of the four leadership roles do you most identify with? Which gets you thinking 'that might be me'?
- What are the challenges to 'out-there' leadership in your preferred role? Have you counted both the tremendous benefit as well as the potential cost of such leadership?
- How might you be doing 'in-here' leadership already, perhaps without even noticing? How might you do this even more?

to flourish against all odds when, in many cases, freedom of religion was re-instated.

We need to preserve confidence in our faith as applied to medicine, sustaining our beliefs in our small (sometimes tiny) communities. We need to be disciples with deep roots who can withstand the anti-biblical cultural tsunami of our time. In each of the four roles we need leaders who can speak to Christian students, to nurture what we believe and firm up convictions that God's Word is true, that God's story is *the* story that offers a more compelling, satisfying and true account of 'life in all its fullness'.<sup>9</sup>

Of course, much 'out-there' leadership sets an example to others, and so also functions as leadership 'in-here', whilst 'in-here' leadership can raise up those who lead 'out-there'; they are not mutually exclusive.

As current and future leaders, let's take the call to 'out-there' and 'in-here' leadership seriously. =

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# be prepared - compassion

Chris Damant issues a call to arms



Chris Damant is a junior doctor in London

Compassion and resilience are odd companions. They don't obviously go together. But my experience is exactly that. I need to be resilient in order to remain compassionate while working in the NHS.

When people start out in their medical, nursing or midwifery careers, their levels of compassion tend to be higher than average. But this then nose-dives during their training.<sup>1</sup> Bizarrely, it is especially during clinical training that this happens. How could that be? Future doctors and nurses become less compassionate when they start seeing patients for the first time. I remember this happening to me as well as many of my peers.

Possible reasons include exams, stress and busyness. But there is also a lack of role models. We copy those around us as we learn. With many in the NHS under pressure already, it is not surprising that they are now cynical, not to mention the fallout from the recent prolonged junior doctors' dispute. Many of course remain incredibly compassionate, but it is also more common to see staff acting harshly towards vulnerable patients, even if those staff are normally well-motivated.

But this is not what we are called to be like. Our Heavenly Father is the Father of compassion.<sup>2</sup> He has comforted us in our sorrows so that we can comfort others in theirs.<sup>3</sup> This isn't to gain God's favour, but out of response to his grace - not only has he comforted us but he has also reconciled us to him.<sup>4</sup> As those who have been dearly loved, we can go on to love others.

So, we have a high calling and know it's going to be difficult to follow. How should we proceed? First, we need to be dependent on the Lord. You can't buck the trend away from compassion just by stoically trying to be compassionate. You need the Lord's help. So, pray to him and trust that by his Spirit you will be empowered.

Second, pay particular attention to those who are often overlooked. Vulnerable groups include the



elderly, those with dementia, the unborn and those with mental health issues. So when you are seeing a patient with borderline personality disorder who is a repeat attender, don't gossip or be cynical, but treat them with compassion like anyone else.

Third, talk to your colleagues. See if they share your concerns about a lack of compassion in your workplace. No matter your beliefs, it is simply inhumane to respond without compassion to distressing situations. How can you support each other better? Do you need to share the workload or burdens better?

Finally, practise treating people as humans. Sounds odd, but it is actually a bizarre thing to refer to people by their diseases. Similarly, talking to families about their dying relative is not an arduous task but an honour. Don't ignore a patient's cry for help just because they have dementia until you've checked they're OK. And remember, it's OK to cry occasionally - this is real life, with real people and real suffering.

This is the Lord's work; it won't be easy but it's a joy to work for him in showing compassion to people at their most vulnerable. ■

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# conference report

Esther Chevassut reports on the 2017 CMF Student Conference

*If we are thrown into the blazing furnace, the God we serve is able to deliver us from it, and he will deliver us from Your Majesty's hand. But even if he does not, we want you to know, Your Majesty, that we will not serve your gods or worship the image of gold you have set up.*

Daniel 3:17-18

**Y**arnfield Park saw a record 500 medical and nursing students unite to be challenged by this example of faith in the book of Daniel.

After long journeys from universities far and wide, and a hearty dinner, we gathered for our first main meeting. We were introduced to John Lennox - Oxford Mathematics professor, apologetics lecturer, author and renowned multilingual debater - our gift and main speaker for the weekend. He helpfully and honestly shared some of his experiences, recounting the pressure from his professors when he was a student to 'get rid of this God stuff - it will hold you back academically'. However, Lennox challenged and encouraged us that we, like Daniel, can stand firm in Christ despite opposition and the pressures of secular society.

If deeply rooted in Christ it is possible to live in the world whilst not conforming to it.

Over three talks during the weekend, Lennox exposed questions Daniel raises - language, authenticity, organisation, history, values, identity and image. There are many parallels between living as a Christian today and Daniel and his friends living in exile - out of their comfort zone and out of their culture in idolatrous Babylon. We face the same challenges of asking whether God is behind global and personal history and the world that treats things of absolute value as relative.



We can learn from these young students whose faith wasn't eroded under pressure; if deeply rooted in Christ it is possible to live in the world whilst not conforming to it.

Alongside digesting these big challenges in the main sessions, we were spoilt with a choice of four seminars out of 18 wide-ranging topics. Brilliant speakers shared their wisdom, insights and experience, bringing Christian perspectives to light on medical careers, mission, gender dysphoria, embryonic ethics, psychosis and evangelism, to name a few.





Esther Chevassut is a nursing student in Southampton and NSC nurses representative



Free time activities included a walk, a jungle speed competition, watching rugby, playing football and the opportunity to tease out a few more of John Lennox's pearls of wisdom during a Q&A session. A Saturday evening favourite, led by some of our wonderful Scottish representatives, was a fantastic 'techno ceilidh' - organised chaos or skillful dancing, depending on where you witnessed it from!

Meeting others from the Wessex area on the Sunday was a great time to discuss ways we can further Connect & Grow, Speak & Serve together in our region and how we can pray for one another. It was a true joy and privilege being with brothers and sisters in Christ from all over the UK (and further afield) on the brink of our careers in healthcare. We finished the weekend by sharing communion before returning home, better equipped to face the challenges ahead. ▀

## LESSONS FROM LENNOX

Polytheistic and multicultural Babylon would have been a great change from Jerusalem when Daniel arrived. Changes in culture we experience are rarely as drastic. Yet, we can learn from the way that Daniel stood fast in his beliefs and practice, whilst the surrounding worldview and culture, and even his name, changed. We won't always stay within our own bubble, but should stay firm in our beliefs when we leave it.

Names are really important - for us today, it's the first thing we say when we meet someone - they are a big part of who we are. In the Bible, names are even more important, often having a significant meaning, and name changes are key - think of Abram to Abraham, or Saul to Paul. Daniel, Hananiah, Mishael and Azariah have just been carted off to Babylon, and a prompt name change takes place, with their new names bearing no reference to God. Their names, which previously bore witness to their religion and their God, are now sanitised and no different from anyone else.

In chapter two, a colossal statue is struck by a stone and crumbles to nothing. Imagine Daniel explaining to Nebuchadnezzar that his kingdom will not last forever, that his rule is not without limit! No matter how strong or how powerful an empire seems, no earthly kingdom will last eternally. The messianic kingdom will not come out of a political system, but comes crashing in from outside our world.

# first times, not last times

Chris Borges da Silva reflects on the 2017 SYD Conference



Chris Borges da Silva is a CMF Deep:ER volunteer in London

**T**his is the first time I've ever seen snow.'

The Sydenham Conference 2017 (SYD) had many 'first time' moments. For some it was the jammie dodgers at tea, for others it was the

warmth of the British sun. Whatever it was, sharing moments together was a blessing.

International medical students spent the week being equipped for Christian leadership in their unique context. This culminated in attendance at the CMF Student Conference, where learning was consolidated and partnerships made, before departing home. SYD saw 19 attendees from 18 different countries at varying stages of training in medicine, drawn together by one gospel, for one mission. The programme was rich in Bible teaching from Paul's second letter to Timothy, interactive seminars from topics like evangelism to medicine in resource-poor countries, as well as fellowship on tours of Cambridge and London.

Organising this conference with help from previous organisers, fellow volunteers and invaluable links with ICMDA and IFES reminded me of God's global plan for the world - the gospel of Jesus Christ is for all cultures, nations and people groups. Before the first day arrived there were moments of sadness and of joy as visa applications were rejected and accepted, flights were booked (some as late as the day before!) and accommodation confirmed. This left us very grateful for the team of internationals that would journey to the British Isles.

I don't count myself a slick administrator. I could even go as far as saying I strongly dislike admin! However, I'm glad I took on the challenge of organising SYD with the support of CMF as I have



grown in ways I never thought I would.

One of the many highlights of the conference was the communal prayer each day. We would come together at the CMF office, led by delegates from a different country each time, and pray together for specific requests on the hearts of those representing their country. Praying together for different countries, as a physical representation of the body of Christ, reminded me of the power of Jesus and the global transformative work of the gospel. I got a small glimpse of heaven as we lived in togetherness, different but united.

As the week progressed, we shared excellent meals, God-glorifying songs, the London hostel-living experience and the uncertainty of London weather. But most of all we got to share our lives. The SYD conference provided a little window into how God is building his kingdom in and through healthcare training and provision. It left me encouraged to continue taking opportunities to foster unity and grow in the truth of the gospel. Further solidifying in my mind Jesus' words as he prayed to the Father in chapter 17 of John's gospel, *'All mine are yours, and yours are mine, and I am glorified in them.'* ■

Could you help organise this great conference next year or the year after? Contact CMF about next year's Deep:ER programme.

# a day in the life

Chris Richards talks to *Nucleus*



Chris Richards is a Consultant Paediatrician in Newcastle

## **Why did you choose to be a paediatrician?**

Since my student days (and before my conversion as an SHO), I have been attracted to the medical care of children. I appreciated, and still do, the generally caring atmosphere of the paediatric wards, the variety of clinical work and the three way communication between parent, child and myself.

## **Have you ever come into conflict in the workplace for being a Christian?**

I have been called to account by my Trust for my Christian attitude and actions on a number of occasions for witnessing to patients, intervening in a proposed abortion and for advocating smacking. It has been a discipline for me to learn to submit to my 'masters' even when they reject biblical principles,<sup>1</sup> whilst remaining faithful to my responsibilities before God.

## **Do you have any other roles?**

In my job, I have seen many disastrous consequences on young people from broken families and sexual immorality. In 2003 this led me to set up 'Lovewise',<sup>2</sup> an organisation that produces teaching material and gives presentations to encourage young people to honour God in their relationships and explains the importance of marriage. How great is the need! How many find themselves confused, tempted and morally directionless in this area, even some attending evangelical churches.

I am also director of a pregnancy centre in Newcastle that provides advice and the opportunity for an early ultrasound scan for women with a crisis pregnancy. Many women rush into having an abortion under pressure from partners, relatives and medical staff, and ignorant of the tiny life inside them. Seeing their child on ultrasound often has a big impact on them and their decision (the heartbeat is visible from about four weeks after conception).<sup>3</sup>

However, right now my most immediately demanding role is as father of six lovely but sinful children under eight at an age (56) when some are retiring. Wonderfully supported by my wife, Alison, the combination of regular spiritual nurture and discipline, and keeping them fed, clothed and 'nappied' is a constant, prayer-stirring challenge.

## **Do you have any observations or advice for young Christian medics in a sex-obsessed world?**

- Sex is one of today's great spiritual battlefields for young people. Satan delights in using sex to undermine our faith, and destroy churches, marriages and future 'godly seed'.
- Your challenge is to remain 'unspotted from the world'<sup>4</sup> when temptations are all around. Remember sex is holy - with every thought, word and deed God's glory and your wellbeing are at stake.
- Trust that the Lord 'will provide all your needs'<sup>5</sup> in this area, and that his commandment to keep all sexual activity for marriage is full of his wisdom.
- Avoid the poison of pornography at all costs, by which many, who seem strong, have fallen disastrously.<sup>6</sup>
- The best context to meet a spouse is in a faithful church sharing in the Lord's service with the wise oversight of your church and, if possible, believing biological family. ■

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# local groups

Kerry Patterson reports on the Queen's University Belfast CMF 'Weekendlet'



Kerry Patterson is a medical student at Queen's University Belfast

In early March 2017, Queen's University Belfast (QUB) CMF organised a 'Weekendlet' - a night away followed by a day conference. This was a great opportunity to come together for fun, fellowship and teaching, and was a way for students in different years to get to know each other better.

Friday night kicked off with vast amounts of Chinese food followed by some very competitive team games, including chubby bunnies and the cereal box challenge.

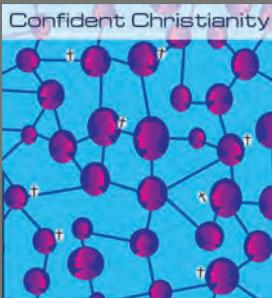
On Saturday we did the Confident Christianity course - a CMF resource that I would highly recommend.' Chris Borges da Silva, a Deep:ER volunteer, and local GP Tim Lewis led the day, which was split into three sessions. We revisited the foundations of our faith, and looked at how best to share the gospel in a way that others understand. A highlight was getting a chance to practise OSCEs (faith related rather than medical!). First, we split into groups to discuss common but difficult questions of faith, from 'Will a good moral life get me into heaven?' to 'Is Christ the only way to God?' We then got to roleplay these scenarios, and think through answers to these questions.

This was a fantastic course that encouraged us to share the gospel with those around us. From praying before ward rounds to organising dinners with our friends, we were challenged to take the opportunity and start the conversation, then to have faith that God will do the rest. ■



REF

1. For more details see: [www.cmf.org.uk/resources/publications/confident-christianity](http://www.cmf.org.uk/resources/publications/confident-christianity)



**Confident Christianity** is CMF's one-day evangelism training course. A typical day starts with a look at where our friends are coming from, and at God's sovereignty in what we do. There is a chance to practice sharing the gospel with a friend, and time to look at both the content and style of a gospel presentation. Most interesting is usually the chance to practice answering some of the difficult questions that may be thrown at us - both long-standing issues such as suffering and reliability of scripture, and more contemporary problems around sexuality or the character of God in the Old Testament. If you would like to run a Confident Christianity course in your area, please get in touch with CMF.

# my trip to... Belarus

Ella Chadwick reports on her InterMEDicus trip



Ella Chadwick is a nursing student in Oxford

**D**uring sunny August 2016 two other students and I travelled to Belarus to attend the annual InterMEDicus camp. InterMEDicus was established to support medical and nursing students, doctors and healthcare professionals in both their professions and faith. With around 100 like-minded attendees from nine different countries, we spent the week thinking more about medical ethics, challenging each other in our faith and expanding our insight into Eastern European culture.

A typical day, in true Belarussian style, began with copious amounts of porridge. We joined in worship and listened to a talk; a typical subject was how healthcare professionals can go the extra mile to be a witness for God to our patients and colleagues. After the talk we would then split into small groups to discuss what we had learnt and encourage one another in applying this to our particular area of medicine.

Two seminars daily focused on Christian and medical topics, led by professionals in diverse specialties from many different countries. Topics included managing stress, prioritising God in our profession, the spiritual aspects of epilepsy and ethical issues related to contraception and addictions. I particularly enjoyed Dr Rick Paul, a Dutch thoracic surgeon, expounding his expertise on the acute abdomen and how Christian doctors can advocate God's love by taking the time to speak to patients personally throughout a lengthy recovery. This really spoke to me as in many countries doctors are well-respected yet have very busy jobs and therefore if they are seen to go out of their way to continually check up on a patient, this can really demonstrate Christian humility and witness of a



servant heart and love beyond patients' expectations.

Afternoons involved trips to the lake, volleyball and developing friendships through sharing our love for Jesus Christ. Challenges faced by doctors across different countries vary. In Belarus doctors earn an average of \$200 a month, despite length of training being similar to that in the UK. In some Eastern European countries doctors experience pressure to accept bribes and deceive patients into choosing more expensive, unnecessary treatment. This was most shocking to me and highlighted how fortunate we are in the UK to have a more 'just' healthcare system.

Each national team prepared a cultural night to educate us further about their country. These often involved singing songs about their country, presentation of national achievements and landmarks and demonstrating national dances. On international evening, with the theme of Eurovision, we took this opportunity to share the fundamental mission of CMF and educate other countries on the talent of British 1990s hip-hop dancing.

Our trip really encouraged us in proclaiming God's Word within our roles. I felt God teaching me of the privilege I've been given to care for individuals at such a vulnerable time in their lives and how we can demonstrate the love God has for us in our work.

I would encourage any CMF member to join a summer team in 2017 and be praying for our fellow Christian medical and nursing students across the globe; that they and we might above all things put on love, the perfect bond of unity.<sup>1</sup> ■

# crossing cultures

Jenny Bryden discusses child protection without children's services

**Y**ou've almost certainly been lectured on child protection: warning signs and reporting procedures. Our textbooks usually stop after social services are called; well-trained professionals and a care system take over. In a low-resource setting, social services may not exist, with large children's homes the only care options.

In the West, the child's welfare is the obvious top priority; outside it's often the family's wellbeing and survival. The problem is clearest with sexual abuse. In the UK, any mother whose child accuses a relative is morally right to call the police. The shame and repercussions on the adults around them are necessary evils, what matters is protecting the vulnerable, innocent child.

In a low-resource setting, it's a lot more complex. With no welfare systems, social shame can threaten a family's physical survival. In the UK, our society focuses on guilt: what matters is that what you've done is bad. You might feel shame at something done to you, or by your family but support groups and professionals seek to help you past that. Society in much of the world focuses on shame that can attach to a victim and a family.

So imagine a mother whose child discloses incest. In some low-resource settings, the mother's greatest fear will be others finding out. This can be intensely realistic. If others know then the whole family is shamed. Not only will no one marry this girl, but the whole extended family's prospects will suffer. This isn't only in marriage, in a society where jobs come through personal connections, who'd give them to someone from a family who've been shamed? Suddenly it's the child who

threatens the family's survival, not an abuser who can be trusted to keep quiet.

Now suppose you're the one who's diagnosed an STI in a child. If the family can't or won't protect them, do you have anything better to offer? Maybe a nearby NGO runs a home, but what happens to the young people when they leave? Society works around family units, they're how you access relationships, food, jobs and marriage. With no social welfare, a girl without a family may have limited chances: a boy only slightly better.

## so what do you do?

Get senior help. These situations need it regardless of the setting. Talk to long-term and local staff: they'll know the likely pitfalls, and any local child protection services and NGOs. In some areas, you need to consider the risk of an honour killing, in others, police involvement may endanger the child.

Where there's no child protection services, sometimes the medical team you work with will be comfortable calling in the family and discussing how to keep the child safe. Maybe there's a locally respected NGO whose involvement doesn't bring stigma. In the worst case scenarios, sometimes all you can do is to find a supportive adult, ask them to build a relationship with the child, pray for them and keep telling them that the abuse is not their fault. ■

## HELPFUL RESOURCES

- International Rescue Committee. *Caring for Child Survivors of Sexual Abuse: Guiding Principles and Key Issues*. UNICEF; 2012:87-104 [uni.cf/2p2ErTY](http://uni.cf/2p2ErTY)
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# these little ones

Jenny Bryden describes family life in one part of Eastern Europe



Jenny Bryden is an ST5 in Psychiatry. She's worked with PRIME in Eastern Europe, Nepal and Papua New Guinea



It's cold upstairs at the street kids' centre and I shiver in my jumper. The children sit in thin tops, thoroughly injured. I'm doing coping techniques with the eight and nine-year-olds.

Breathing techniques, superheroes and bits of soft cloth have all gone well. Now we're making pictures of a magical safe place where everything is perfect. In the centre, two boys place a working lightbulb.

To get a place here, kids need to be neglected, abused and exploited. The centre can't stretch to all the child beggars, or all the kids who're roaming around, hungry. They simply grow up as best they can, alone.

The children are 'Egyptianes', visibly different from the community around them and generally despised. No one would give work to an Egyptian: 'everyone knows' they only beg and steal. For generations, they're left as the only career options.

In psychiatry, we talk about 'secondary deviance': the effect society's rejection has on you. In this community, girls are often forced to marry at twelve or 13. The legal age is 18 but the state doesn't care. Those 13-year-old mums were themselves brought up by mums who married by 13 and survived the same domestic violence the current mums do now. Predictably, many adults here have alcohol problems.

The kids live with their families in derelict squats.

Few attend school: their families rely on the money they get begging and being the class 'Egyptiane' isn't fun.

Social workers and police assume that these kids lie. Fostering doesn't happen here and there's a shortage of places in children's homes. Maybe that's why officials ignore kids who've been beaten unconscious, who're hungry and cold. Maybe, knowing the nature of so many large homes, they reckon it's better being abused within your family than within a children's home.

How do you bring hope in situations like this?

The centre is doing the most important thing: giving children an experience of reliable love and care. By caring, they're teaching the next generation to parent. By caring, they're showing them God.

And what can you do as a foreign doctor?

First do no harm. I'm trained in trauma therapies but can't use them here. You need to be safe before therapy can happen: these wee souls need all of their defences.

Second, accept that your role is supportive. The steady love and care from centre staff is so much more important than anything I bring. Nothing I do here will last if it's not taken on by staff. I need to bring teaching so they understand the problems, and leave techniques that they can use themselves. That means building long-term relationships, being available for problems and learning what they need.

Encouragement is vital. Caught between an unresponsive system and their care for the children, I don't get how they manage to stay sane. Being involved means they know there are people elsewhere who care about them and their work, acknowledging the importance of what they do and how well they're managing a hard situation. Here, in the darkness, they're demonstrating Christ. ■

## counterparts - Malawi

when all the time seems gone

I remember walking through the dimly lit corridors. The ward was full. The *chitenjes* (multicoloured cloths) wrapped around the patients as their caretakers' eyes swung back and forth. The sound of children's cries echoed through the cemented room as the warden and nursing sisters distributed the medication. The scorching November sun was unrelenting. My 'to-do' list seemed to add to itself as little tasks snuck their way into my pint-sized pocket book. I thought about my week: early mornings, late nights and little time to myself. With piles to read and syndromes to memorise, I could feel the exhaustion of my mind tug mercilessly on me. The heaps on my plate weren't getting any smaller.

### 'Finding time' seems to be a far-fetched task. Yet, with little surprise, Jesus proves my thoughts otherwise.

We often get confronted with burnout. Seldom do we recognise its tentacles slowly wrapping around our lives as each moment and each day thrusts us deeper and deeper into tiredness. Being a medical student has taught me the art of 'time martyrdom'. Our days and weeks often consist of patient care, problem lists, and follow-ups. If it's not scheduling reading tasks or counting down the days before exams, we longingly envisage a good night's rest with no alarm clock.

Yet, this is not all that is required of us. What about our friends and families? What about our other dreams and ambitions? What about God? By the end of the day, week and month we stumble across the lingering hollowness and sheer exhaustion that seems to latch faithfully onto our every move. I often wrestle with the responsibilities I have as a student, juggling between the roles of a son, friend and student. 'Finding time' seems to be



Gareth Lipunga a medical student in Malawi



a far-fetched task. Yet, with little surprise, Jesus proves my thoughts otherwise.

'Jesus got up, left the house, and went off to a solitary place, where he prayed'.<sup>1</sup> These words are all too familiar. With people to heal, broken hearts to encourage and a world to save, one can only fathom Jesus' jam-packed schedule. Yet he, the Son of God, made room for the author of time himself. Our minds often get clogged and consumed by the multiplicity of demands that poke us from every corner. I would often find myself getting too busy for the very person that sustains all of creation (including my medical education). God is not calling us to negate our responsibilities nor is he asking us to be frivolous with the things he has stewarded us with. Yet he is calling us to himself. He is calling us to rest. He is calling us to stiller waters; waters whose tranquillity surpasses knowledge and understanding. Would our outlook be perpetually morphed if we let him into 'our' programme? Is he, perhaps, willing to bring life into each waking second that keeps us on our feet (besides, is he not the author of time?).

He promises to walk in and through our mundane musings; to walk through the crowded wards; to walk through the tremulous decisions with regards to patient care for therein he infuses his rest into our souls as he graciously holds us by the hand, reminding us of his eternal stay with us. ■

film review: *Moonlight*

**B**lack boys are blue in the moonlight. A fitting tagline for a movie about self-discovery and individuality. A movie written by black people for a black audience, with an Oscar for Best Film. It is easy to see why *Moonlight* became such an important film for young black people. It begs the question - how do we define ourselves?

Chiron starts the film as a young boy who is immediately 'othered' by his peers and adults. His search for himself starts before he is even aware that it is a necessary journey. We watch him grapple with his sexuality and how this has become his identity. Before he understands sexuality, society had given him a label, not just a part of him but who he is. As he begins to understand why he is different, he realises he must decide if he will continue to be different. 'At some point you gotta decide for yourself who you gonna be', says his father Juan, heralding the beginning of Chiron's search for himself. From this point, Chiron is confronted by difficulties in his home life and with peers. But with nowhere to seek solace, he finally proves he is tough enough when he lashes out at a bully and is arrested.

This film provides a compelling commentary on the African-American coming of age experience, with no singular battle or struggle. It is beautifully shot, with the focus on the experiences of a young man from a single-mother household. And whilst throughout the film we are rooting for Chiron, cheering as he stands up to bullies and smiling

QUESTIONS FOR *MOONLIGHT*

1. How does Chiron's identity evolve in the film?
2. How important is his sexuality to his identity?
3. What is *Moonlight* telling us about ourselves ethically?
4. How do you define yourself? How has that changed in your life?
5. What does the Bible say about our identity? How much is it God-given or self-created?

as he comes into his own, I wonder how the story may have differed if Christ were introduced. If Chiron's identity were not something he had to mould and create for himself, if Chiron understood he was accepted and loved - how could his path have been different?

In a society that says we are able to discover and define ourselves completely without a reference point can there be an objective truth? When we are able to recreate ourselves without a guide, is right and wrong only relative? Or is there safety, security and acceptance in communion with the Father who offers an objective truth?

As the film comes to an end Chiron is asked, in an echo to Juan's advice earlier in the film, 'who is you?' This is clearly what the film has been building to, so we are pleased when Chiron answers, 'I am me, I ain't trynna be nothing else'. I suppose at this point, the salient question is: who are we? ■

**Nandi Mnyama** is a medical student at HYMS and a CMF Deep:ER volunteer

## film review: *La La Land* – left feeling empty?

I was very excited about going to see this film – it promised the cinematography and choreography of a Fred Astaire and Ginger Rogers movie crossed with the comedy and ‘feel-good musical romance’ of *Mamma Mia*.

The opening scene did not disappoint, as a frustrating traffic jam turned into an all-singing, all-dancing technicolour song. It painted a vibrant picture of a city where any number of things could happen out of the mundane. We’re introduced to Mia, an aspiring actress who is constantly rejected from auditions, and Sebastian, a jazz pianist who wants to own his own jazz club and bring back jazz in its true meaning.

Despite these two unlikely people being thrust together by a series of unplanned circumstances, the audience is denied the ‘happily ever after’ ending, shaking the well-trodden path of Hollywood musical romance. In its place lies confusion about whether the ending is good or simply disappointingly ‘other’.

Mia and Seb start with unfulfilled dreams, dreams that they believe will give them happiness above all else. At the end of the film, they have both achieved them. But they don’t have each other. Their relationship broke down when things got tough. They have achieved their dreams, which should make them happy, right? But they don’t have each other, which would make them sad, right? I left the cinema feeling puzzled.

As humans we have an innate nature to seek close relationships with those we value, seeing them as more important than the draw of money or achievements. *La La Land*’s ending might tell us that diamonds and the fulfilment of dreams are



enough to outweigh our desire for a deep love for another. However, the Bible tells us we have been designed for relationships – deep committed relationships which are full of sacrifice, service, love, hardship, fun and joy.<sup>1</sup> Similar to how Seb describes jazz: ‘This is the dream. It’s conflict, it’s compromise’.

Unfortunately, as fallen individuals in an imperfect world we often look to the wrong places to meet our need for relationships – be it the Hollywood movie, friends, spouses, pornography, Facebook... temptation presses us to compare what we haven’t got with what we perceive we need. The desire for deep committed relationship is part of how we have been designed in reflection of our trinitarian God. Human relationships are a good gift of God, but true fulfilment of those desires can only be found in Christ. Our earthly relationships can reflect God’s goodness, but ultimately only point us towards our greatest need for an intimate relationship with Christ.<sup>2</sup>

*La La Land* is a cinematically beautiful movie which raises many interesting points about ambition, ‘Hollywood romance’, commitment and love. It shows two people who achieve their dreams, yet still yearn for something they don’t have. It serves as a reminder that however great our ambitions or ‘fairy tale’ romances may be, without Jesus they won’t give us true fulfilment. ■

**Liz Poppleton** is a CMF Associate Staffworker and GP Trainee in Preston

### REFS

1. Genesis 1:27, 2:18, 22-24
2. Ephesians 5:25-33

## news reviews

OSCE collusion; breast cancer; cohabiting parents

1

## OSCE 'collusion' leads to re-run

An entire OSCE is to be 're-staged' at the University of Glasgow, following suggestions of online scenario sharing. Around 270 final year students had sat the exam, following which a few had posted information about the stations on social media. Two students are facing disciplinary procedures, with others being investigated.

Professor Matthew Walters, head of the school of medicine, dentistry and nursing, said: 'We're uncomfortable with the prospect of students with detailed prior knowledge. It undermines the quality of the exam'. The exam is being re-run in May for the entire year.

Such collusion is not new, with informal lists of OSCE stations having circulated in medical schools long before Facebook existed. Social media gives not only more opportunity to share information, but more robust evidence of the source, which may give both students and examination boards pause for thought.<sup>1</sup>

## conflicting evidence on breast cancer

A recent article<sup>2</sup> has suggested that increases in rate of breast cancer in the UK, age at first birth, and use of hormonal contraceptives are correlated. The authors suggest that studies concluding that contraceptives carry little or no risk of breast cancer may mislead, as well as revisiting the controversial question of a link between breast cancer and abortion. Before assuming that this study may validate concerns over contraceptives and abortions increasing breast cancer risk, it is important to remember that correlation does not necessarily prove causation.

The very kind of long-term research that might help was published online in March 2017.<sup>3</sup> More than 46,000 women were followed over 44 years. Use of combined oral contraceptives was associated with a reduction in risk of ovarian,

colorectal and endometrial cancers. An increased risk of breast and cervical cancer was apparent for up to five years after ceasing to use the pill, but there was no evidence of an increased risk of these cancers later in life. The overall balance of cancer risks was thought to be neutral.

Conflicting evidence must be weighed; some may also wonder why both these papers using UK data were published in US rather than UK journals.

## cohabiting parents more likely to split

The World Family Map Project examined data from the US and 16 countries in Europe. Children born into cohabiting families were almost twice as likely to see their parents split before they reached age twelve as those born into families where parents were married. The mothers' educational level did not affect this. Work looking across the globe gave a similar picture, although less specific data was available.

Married parents at birth were therefore associated with a higher likelihood that a child would still live with both parents at age twelve; although marriage performed significantly better than cohabitation in this regard, children of cohabitees did appear more likely to remain with both parents than children living with a single parent from the outset.

The report showed that marriage is becoming less common globally, and expected that a larger number of children will therefore grow up not living with both parents.<sup>4</sup> ■

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3. Iversen L et al. Lifetime Cancer Risk and Combined Oral Contraceptives: the Royal College of General Practitioners' Oral Contraception Study. *Am J Obstet Gynecol* 2017 [bit.ly/2o6OLIC](http://bit.ly/2o6OLIC)
4. [worldfamilymap.ifstudies.org](http://worldfamilymap.ifstudies.org)

## Transgender

Vaughan Roberts

**T**ransgender is hotly debated among Christians. This book is the perfect starting place for those



new to the discussion. The book aims to give us 'tools to start to think and talk biblically' about transgender, and is a concise foundation for further reading around this complex issue.

One strength is the book's accessibility. The pithy, engaging writing style allows readers to promptly cover the text, with each chapter seamlessly introducing the next. Despite the impressive brevity, Roberts explores an eclectic range of topics with significant detail.

Roberts challenges Christians to respond sensitively, while maintaining steadfast, biblical stances. Scripture is interspersed throughout the book, including Romans 2:10 and 3:10, which call us to be non-judgmental, and remind us of our own imperfections.

The conclusion has advice on how to respond caringly as parents, the church, and Christians struggling with gender issues. The struggle of the latter group is likened to that of Christians attracted to members of the same sex, which the author knows first-hand. In the preface of the fifth edition of *Battles Christians Face*, he acknowledges his own battle with unwanted same-sex attraction, later confirming his choice to remain celibate.

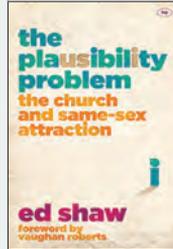
*Transgender* encourages Christian medics to consider the subject 'biblically, constructively and compassionately' in clinical settings, 'and not to feel intimidated when we are challenged or questioned' by colleagues. I learnt a lot in this hard-hitting 60 minute read, and would recommend the book to all Christians. ■

**Toyin Jesuloba** is a medical student in Aberdeen

## The Plausibility Problem

Ed Shaw

**Y**ou know what the Bible teaches about same-sex attraction, but it isn't realistic, is it? If that's what you're thinking then this book is for you.



Ed Shaw, a committed evangelical Christian, who experiences same-sex attraction, sensitively and pragmatically highlights areas where he thinks that we, the evangelical church at large, so often

fail to support our members. He discusses nine major 'missteps' where the nuance of the biblical message is frequently misconstrued (eg 'Godliness is heterosexuality'), causing many of us to stumble. The practical advice ranges from discussing the importance of precision in language when debating these issues right through to how local churches can make a celibate single lifestyle, for anybody, whether same-sex attracted or not, a more openly respected and viable option, just as the Bible teaches.

This is a compassionate and constructive read. The book does start from the premise that God's model for sex is between a man and a woman in marriage and then shows how we can be more supportive to all those who won't experience that (again whether same-sex attracted or not). If you're uncertain about whether that is God's model for sex then there are other books to start with such as *Is God anti-gay?* by Sam Allberry.

If I had a friend struggling with same-sex attraction I might first suggest Wesley Hill's *Washed and waiting* as a particularly personal and open account of that struggle and the website 'Living Out' is also well worth visiting.

Anybody committed to embracing God's model for sexuality and marriage in a faithful way should read *The Plausibility Problem*. ■

**Grace Petkovic** is a medical student in Oxford

# GRADUATING?

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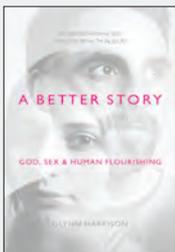
And we'd be delighted to see you at the Junior Doctors' Conference, 27-29 October in Leicestershire.

If you are not graduating, why not remind your final year friends to update today?

## A Better Story

Glynn Harrison

The Christian view of sex is increasingly despised by society - being labeled as intolerant and unforgiving. Our culture fights for free speech, yet as Christians it is becoming increasingly difficult to voice our own opinions, especially when they go against those of the 'sexual revolution' and the 180 degree



turn in popular opinion. However, evidence suggests that the liberalist view of the past few decades has caused huge amounts of harm to our society. In *A Better Story*, Glynn Harrison tackles how we can retell the story of God's perfect design for sex and human flourishing in a loving and truthful way. The book addresses how our society became so liberal on sexuality so quickly; then moves onto how the change in thinking is currently affecting our society. It finishes with how we can tell this 'better story', and how the biblical vision of sex is good news for all.

This book is perfect for those who are struggling with how to be true to the Word of God, yet loving and understanding to those around us; recognising that we also need to be getting rid of the plank from our own eye! It acknowledges that some of the evidence for the effect of the sexual revolution on society is quite new, and needs further research, preferably from unbiased sources. ■

**Miranda Crawford** is a medical student in Newcastle

# HEROES + HERETICS

Steve Fouch reflects on an 1800s nurse, statistician, activist and mystic

## HERO + HERETIC 19: Florence Nightingale

In a beautifully decorous Victorian bedroom, a middle-aged woman sits propped up in bed, a portable writing desk on her lap. Surrounding her are piles of correspondence from nurses in Britain, America and Europe: letters from Members of Parliament, reports from hospitals across England, and table and after table of statistics on mortality and morbidity rates in hospitals.

This woman is Florence Nightingale, bedridden with severe brucellosis and associated spondylitis, probably contracted during her many years working in British army and civilian field hospitals in the Ottoman Empire. Yet even as she struggled with pain, depression and limited mobility, she continued her active campaigning in public health and developing nurse training.

The traditional image of Florence is that of a willowy woman with a white bonnet, dark dress and miraculously clean pinafore, carrying a lamp, mopping fevered brows of adoring, injured soldiers as she walked her rounds at Scutari hospital in the Crimea.

The 'Lady of the Lamp' of popular mythology was likely a propaganda message promoted by the War Office to distract public opinion from the failure of the Crimean War during the 1850s.

A contemporary article from the *Times* described



Nightingale as a 'ministering angel... her slender form glides quietly along each corridor, every poor fellow's face softens with gratitude at the sight of her.'<sup>1</sup>

But the real Nightingale is a more complex figure than this popular picture suggests.

### beginnings

Born in 1820 to a wealthy, Unitarian family in Florence, Italy, from the start Florence Nightingale had an unconventional upbringing. Schooled in classics, mathematics and the sciences by her father, she was far

better educated than most of her contemporaries. Her family were not only theologically unorthodox, belonging to a church that denied the trinity and the incarnation of Jesus, but they also had a political heritage - her grandfather having been a parliamentarian who had campaigned against slavery with William Wilberforce.

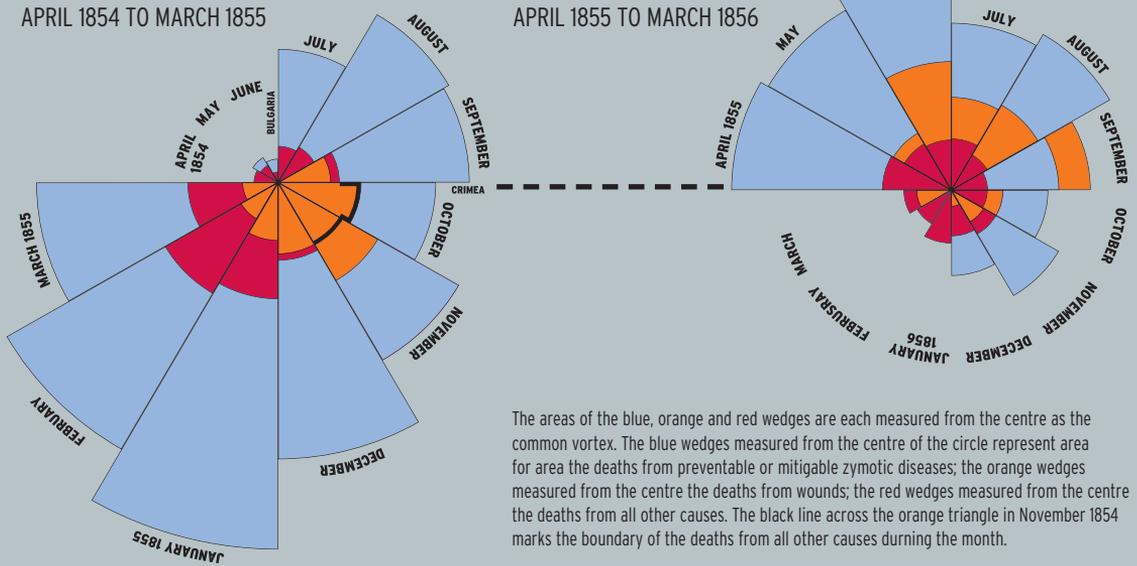
In her mid-teens she travelled widely around Europe and North Africa with various relatives. During this time, Florence formed what proved to be a lifelong friendship with the British parliamentarian Sidney Herbert. Lifelong, and pivotal, their meeting of minds would be the key that unlocked many critical doors for Florence.

A few weeks before her 17th birthday, she wrote in her diary 'God called me in the morning and asked me would I do good for him alone without



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## DIAGRAM OF THE CAUSES OF MORTALITY IN THE ARMY IN THE EAST



reputation'. However, it was not until 1850 that she found her true vocation when she visited the Lutheran religious community at Kaiserswerth-am-Rhein in Germany, where she observed pastor Theodor Fliedner and the deaconesses working for the sick and the socially deprived. She regarded the experience as a turning point in her life and returned shortly thereafter to gain formal training as a nurse.

Returning to London in 1853, she was offered the post of superintendent at the Institute for the Care of Sick Gentlewomen in Upper Harley Street, a position she would hold for a little over a year. However, in that brief time she gained such a reputation for her clinical leadership that when reports of appalling hospital conditions came from the Crimean front, her friend Sidney Herbert (now Secretary of State for War) turned to Florence for help.

So it was that in November 1854, she arrived at Scutari hospital with a team of 38 nurses who she had personally selected and trained. Scutari

(modern-day Üsküdar in Istanbul) was just 340 miles from the Crimean battlefield, across the Black Sea. When she arrived, Florence found overworked medical staff with insufficient medicines, appalling hygiene in the wards, and mass infections and high death rates. Ten times as many soldiers died from preventable infections such as cholera, dysentery and typhus, than died of their wounds.

### statistician

Florence's genius at statistics came to the fore at this point. So appalled was she at the situation that she not only began to improve the practical care with her team, but began a rigorous collection of data on causes of morbidity and mortality. She seemed to have an instinctual feel for statistics, seeing trends and patterns in tables of data, yet understanding the context of the data before drawing conclusions. But she also knew that this information was not enough, and it needed to be presented to those in power in a manner that

conveyed what she saw so readily. So it was that she produced the now famous polar area diagrams showing beyond argument the shockingly high rates of death among the wounded from preventable infections.

Her diagrams, letters and pleas eventually had an impact. The War Office dispatched Isambard Kingdom Brunel to design a new, prefabricated hospital (designed to Florence's recommendations). The result was Renkioi Hospital, a civilian facility that had a death rate less than ten percent that of Scutari. Indeed, her recommendation shaped the design and practice of the other field hospitals in the war, and it is reckoned that Florence was responsible for reducing mortality rates from 42% to two percent through improvements in hygiene and aseptic practice, nutrition, ventilation and lighting.

After her return from the war, she was lauded as a hero. Yet, she continued to review her practice and that of her nurses, applying the same statistical rigour that she had used during the war. She published her mistakes and used this information to inform changes that she wanted to bring to nursing practise and hospitals in Britain. She was not afraid to show that her nurses caused deaths, and that practice needed to change, even when it showed her in a bad light.

The statistical data that Florence gathered over her time in the Crimean war, and her later gathering of similar data from hospitals across England and Europe, led her to design hospitals around what we now know as 'Nightingale Wards'. She developed a school of nursing at St Thomas' Hospital that set the standard for nursing education across the world, and established nursing as a profession with a strong evidence base. Therefore, she had great



The Lady with the Lamp. Popular lithograph reproduction of a painting of Nightingale by Henrietta Rae, 1891.

influence when it came to changes in health policy and accessing resources.

However, for all her statistical and scientific rigor and her political influence, Florence never lost sight of the need for care and compassion at the heart of nursing.

*'Nursing is an art: and if it is to be made an art, it requires an exclusive devotion as hard a preparation, as any painter's or sculptor's work; for what is the having to do with dead canvas or dead marble, compared with having to*

*do with the living body, the temple of God's spirit? It is one of the Fine Arts: I had almost said, the finest of Fine Arts.'*<sup>2</sup>

Florence taught this to her students. But she also knew that this was only achieved through rigorous training and discipline, and constant, critical self-evaluation. She understood reflective practice long before the term came into professional usage.

## mystic and theologian

What is seldom talked about is Florence's faith. Apart from espousing a call from God, what evidence do we have that she had any Christian faith? It turns out that Florence was also quite a theologian with simple mystical bent. However, her theology was far from orthodox. Though brought up a Unitarian, she had adopted the Church of England, but eschewed both the Anglo-Catholic 'high church' and the Evangelical 'low church'. Instead, she was firmly at home in the liberal wing of the Anglican church.

Her extensive theological writings were printed in an 800 page manuscript, *Suggestions for Thought*, which was circulated to a few trusted friends.<sup>3</sup> These were not published in her lifetime, and are still largely unknown outside of scholarly fields. She was influenced by the German movement of

biblical criticism, openly challenged doctrinal interpretations of Scripture and questioned conventional views of atonement. Not only is her God an 'indwelling spirit of perfection' which she strove to realise, but heaven was also to be achieved through human effort. She believed that God was to be found in the heart of every person: *'Look for his thought, his feeling, his purpose; in a word, his spirit within you, without, behind you, before you. It is indeed omnipresent. Work your true work and you will find his presence in yourself'*.

She did not believe in hell or judgment, rejected the idea of the incarnation of Jesus as 'an abortion of a doctrine' and saw no point in prayer for things that could be achieved by human action (why pray for the plague to pass you by when you could build better sewers and clean water systems?). She was a universalist (all will go to heaven), and fought against the expulsion of Catholics, Jews and Muslims from Anglican church hospitals. Her original team of nurses at Scutari included Catholic and Protestant lay sisters - and she had no time for any exclusive claims for the Christian faith, let alone any denomination.

Florence never joined a religious order, nor did she become an active member of any church (although in her writings she occasionally mused about starting one of her own). Her faith had a mystical edge - seeing God in everyone and everything, but she had not time for religious ritual or esoteric practices. Her mysticism was immensely practical and down to earth, worked out in compassionate care for others.

In short, she had created a version of the Christian faith that suited her.

## legacy

The nursing profession as we know it today exists largely because of Florence Nightingale. She saw active compassion, evidence-based practice and scientific rigour as fundamental to good healthcare, be it nursing or medicine. She also saw the need to use evidence, convincingly communicated, as vital to achieving social and political change necessary

## reflections

Following Nightingale's example:

- Do we feel a sense of calling to our work to 'do good for God alone without reputation' ie without being noticed or praised by others?
- How willing are we to go outside of our comfort zones to follow God's calling on our lives?
- How tempting is it to re-create the Christian faith into something that fits in with the society around us, that makes us feel comfortable and leaves out the teachings that seem hard or difficult to understand?
- How willing are we to stand up for truth - even if it is inconvenient and may show us in a bad light?

to improve public health and healthcare provision. She was a scary figure in some ways - able to marshal facts and figures at moment's notice, tireless in fighting for what she believed, and not bearing fools gladly. She remains a controversial figure. Many have argued that she was never much of a nurse, more an administrator and statistician. Others question how much of her legacy was war propaganda used to help public support for a failing war effort. However, it's hard to deny her achievements when you see her work and influence on nursing care in the 20th century.

Is she a Christian hero or heretic? I would argue she was both. She was not a Christian in her beliefs about the nature of Jesus, God, humanity and atonement. In that she was definitely on the heretical end of the spectrum!

However, she did grasp that our worship of God is worked out in our care for others, and that we have a calling from God to work with him in outworking his kingdom in this world. She showed that care of the whole person was central to nursing and medicine, worthy of rigorous study and discipline. Care of the spiritual needs of our patients goes hand in hand with hygienic practice and evidence-based clinical interventions. ■

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WRITE

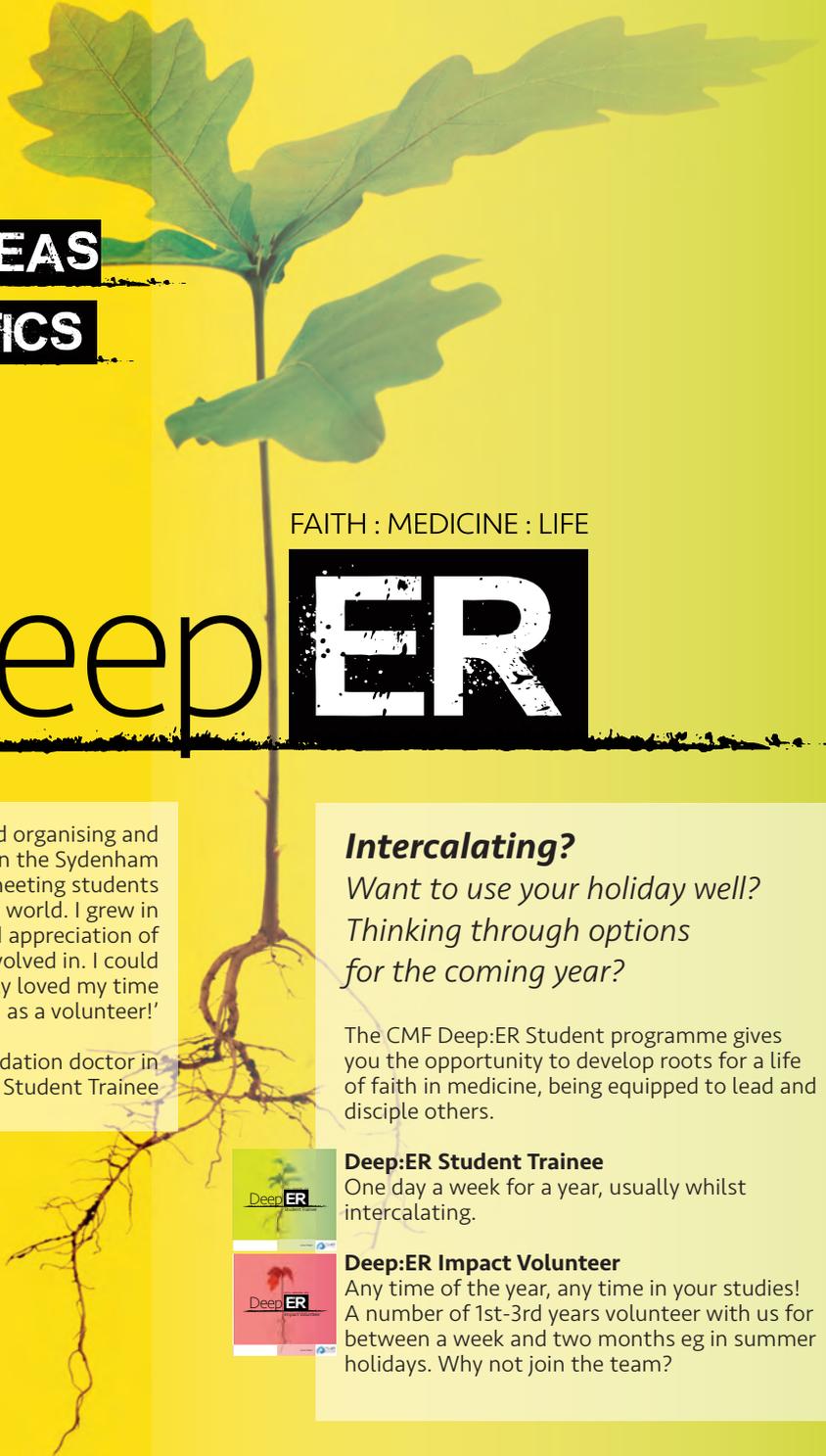
ETHICS

GO OVERSEAS

APOLOGETICS

SPEAK

LEAD



FAITH : MEDICINE : LIFE

# Deep ER

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

Emma, foundation doctor in London, Deep:ER Student Trainee

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