

ISSUE 50:2 JUNE 2020

# IDENTITY IN CHRIST

who am I really?

the sacred-secular divide

developing resilient disciples

# disciples

the student journal of the christian medical fellowship



plus: sharing faith, India, Shining like Stars, China, SYD2, book reviews, film reviews

# NUCLEUS



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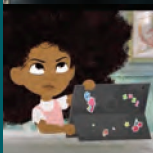
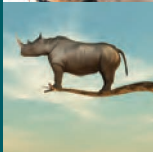
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I was standing in A&E at 1.30pm on Tuesday, 28 April, the packing creases still in my scrubs. I stammered, 'My name is Zack; I'm one of the medical stu...um...doctors.'

Why the hesitation? Well, my answer to that question had changed dramatically at 8pm on Monday, 6 April. One minute I was Zack, the final year medical student. The next I became Zack, the graduated doctor. An integral part of my identity had been wrested from me and replaced with something that felt alien.

We display our fluctuating identities every day. We don different mantles depending on the circumstances – to my parents, I am chiefly their son, not their physician. To describe ourselves definitively, in order to combat that constant state of flux, we often reach for something more intrinsic such as gender or sexual orientation. Yet society tells us that even these are fluid, not to mention open to interpretation. Where then do we turn?

As Christians, we have an identity that cannot be replaced, that does not vary depending on the context. 'So in Christ Jesus you are all children of God through faith...There is neither Jew nor Gentile, neither slave nor free, nor is there male and female, for you are all one in Christ Jesus.' (Galatians 3:26,28) Any other identity we hold is superseded and transcended by our status as God's children. How do we showcase that identity as we study or as we work?

That question forms the basis for this issue of *Nucleus*, my last as student editor.<sup>1</sup> Ashley Stewart lays the foundation by setting out for us the theology of identity. Rachel Owusu-Ankomah warns us of the dangers of medicine becoming an idol. We hear from several doctors at various stages in their careers about their experiences of living out their Christian identities. Laurence Crutchlow explores the tricky issue of the sacred-secular divide.

Our regular features explore some wider themes. In *Back to Basics*, Rebekah Rajiah gives us tips for sharing our faith at university. John Greenall continues his excellent series on how to lead, this time addressing resilient discipleship. Tobi Adeagbo shares her experiences of identity as a junior doctor. Sally Barker shows us how we can rest secure that God is in control in *Distinctives*. Werner McIlwaine writes about his time *Crossing Cultures* in India. We hear about one medical student's trip to China, Joanne Charles' time at the York Day Conference, and Matthew Amer's report on Student Conference 2020. As always, we have film reviews this time spanning rabbits / hairs,<sup>2</sup> book reviews on mental health and emotions, and dissections of recent news articles.

## any other identity we hold is superseded and transcended by our status as God's children

'Know, first, who you are, and then adorn yourself accordingly.' Epictetus said this as the foundation of all philosophy, but I reappropriate it as the foundation to our Christian lives. Every day, I change into my shiny new doctor's uniform, but above all else I must wear my 'new self, created to be like God in true righteousness and holiness'. (Ephesians 4:24) It has been my honour and privilege to edit this phenomenal journal, and I wish you all every blessing for the years ahead. ■

### REFS

1. See? Can't even hold on to that part of my identity any more.
2. You may regard this as my swansong pun.

IDENTITY IN CHRIST

# who am I really?

Ashley Stewart explores what the Bible has to say





Ashley Stewart is CMF Associate Head of Student Ministries

**In a world where you can be anything, be kind.**

Printed on a poster, these words greet me every time I walk into the school where I counsel. In one way I agree: we can choose to treat others in various ways and, of course, we should always choose kindness. But this statement makes the philosophical assumption that we don't simply choose to act how we want, but that we can choose to be anything we want. It assumes that we create our own identity. This idea is rooted in existentialism, an atheistic philosophy which argues that a person's 'meaning' is created only by their actions and what they make of their life.<sup>1</sup> Existentialism has pervaded our culture and been accepted unquestioningly because we like to believe that we are in control. Our society worships at the altars of autonomy and individualism. With the mantras of 'you can be anything you set your mind to' and 'you write your own story' being chanted in our ears, we can fail to recognise our culture's assumption that we are not creatures fashioned by God, but are instead our own creators, the gods of this age. Society also says that your identity and sense

of self is based upon how you experience your inner world: your thoughts, feelings, beliefs and ideas. Therefore, no-one else can tell you who you really are, this is 'your truth' to discover by looking within. 'There is no truth...so I can be whatever I say that I am.'<sup>2</sup> However, if my thoughts and feelings can change drastically over time, how do I ever know who I truly am?

We all need to ground our identity in something, otherwise we would have no sense of purpose and direction, no sense of where we fit in the world. So, what do most people try to base their identity on? For most of us we look to the various social categories we fit into: our age, gender, ethnicity and culture, our occupation or roles such as student, our relational status, abilities and achievements, personality traits and even our likes and dislikes. This is understandable because these categories are important to us, they help us feel a sense of belonging, yet at the same time they describe the various factors which combine to make us unique. 'Categories themselves are not wrong...the problem comes when we ask these categories to do more than they can do – when we ask them to hold all that we are.'<sup>3</sup>

For example, I could say that I am a woman, a medic, a counsellor, I'm Northern Irish, a besotted auntie, a dog-lover, an outgoing introvert and a compulsive tea-drinker. I am all these things, yet they do not describe all that I am. In fact, none of them describe the core of who I am, none of them define my identity or tell me what my purpose is in life. John Calvin said 'without knowledge of God there is no knowledge of self';<sup>4</sup> therefore the only way that I can find and live out my true identity is not to look within myself but instead to look beyond myself, to Jesus to discover who he is and who he says that I am.

The Bible tells us that, since the rebellion of Adam and Eve, everyone has been born under the curse of sin and death.<sup>5</sup> However, for those of us

who have trusted in Christ to forgive our sin this curse has been lifted, we have been made truly alive to enjoy eternal unbroken relationship with God and have each become a 'new creation'.<sup>6</sup> We have a new identity. Even if we know this in our minds, many of us fail to understand it truly, and so fail to believe it and live it out. Many of us still look primarily to our achievements, appearance, roles and relationships to find our sense of worth and purpose, all the while claiming our identity is 'rooted in Christ'.

So, what is this identity we have been given in Christ and how should this shape our minds and our lives? There are numerous aspects of this identity we could explore, but I have chosen simply to focus on four as an introduction to this topic.

## the foundation of every Christian's identity should be the truth that we are dearly loved by our heavenly father

### beloved child of God

*'See what great love the Father has lavished on us, that we should be called children of God! And that is what we are!'* (1 John 3:1)

Sinclair Ferguson says that being a child of God 'is the way – not the *only* way, but the *fundamental* way – for the Christian to think about himself or herself. Our self-image, if it is to be biblical, will begin just there.'<sup>7</sup> Just as a child's sense of self is shaped by how their parents relate to them, the foundation of every Christian's identity should be the truth that we are dearly loved by our heavenly Father. Satan wants to deceive us into believing that we are slaves who need constantly to work harder to earn God's favour, or that we are orphans abandoned by God, unloved and unprotected. This is not true.<sup>8</sup> We are beloved children who can never be separated from the love of our Father.<sup>9</sup> When we rest secure in our Father's love then we no longer need to seek out the approval and acceptance of others; instead we long to please our Father above

all and delight to be in his presence and obey his commands.

### God's image-bearers

*'So God created mankind in his own image....'*  
(Genesis 1:27)

From the creation narrative we see that humanity was created to reflect God's glory; to mirror his beauty and goodness for all to see. However, since the fall this image has been shattered beyond recognition and marred by sin. Yet for those in Christ Jesus, the Spirit is working within us to transform us into the likeness of Christ so that we can increasingly live out our purpose as image-bearers. However, this transformation can only occur by continually gazing upon the beauty of Christ and allowing the Spirit the time and space to work within us. If we truly understood that we are designed to reflect the image of God, then we would spend much less time worrying about how others view us and more time focusing on how we can glorify God and point others towards him. We would also prioritise spending time with God and praying for the Spirit to produce fruit in our lives.

### member of the body of Christ

*'But you are a chosen people, a royal priesthood, a holy nation, God's special possession, that you may declare the praises of him who called you out of darkness into his wonderful light.'* (1 Peter 2:9)

As explored earlier, our western society, with its individualistic mindset, preaches the lie that identity is found by looking inside yourself and discovering who you are or creating who you would like to be. It is all about you as an individual. However, we must reject this idea. In the above verse we see that God rescued us in order to have a 'people', 'nation', 'priesthood' and 'race' for himself. None of these words describe individual Christians but instead describe the church as a whole: we are saved to be members of the body of Christ. We are created for community. This longing

for authentic connection with others is the imprint of a relational God who has forever existed within the community of the Trinity and has designed us for relationship with himself and others. It is in relationship with God and his people that we find out who we truly are and can fully live out our identity. By loving, serving, teaching and admonishing each other the church is able to 'proclaim the excellencies' of God and reflect his glory in a way that no individual ever could.<sup>10</sup>

### citizen of heaven

*'But our citizenship is in heaven. And we eagerly await a Saviour from there, the Lord Jesus Christ.'*  
(Philippians 3:20)

CS Lewis once said 'I must keep alive in myself the desire for my true country'.<sup>11</sup> We all long for home, whether that is found in a certain place or in the relationships we are part of: we long to feel loved, to feel safe, to find comfort and to belong.<sup>12</sup> The problem many Christians face is that we forget where our true home is and look to meet our deepest longings in the things of this world. However, the things of this world are transient: relationships might disappoint or hurt us, loved ones may die, countries might be ravaged by war or our houses destroyed in floods.

Yet Christians have an eternal home with Christ and our citizenship is in heaven, not on this earth. If we truly grasped this aspect of our identity, we would try to hold the things of this world more lightly. We would place our hope in Christ alone, recognising that this world is fragile and will eventually pass away. Likewise, we would invest more time, energy and finances in building his kingdom and laying up for ourselves treasure in heaven that can never be stolen nor destroyed.<sup>13</sup>

### so, who am I really?

This is a massive topic of which we have only scratched the surface, but by exploring just four aspects of our identity in Christ we can see how a deeper conviction of this identity would change

how we view ourselves and live out our purpose in this world. Therefore, let us live as beloved children secure in our Father's love, reflecting the likeness of Christ, devoted to the Body of Christ and eagerly awaiting our true home with him. ■



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# remaining in Christ Jesus in medicine

Rachel Owusu-Ankomah considers how our identity works out practically in our studies







Rachel Owusu-Ankomah is CMF Head of Student Ministries

## the identity issue

If Jesus should be our first,<sup>1</sup> our all in all<sup>2</sup> and our ultimate, how do we apply that to our studies and the future profession that we will be entering? How do we practically keep our identity rooted in Christ and sustain this amidst the changing seasons and challenges of life?

### introduction - why the issue exists

Identity issues will affect us whatever our degree or career path, but there are factors unique to those studying medicine, midwifery and nursing. Some are obvious, such as being busy, a full university schedule and placements far away from our base. Some are more insidious like the pressure to perform and the fear of making a life or death mistake; pressures can come from everywhere; from ourselves, others and the course itself.

These things should cause us to look outwards and most importantly, upwards for help and support,<sup>3</sup> but all too often we internalise them and they cause our studies to consume us and characterise who we are. Don't get me wrong, it is good for us to study medicine, nursing and midwifery.<sup>4</sup> It is good to want to use the skills and opportunities we have well, to show kindness, compassion and care to people made in the image of God.<sup>5</sup> But these things can so easily tip from being good things to 'god' things, putting our studies and future profession above our service and worship of God.<sup>6</sup> This, at its core, is idolatry.<sup>7</sup>

### introduction: my story

For me, I had recognised early on in my degree how easy it was for medicine to become an idol and I encouraged myself to 'hold it lightly'. I'd regularly ask myself how I would feel if medicine was 'taken away' from me - a useful reality check for my heart that I know is so easily prone to wander.<sup>8</sup> Answering that question was a way of reminding me to keep Jesus front and centre in my life and

studies. It became harder to answer in that way when I got my dream job in my dream location. I was so desperate to impress my bosses and make my mark that God was slowly pushed out. The job started to define me and who I was. I'd come in early and stay late, then be too tired to do church on the Sundays when I wasn't working, let alone spending time in God's word and praying to him. I would prioritise the weekly optional team meeting over home group. I justified this to myself by saying, 'I am here as a Christian, I am being salt and light and I can save my professors, consultants and colleagues'. Or, 'I just need to get through this job then I can get my life on track'.

At the heart of this was pride and a massive saviour complex. Instead of being defined by God and his word, finding my purpose and worth in him, medicine had become all of that for me. I had forgotten to fear God, not man;<sup>9</sup> I had forgotten that God is sovereign over all things, not my bosses;<sup>10</sup> I had forgotten that Jesus is the one who saves, not me;<sup>11</sup> I had forgotten to serve God and God alone.<sup>12</sup>

## when we root our identity in other things, we are drawn away from God

What do the idols in your life look like? What does it look like to have your identity rooted in things other than God? Perhaps it's the thing you put in the gap of this sentence. 'I will be happy when...' - when I get that grade, get that relationship, get that house, get that role. Perhaps it is the satisfaction, self-validation and sense of purpose we get from people thinking that we work hard and are valuable in what we are doing?

### how do we address this?

When we root our identity in other things, we are drawn away from God, who he is, what he has done for us and what he requires of us.<sup>13</sup> We may proudly

think we are a ship, anchored by our 'new god', but the reality is we are like driftwood in the sea<sup>14</sup> and all these things so easily 'perish, spoil and fade'<sup>15</sup> and leave us empty handed.

Wrong priorities and shifted focus also take us away from the things that God is trying to teach us and grow us in.<sup>16</sup> It can take us away from where he is leading us and from our flourishing, which we can only do in and through him.<sup>17</sup>

## let's get practical

It is important to recalibrate and refocus our hands, hearts and minds to walk in our identity in Christ and the things he calls us to do. But how do we do that? Here are five suggestions:

### 1. seek first his kingdom and his righteousness<sup>18</sup>

The wider context for this verse is the worrying we all do, the constant preoccupation with our tasks. 'I've got so much to do, need to finish that essay, go to the shops, do stuff for my CV, study for my exam – if I don't, everything is going to crumble'. Here Jesus is challenging us to redress that, I would argue, not just theoretically but literally. What is the first thing you do when you wake up in the morning? I'm ashamed to admit, it is usually checking my WhatsApp messages. For me, seeking his kingdom first in the morning means prioritising prayer and spending time with God over social media.

## if the creator of the heavens and the earth can rest, I think we can too

There are so many things that distract us from this command, particularly considering the attention economy, which treats our focus as a resource to be commodified.<sup>19</sup> We need to minimise the distractions that take us away from God so we can seek him first. This is not easy, and we need to pray to be spiritually disciplined. Those of us that follow Jesus Christ are filled with the spirit of God and this spirit is one of power, love and self-discipline.<sup>20</sup> So let us recognise this and pray that

the spirit will help us to seek him first in all things.

What does seeking first his kingdom look like in your life? What distractions do you need to minimise to enable you to do this throughout your day?

### 2. rest!

Rest is part of how God operates. We see this in the creation narrative,<sup>21</sup> and also in the famous words of Jesus from Matthew.<sup>22</sup> Not resting almost seems to be a way of life and badge of honour amongst students as we work hard on placements, with coursework and for exams. All too often this highlights a lack of dependence on God and our desire to be in control and do things in our own strength.<sup>23</sup> No! Let's not do that, people!

God has given us rest to withdraw and be renewed and refreshed in him – that's the whole point of the sabbath. If the creator of the heavens and the earth can rest, I think we can too. In following God's pattern for rest, we flourish; it helps us to remain rooted in him.

As someone who has managed to burn out at least twice (yes, I was an idiot and didn't learn my lesson the first time), God has refined me to see the beauty and necessity of rest. Resting in him, keeping a sabbath (when not on call), and not working all the time has made me more productive, eased stress and allowed me to be more dependent on him.

What patterns of rest and restoration do you need to build into your week to stay rooted in him? What might you need to stop doing to achieve this?

### 3. check yourself

We need to check ourselves; our hearts, minds and hands. What are we doing? Why are we doing it? Too often we let our activity fuel our identity, rather than our identity fuel our activity. James 1:22-24 puts it beautifully! Are we living like those who have their identity in Christ? All too often we can just go through the motions. Having our identity correctly placed means we will allow God to hold up a mirror to our personal lives through his word and so change and refine us.<sup>24</sup>

Am I holding onto medicine, nursing or midwifery lightly? How can I allow my identity in Christ to fuel my activity, rather than my activity to fuel my identity?

#### 4. get an accountability buddy and/or mentor

We all have blind spots and areas where we are more prone to slip up. Part of the beauty of the church and the Christian community is allowing other people to shape us and build us up in Christ.<sup>25</sup> Proverbs is full of verses that encourage us to get an accountability buddy.<sup>26</sup> My faithful wounder is Esther from my church. She calls me out when she sees me doing too much and when I start wavering in my faith as work pressures increase and I place my identity there. I'm grateful to God for her and how our friendship has sharpened and shaped our faith and helped to keep our eyes fixed on him.<sup>27</sup>

What are your blind spots that cause you to place your identity elsewhere? Who in your life can help you keep account and fix your eyes on Jesus?

#### 5. lead by example and look out for others

We must recognise that studying medicine, midwifery and nursing comes with an innate responsibility. Nursing is the most trusted profession, with doctors not too far behind.<sup>28</sup> Even the first-year student is looked up to, whether by younger siblings, family members or people at church. It's not about putting on a show and making things appear as if they are all fine, like some sort of stained glassed masquerade, but

being vulnerable and letting people see all of us and learn from it. That's includes our mistakes as well as our successes as we seek to live for and have our identity firmly placed in Christ.

It can be so easy to be self-centred as we work out our own faith with fear and trembling.<sup>29</sup> But we are not bots in isolation, rather unique individuals made in the image of God, who are part of the body of Christ. It has never been good for man to be alone<sup>30</sup> and the ultimate expression of that is our unity with Christ.<sup>31</sup> It is also expressed within the church. Let us be looking out for one another too. Let us at the very least be praying for fellow brothers and sisters that they will be in and remain in Christ and that this will be their primary identity, not their studies or future profession.

Do others see that your identity is rooted in Christ when they look at your life? Who are you encouraging and disciplining to remain rooted in Christ?

#### where next?

We have covered a lot of ground here and there will be much to reflect on in our lives, through God's Word, prayer and his people. But as I said at the beginning, if Jesus really is our identity then we need to reflect seriously and consider what that looks like in our lives and take practical steps to achieve that in and through Christ. ■

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# Jesus is Lord over all

Laurence Crutchlow considers the sacred-secular divide





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

## Will

Psychiatry? Will loves it. Yes, Freud is a bit strange, but 10 am starts mean Will can read a full four chapters of the Bible each morning, get through all his PrayerMate items, as well as the church missionaries and Bible translators prayer list, not to mention petition for three friends he hopes to bring to a CU event later this term. If only their regular pub night didn't clash with the church prayer group he dutifully attends after CMF meetings, he might even get a chance to invite them!

Will loves spotting psychiatric patients who need to hear the gospel, though he finds it very hard to know how to talk about these things on the wards. Last night he left feeling very guilty, as he'd spent 40 minutes with a man in hospital for the first time. Their chat really reassured the patient, but they didn't talk about Jesus. Will worries that there's no point in being on the wards if he can't share Christ. At CMF tonight he's going to ask friends to pray for more boldness in evangelism in clinical settings.

## Jim

Jim is on a surgical placement. He never intended to be a surgeon, but likes theatre more than he expected to, and enjoys seeing patients who were very ill on admission leave the ward looking much better a few days later. The early starts mean that his 'four chapters before work' Bible routine honed during pre-clinical years has changed, but he's learning a lot from meditating over shorter passages on the bus to the hospital. He found himself talking about his faith with a porter who he happened to get chatting to one Friday, even though he wasn't really 'trying' to share the gospel. It turned out that the porter had spotted him pausing for a couple of minutes to talk with an elderly patient after taking blood - the porter couldn't remember when he'd last seen a student do that and asked why.

**B**oth Jim and Will were on CMF committee last year. Jim has always really admired Will's dedication and wished he could be as faithful as him. Will loves being around Jim as he seems so relaxed, though he does worry when Jim prioritises musical theatre society socials over the CU choir. But Will wonders after they talk at that evening's CMF meeting why Jim is the one who had a conversation about the gospel that day, when surely Will is trying much harder, isn't he?

Of course, our conversations are in God's timing not ours, and may not be quite so related to our every move as we think. But there is a deeper issue in play that might explain why Jim has things a bit better sorted than Will.

## Jesus is Lord over all

*'The Son is the image of the invisible God, the firstborn over all creation. For in him all things were created: things in heaven and on earth, visible and invisible, whether thrones or powers or rulers or authorities; all things have been created through him and for him. He is before all things, and in him all things hold together.'* (Colossians 1:15-17)

In Jesus, all things were created. In Jesus, all things hold together. So, it follows that Jesus is Lord over all. How do we define all things? Surely as 'everything in all creation'! When Paul says, 'whatever you do, do it all for the glory of God' (1 Corinthians 10:31), it really means 'whatever'. Not just prayer or Bible study, but music (not just 'Christian' music), art, medicine, politics, cricket, or bike maintenance.

## do we really, in our hearts, believe this?

Consider our thinking. When we think of 'Christian medicine', we might quickly think about the ethics of abortion and cloning, both important matters. Do we so quickly consider what God has to do with the Krebs cycle, or the mechanism of action of

amoxicillin? What does the Bible tell us about how to manage a hospital?

Look at how we live. Does 10.30 on Sunday morning appear substantially different to 10.30 on Monday?<sup>1</sup> Are you the same person at these two times? Is your language the same? Is your attitude similar? Do you sense that you are walking with God at both times?

### the sacred-secular divide

Our lives often do not demonstrate a confidence or understanding that Jesus is really Lord over all.

It is easy to go into 'sacred' mode, and confine God to certain activities. Church may be obvious, but for Will at least other things fall into the 'sacred' column – CU or CMF meetings; music (so long as it is 'Christian' enough); reading certain books; speaking in Christian jargon that others do not understand. All these (except perhaps the last) are good things.

## Jesus not only talked about the kingdom of God, but demonstrated it

But when we class some things as 'Christian', we necessarily imply that other things are not. This is not about sin, but about things that are good, but just not 'sacred'. For example, Jim's musical theatre society, or reading a book by an author who is not a Christian, or spending a Saturday climbing a mountain; and, of course, most medical study and practice.

But doesn't that seem reasonable? Surely, we need to prioritise God. Shouldn't we guard against too much of the secular, in case the sacred gets squeezed out?

### a divided life

A sacred-secular divide in our life causes problems.

First, consistency. Think back to the question about 10.30am on Sunday and Monday. Some inconsistencies might be obvious, like joining in gossip on the ward round, or temptations to join in swearing in theatre.<sup>2</sup> But others may be more subtle. We do not talk about church when asked

what we did last weekend because we are now in a secular place where we do not think of that. Or we never realise that we share a burning interest in Italian opera with a friend in our Bible group because opera is secular, and we do not talk about that in a church meeting.

Second is a more serious implication – a gradual but growing disillusionment with medicine. If we (rightly) attach a high priority to personal holiness and evangelism, it can be hard to stay motivated when spending most of our waking hours on something that we do not see contributing to that. We might feel this especially when it is hard to discuss faith at work; but if we see work as peripheral to our faith, the chances are that we will not discuss our beliefs with those around us. We can start to wonder why we put lots of time into learning the causes of chronic liver disease when that patient with Wilson's Disease is more interested in a chelating agent than the gospel, even though he needs both.

Third, and most significant, a theological implication, which can have a major effect on how we live.

It is easy to reduce 'sharing the gospel' to the delivery of a packaged presentation, whether that's a talk outline (like God-Man-God),<sup>3</sup> a set of drawings like *two ways to live*,<sup>4</sup> or other such things. And before going any further I must emphasise that sharing the gospel is never less than using words and explaining the scriptures.

Jesus often explained the gospel – sometimes to a group, sometimes in one-to-one conversations (for example with Nicodemus).<sup>5</sup> But in his earthly ministry, he also demonstrated and lived out what he taught. I am thinking of his day-to-day interactions, rather than dramatic healings; for example, his sadness at hearing of Lazarus' death<sup>6</sup> and even Jesus' care for his mother as he was dying.<sup>7</sup> Jesus not only talked about the Kingdom of God, but demonstrated it.

It was not just when he went to the synagogues or gave a sermon. It was in the day-to-day matters of life. When he was teaching, the illustrations in his talks used far more illustrations relating to everyday life (often agricultural) than illustrations

about temple sacrifices or ritual, which would have been the 'sacred' things of his time.

Of course, an individual response to the gospel is vital; the disciples are asked explicitly 'who do you say I am?' (Mark 8:29) Entry into God's kingdom is never less than a personal acceptance of Jesus' death, repentance of our sins, and living for him. But if we only talk about these things on an individual level, we can miss the bigger story of which we are a part. Jesus' plan is for the whole world, to bring everything in unity under him.<sup>8</sup>

We will have new 'resurrection bodies',<sup>9</sup> as part of the bigger story of a new heaven and a new earth.<sup>10</sup>

What has that to do with avoiding a sacred-secular divide? It is about perspective. If we focus heavily on the 'sacred', much of this can look inward, to our own lives, and our own relationship with God. If we are constantly reminded that the whole creation will be renewed,<sup>11</sup> we are more likely to remember that Jesus is truly Lord over all and live consistently in that knowledge.

## looking outwards

So, if our lives are going to reflect all the glory of the gospel, others need to see that our faith really informs all that we do. It cannot be something private, only kept to a small 'sacred' area of our lives. It must pervade everything in which we are involved. What might this look like for Will and Jim?

Will needs to think about how his faith relates to all his interactions with patients and colleagues, whether 'gospel conversations' or not. This will help him to value the good things he does when he spends time with patients and feel less discouraged. With less pressure to get the gospel into every single conversation, his interactions will be more natural, and more likely to lead to significant discussion. An understanding that the Lord cares deeply about Will's work is likely to make him far more motivated in medicine and find that the strength of his personal faith has much more impact on those around him.

Although Jim on the surface may have a less divided lifestyle than Will, a clearer understanding

## FURTHER READING

- The L'Abri ideas library ([labri-ideas-library.org](http://labri-ideas-library.org)) contains a wealth of useful material, much underpinned by the idea that all of life is under the Lordship of Christ
- An article by Dr Nick Land on 'Spiritual Schizophrenia' in *Nucleus* in 1997 has proven very helpful in my thinking on this topic. [cmf.li/3htJyFd](http://cmf.li/3htJyFd)

that Jesus is Lord over all might take away that nagging guilt about spending time with friends when he could be at a 'Christian' event, particularly when it is the fourth one that week! It will fuel his motivation to 'pause' with patients on the ward, realising that this good care for them expresses Jesus' love and may lead to questions about why he does these things.

Most importantly, both will really live out the gospel if they see Jesus truly as Lord over all - they will share truth in both their words and their lifestyles, reflecting well what Jesus himself did.

Some worry that by encouraging broader thinking, people might be less motivated in the good things that we describe as 'sacred', like Bible reading or personal prayer. In fact I think just the opposite is the case, with a more consistent life being likely to lead to a greater hunger to understand God's Word, and also a faith that is still able to 'keep going' during busy career times when we may seem to do little other than medicine. All the principles here can equally apply in nursing or midwifery.

The ultimate aim for Will, Jim, and all of us, is not simply to be medical students who happen to be Christian, nor merely Christians who happen to study medicine, but genuinely Christian medical students, who have a single identity formed in Christ that permeates all parts of their lives. ■

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10. Revelation 21:1
11. Romans 8:21

# our identities in Christ

four different medical professionals explain their personal identity in Christ

## FY1

**Kate Earnshaw** describes her identity in Christ in her first year as a doctor

I hadn't fully appreciated how much being

a Christian shaped my identity as an FY1 until I started to struggle spiritually.

With erratic schedules, I have been regularly unable to go to church and small group, on which I had been somewhat reliant as props for my faith. During this time, work was a challenge; the out-of-hours shifts felt horribly lonely, and I was finding colleagues and patients very frustrating. God, through his wonderful grace, helped me to grow a more personal relationship with him and transformed the way I relate to work. Since accepting him into my work life I know that my Lord is walking with me and that I'm not alone. This has been my ultimate comfort and strength.

Being a Christian helps me to see patients and colleagues in their true identities as Christ's image-bearers. Patients can be rude and unpleasant, and it can be tempting to dismiss what seem like trivial symptoms or complaints. Doctors are sometimes inefficient and create more work, resulting in unnecessary overtime. I sometimes find myself getting quite angry and resentful, despite knowing logically that it's all for the good of our patients. Knowing that all humans are made in God's image and are his dearly loved children has challenged me to love them better and serve them



more sacrificially. Although everyday tasks can seem menial, I know that God has put me where I am and that it is him I'm serving. When I spend a whole day writing discharge letters, I constantly have to remind myself of this! The NHS can be a minefield of cynicism with teams seemingly competing not to look after patients. Only by truly loving patients can we fight this dangerous prevailing attitude. One way I've seen doctors do this is to take on extra patients and responsibility to ensure patients get the care they need. I'm hoping God will give me the grace to do this too as it doesn't seem to come naturally!

God has been amazing at showing me how he can act through anyone - including me! I regularly feel inadequate at work and that my clinical knowledge is shocking, and yet there have been times where I have had a gut feeling that I need to do an investigation and then this has proved to be something very serious. I have no doubt that this is God working through me and it is such a privilege that he would use me as a tool for his purposes on Earth.

Being a Christian FY1 doctor is challenging, tiring, and rewarding in equal measure. I am so grateful that God has put me here. ■

**Kate Earnshaw** is an FY1 doctor working in Addenbrooke's Hospital, Cambridge.





Zack Millar is *Nucleus* student editor and an interim FY1 doctor in East Anglia and co-ordinated the stories here

## middle grade doctor

**Enhui Yong** explores the role of the medical registrar



I am a Christian working as a medical registrar. The role is generally considered to be one of the more challenging jobs in hospital; however, like all things, I promise it definitely does get easier with practice! I think passing postgraduate exams and going through Internal Medical Training is sufficient preparation. Your main tasks are to run the acute take, provide medical input for other specialties and to support your juniors. You will need a good grasp of general medicine, be competent in medical procedures and have good communication skills to have a conversation with other specialties.

I like the role. You can make a genuine difference to patient care in your hospital. In addition, the knowledge and skills gained are valuable whatever your base specialty.

I believe being a Christian at work is no different for each of us whatever our role. As a Christian, I am a deeply flawed, morally bankrupt human, who was chosen before I was made and outrageously loved by a holy God to be adopted as his son through Jesus. My sins are fully forgiven, and I have been saved by grace through faith to walk in good works that God prepared for me to do. All this to bring glory to him! (Ephesians 1-2)

Knowing this changes my perspective as I work.

Despite the stresses and strains of the daily job, I am called to walk differently, to put off my old self, which is corrupt, and to put on my new self as I imitate Christ. At work it means trying to speak the truth, not gossiping, being kind, fleeing immorality, obeying my bosses and supporting those under me. (Ephesians 4-6)

Particular challenges that I have encountered at this stage have included the level of responsibility, even out of hours, and increasing workloads. Work can become an idol and it is tempting to be impatient in a busy environment. Nonetheless, through the gospel I can change. Titus 3:1-8 says *'Remind the people to be subject to rulers and authorities, to be obedient, to be ready to do whatever is good, to slander no one, to be peaceable and considerate, and always to be gentle towards everyone. At one time we too were foolish, disobedient, deceived and enslaved by all kinds of passions and pleasures... But when the kindness and love of God our Saviour appeared, he saved us, not because of righteous things we had done, but because of his mercy ...so that, having been justified by his grace, we might become heirs having the hope of eternal life. This is a trustworthy saying. And I want you to stress these things, so that those who have trusted in God may be careful to devote themselves to doing what is good.'* As we reflect on this trustworthy saying, we can be extraordinarily encouraged and devote ourselves to doing what is good at work. ■

**Enhui Yong** is a medical registrar in London

## consultant

**Adrian Harris** reflects on life as a Consultant Laparoscopic/Upper GI Surgeon

I have been a consultant for 15 years, but still recall much of my junior experience. In the first week of my very first clinical student placement, the consultant surgeon spotted my Crusader<sup>1</sup> tie and from that little acorn, an oak tree of Christian youth work grew and flourished for 14 years.

I remember being happily surprised whenever I found a senior colleague was a Christian; it was both an encouragement and a reminder that God's people are found at all levels of any institution. The consultant is, however, in a position of leadership and influence, and is inevitably watched more carefully, especially when known to be a Christian. Non-Christian colleagues may not agree with our standards but will expect us to maintain them, and will observe any lapse with a jaundiced eye. We are called to be salt and light,<sup>2</sup> to witness every day simply by being a Christian in the workplace; it is rarely remarked upon, but *always noticed*, when a person does not swear at work, because swearing is so commonplace. This simple positive act of verbal omission can be a powerful witness and may lead to interesting conversations.

The consultant surgeon became a helpful surgical mentor and is now one of my dearest friends. He demonstrated a consistent, strong, humble faith and was an excellent role model. Whatever your current training level, there will always be juniors who look up to you. This is a



glorious but heavy responsibility, especially as you become more senior; it should serve as a powerful reminder to return daily to the foot of the cross.<sup>3</sup>

At the start of my career it would not seem unusual for a surgeon to pray before an operation. It is a sad reality that nowadays criticism of such behaviour may result in potentially serious repercussions for the doctor. Whilst this may be discouraging for the young Christian doctor or student, remember that God will not be limited. My approach is to respect NHS policies, be sensitive to current societal ambivalence to religion, and pray for opportunities. These will occur, often when least expected. Pray for courage to bear witness to your faith, and wisdom to know how to do so.<sup>4</sup> And be prepared for God to answer your prayers.

Surgery has been a hugely enjoyable, exhausting, exhilarating, depressing, but ultimately rewarding career. But we are placed in these positions to witness and to serve. We are privileged to deal with people who are often at their lowest ebb, physically and mentally; relatives will be worried, guilty, angry. Into this maelstrom of despair and sadness we are called to care for the suffering patient. I have witnessed a variety of behaviours at all levels of training, but the one that stands out, that is most appreciated, and achieves most, is kindness. ■

**Adrian Harris** is a Consultant Laparoscopic/Upper GI Surgeon at Hinchingbrooke Hospital, Huntingdon

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2. Matthew 5:13-16
3. Psalm 25:9; Matthew 18:1-4, 20:16; Romans 12:3; Ephesians 4:2
4. Joshua 1:9

## medical student

**Katy Fischbacher**  
shares student  
experiences

**M**y faith shapes my experience of being a medical student on a daily basis. It is a source of great comfort and continuous correction.

It is very easy as a medical student to fall into the habit of using patients for our personal gain. We race to see the sign or do the skill forgetting the person at the centre of it. I have been challenged to cultivate an attitude not of what I have got out of the day, but what I have been able to give, remembering that Jesus came to serve, not to be served.

I think being a Christian also helps me to have a healthier attitude towards my seniors. We are called to honour and respect those above us but we do not have to be afraid of them. Great doctors can become gods in our minds and intimidating ones can make us feel we have no right to be there. Keeping God first and remembering my identity as his image bearer helps me to remember no human is superior because of their status, nor am I of less value because I am young and inexperienced.

I find one of the biggest difficulties of being a Christian medical student in a secular healthcare system is that I can't address a patient's fundamental need head on. I was particularly frustrated by this recently when I observed a 30-year-old lady being told the prognosis of her brain tumour. She broke down, screaming to her husband that she is afraid of dying. It was heart-breaking.



She was referred to a specialist counsellor, but I was left feeling that, certainly from an eternal perspective, this was wholly inadequate. But feeling limited like that also reminded me there was something I could do. We have the wonderful privilege of being able to pray for patients and therefore the ability to make a difference – mentally, physically and spiritually – after they have left the clinic.

Medical/surgical interventions are life transforming but so is prayer and I want to remember to do that more.

Additionally, since attending a CMF mini-Saline course, I've learned that we have many opportunities to share the gospel with patients and staff, and being a student gives us much more time to create these conversations.

I am frequently deeply affected by the stories of hardship and tragedy I encounter in medicine. But I have the gift of peace in circumstances where I would otherwise be questioning the purpose of life, overwhelmed by its depressing nature. Seeing suffering helps me fix my eyes on Jesus and truly rejoice in the promise that one day we will be with him and death and pain will be no more.

Finally, being a Christian means I don't have to be anxious about what comes after being a medical student. I'm naturally apprehensive of the future – will I have the time to see the people I love when working long hours? How will I cope with nights? But God is faithful – he has brought me to medical school, sustained me through it and I trust he will continue to do so. ■

**Katy Fischbacher** is a medical student in Cambridge

regular features

# *essentials* : sharing faith at university

Rebekah Rajiah gives hints for both on and off campus





Rebekah Rajiah is an intercalating medical student in London and CMF Deep:ER Fellow

## 'Go and make disciples of all nations...' (Matthew 28:19)

University can seem a challenging time to obey this well-known scripture. Many of us may intend to share our faith but find barriers that many of us will be familiar with. This is not made any easier by the pressures of university culture and the affirmed scientific principles of medicine that can pose a challenge to one's faith. It is no wonder that spreading the gospel at university may seem, at first glance, a little overwhelming. Here, in no particular order, are some things that might help us share our faith.

### 1. pray

Though we can do many things to help our non-Christian friends, all are underpinned by praying for them. We must surrender the rest of the work into God's hands.

### 2. choose how to live your life

Perhaps one of the most important ways we can serve Christ at university is by how we choose to live. In showing kindness, love and hospitality to others, we can be torches for Christ in our communities. Our behaviour or response to a situation could touch the heart of a colleague or friend, piquing their curiosity as to what motivates such conduct. Matthew 5:15-16 reminds us:

*'Neither do people light a lamp and put it under a bowl. Instead they put it on its stand, and it gives light to everyone in the house. In the same way, let your light shine before others, that they may see your good deeds and glorify your Father in heaven.'*

### 3. know and tell the gospel

Have a clear gospel outline firmly fixed in your brain ready for use. Not that many people usually ask 'what must I do to be saved?' but having

something ready for when someone does will increase your confidence, and help you better discuss aspects of the gospel as they arise. Knowing an outline will often help your own understanding as well. CMF's favourite one is outlined in *Freshers' Nucleus*<sup>1</sup> – there are plenty of others as well.

## in showing kindness, love and hospitality to others, we can be torches for Christ in our communities

### 4. share how you cope with life's challenges

Talking with fellow students about their support network, how they cope in difficult times and what they find gives their life purpose can help form friendships that lead to meaningful discussion. We need to listen to and understand our friends better as individuals, as well as introducing them to Christ. Those close to us may well have questions about our faith or would even like to understand us better. Of course, it is important to be sensitive and mindful of each other's boundaries and the Bible reminds of this in 1 Peter 3:15:

*'But in your hearts revere Christ as Lord. Always be prepared to give an answer to everyone who asks you to give the reason for the hope that you have. But do this with gentleness and respect.'*

### 5. use your testimony

Is there a time in your life where you felt that God's hand really delivered or helped you through a difficult time? Is there someone in your life facing adversity similar to what you have experienced?

Often when facing personal challenges, it can be difficult to reach out to others. This, coupled with today's culture that champions independence and

self-sufficiency, can lead to people facing testing times alone. Christians can be sources of comfort for those facing adversity. Why not reach out to a friend who you know has been going through a tough time and listen to how they have been feeling? Perhaps we could share with them how we navigated a similar period of our lives and how our faith helped us through.

## 6. watch a film

This might spontaneously bring up spirituality and religion, for example if a film explores the ideas of longevity, faith or existence. Perhaps this could be used as stimulus for a deeper discussion and it is certainly worth trying if you are thinking of ways to spark a conversation with your non-Christian friends about belief in God. Alex Bunn's previous article gives more hints.<sup>2</sup>

## social events... can be a great way to integrate university friends into your church family

## 7. encourage curiosity

If you have a friend that is interested in theology and particularly enjoys reading, perhaps you could suggest they read a book on the topic or give one to them as a gift. Maybe you could follow this up with a coffee or walk and discuss the themes covered in the book and explore each other's perspective. Suggestions of books that might be of interest include *The Reason for God* by Tim Keller and *Christianity for People who aren't Christians* by James Emery White.

## 8. bring friends along to CU or church events

Maybe there is a CMF or CU event you think a friend might like - a talent show, film viewing or society meal. Take a chance and invite them! Social events running at churches or CUs can be a great way to integrate university friends into your church

## FURTHER READING



'Uncover' is a great set of resources that help you read the Bible with a friend. Produced by UCCF who support Christian Unions. See: [uccf.org.uk/uncover](http://uccf.org.uk/uncover)



CMF's Confident Christianity course explores the content of the gospel and how to present it. There is particularly good material on answering the questions that

may come back after talking about Jesus with a friend. See: [bit.ly/2V7dixV](http://bit.ly/2V7dixV)

family – especially when there are incentives such as free food! It can be an opportunity for them to see the sense of community and support provided by our Christian networks and for them to voice any questions they have about Christ in a sociable setting.

## 9. get involved with CU events

Many CU or CMF groups run 'text-a-toastie' or 'holler-a-hot chocolate' events where students are encouraged to ask questions about God and in return receive a sweet or savoury treat. This can be a great way to get to know other students on campus and correct common misunderstandings about Christianity.

Given the multiple ways we can spread the gospel and be lights for Christ in our respective universities, I hope this selection of suggestions includes one or more which you can integrate into your own life. ■

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1. Crutchlow L. God-man-God. *Nucleus*. 2019. 47(3):4-5. [bit.ly/3c5yMkr](http://bit.ly/3c5yMkr)
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# be prepared: your authentic self

Tobi Adeagbo considers identity as a junior doctor



Tobi Adeagbo is a junior doctor in Wessex and a CMF Board Member

**W**hat does it mean to be true to myself? How can I even know what my true self is? Am I best identified as a collection of my personal likes and dislikes or is it more about belonging to a specific group? What about gender, ethnicity, sexuality, or nationality? How do these factors combine to give the most complete description of who I am? I have wrestled with this question over the years and still do now; it is an issue that we all face at some point.

Though it can be tempting to look solely within to find our 'authentic self', a part of us always understands that this will never completely do. We are so intricately connected with so much that is outside of us that it is impossible for these external factors not to influence our sense of who we are.

As a child, I based my sense of identity around my family. As I grew older, other things like hobbies, friends, nationality, and gender took precedence. However, it didn't take me long to see the problem with this. In a matter of years, I lost my place as the middle child and became two in a line-up of seven. I drifted away from my friends in secondary school and made new friends elsewhere. I left Nigeria and moved to the UK and suddenly realised that, though I am Nigerian, so much of what I think and believe has been influenced by my time in the UK.

What about medicine, my career? I have moved from wanting to be a paediatrician to considering geriatrics and am now working in acute medicine. How can I find security in my sense of self when all the things I use to construct it can change in the blink of an eye? Does this mean that I must start looking within myself for my sense of self even though introspection of that sort has given me more questions than answers?

I think that the fundamental issue lies in the fact that we are created beings. Our very existence is the fruit of something else. I am not referring to parents or countries or circumstances - no, I mean something even more fundamental. I mean God.



At the beginning of time, God created humanity. He created us *in his image*.<sup>1</sup> Our complexity therefore makes sense because we reflect the complexity of the one who created us. It is impossible to know ourselves fully if we do not know where, or rather who, we come from. Our true identity comes from God because we are made in his image. True, this image is blurred and marred by our separation from him. Yet, there is no better guide than the one who knew us before we ever took a breath and continues to know us even after we take our final breath.<sup>2</sup>

Our identity is not something illusive or flimsy like the things we tend to base it on, it is solid and stable like the one from whom it is truly derived. We know ourselves better as we know our God better. What we experience as we walk with God is a light shining ever more brightly to reveal and restore the beauty of what he has made - and that is how we find our true identity. ■

## REFS

1. Genesis 1:26
2. Psalm 139

regular features

# *leadership* : developing resilient disciples

John Greenall explores how God works in us







John Greenall is CMF Associate CEO and a paediatrician in Bedfordshire

was the only Christian on my fourth year paediatrics rotation. In fact, ditto for psych and care of the elderly. Neuro was different; two of my friends from church were there, but they didn't seem to take their faith too seriously and blended in with the crowd.

As you look around, do you sometimes feel like the odd one out? Like you are a stranger, alone in a foreign land? Perhaps you relate to Daniel and his friends as they arrived as exiles in Babylon, temporary residents in a land not their own and hostile to Christian beliefs.<sup>1</sup>

This 'feeling' is supported by the facts. Only 5% of the UK population now attend church.<sup>2</sup> On top of that, research in the USA among young people suggests that nearly two-thirds of young adults who were once regular churchgoers have dropped out.<sup>3</sup> This is sobering stuff.

So how do we thrive in our 'Babylon'? How do we grow as disciples of Jesus and lead others to do the same? And how can CMF help you with that?

Recently the Barna Group have produced some intriguing research, flipping the question from 'who are the young people leaving?' to 'what characterises those who are staying?'<sup>4</sup> They identify a small group, around 10% of the 100,000 18-29-year olds surveyed, whom they term 'resilient disciples'. They are exiles who remain faithful to their true home; a countercultural group of Christian young people whose faith is robust and who display four key characteristics (see Box 1).

## learning communities

How do you measure up to these characteristics? And how are you growing in them during your time at university?

The fact is, it's not enough to be discipled in one hour a week at church, or at an annual CMF Student Conference. To become 'resilient disciples' in our digital and fragmented world we need, more than ever, to be in small peer learning communities.

### Box 1: characteristics of resilient disciples

- Christ followers who attend church at least once a month and engage with their church more than just attending worship services
- Trust firmly in the authority of the Bible
- Are committed to Jesus personally and affirm he was crucified and raised from the dead to conquer sin and death
- Express desire to transform the broader society as an outcome of their faith

This is how Jesus did his ministry after all.<sup>5</sup> Amid ministry to the masses he focussed most of his time on twelve people. He didn't build his ministry



**Being a Deep:ER Fellow has been a joyful and encouraging time that has deepened my faith in the sufficiency of God's grace. I have been privileged to be discipled by mature Christians alongside other Fellows who, like me, are maturing in their faith. Serving international students and juniors - who have such joy, faith and hope in our Lord Jesus Christ despite many challenging situations in their home countries - was a wonderful encouragement.**

Leo, Deep:ER Fellow 2019-20



around how much of a crowd he drew, perhaps in contrast to how we can be tempted to measure success by attendance and reach.

One could say that Jesus chose to focus on developing a small number of 'resilient leader disciples', just twelve people who catalysed the movement of the worldwide church. Even today as I travel, I see that God so often moves through small minority groups who live as aliens and strangers.

What are the characteristics of these leader disciples? How do we become resilient leader disciples, those who make disciples in medicine and nursing? Here's where it gets more specific and more exciting, because the Barna research shows that cultivating five specific practices helps to form resilient faith (see Box 2).

**In the past, my view of God tended to be restricted to what he was doing in my life or in the lives of those around me. My learning on the Global Track about the history of global mission and mission today being from 'everyone to everywhere' has helped me to really understand the Lord has been establishing his worldwide kingdom since the beginning and he will continue doing so into eternity. He is at work and he invites us to join him.**

Daniel, Global Track Participant 2018-19

Why not pause and consider how you are doing on these metrics? It can be tempting to think we are at university to learn our profession and that we'll integrate it with our faith later. But people like

## Box 2: five practices that characterise resilient disciples

- **Practice 1:** Experience intimacy with Jesus. Resilients clearly identify as Christian, consider Christ central and experience intimacy with God
- **Practice 2:** Develop the muscles of cultural discernment. Resilients learn wisdom for living faithfully, stewarding their sexuality and their money and are anchored by the Bible.
- **Practice 3:** Forge meaningful, intergenerational relationships. When isolation and mistrust are the norms, resilients connect meaningfully to a local congregation and have strong relationships with older adults.
- **Practice 4:** Train for vocational discipleship. Resilients are equipped with a robust theology of work and calling. There is no sacred-secular divide and they are engaged Christianly in their workplaces.
- **Practice 5:** Engage in countercultural mission. Resilients have a strong sense of mission worked out in countercultural practice in their lives. Life is about God's wider mission in the world and not one's personal fulfilment.

Daniel, Joseph and Esther show the importance of spiritual preparation and demonstrate a clear principle: God uses early experiences to shape the hearts and minds of his servants.

**act now!**

So, don't wait until you've graduated. Take the findings in this research seriously. Spend time with Christians you see who embody the characteristics of resilient disciples. Get involved in a church which encourages these five practices. But let me also

### Box 3: current CMF tracks aimed at students

- Evangelism and Apologetics Track
- Speakers Track
- Global Track
- Health and Justice Track
- National Students Committee
- Deep:ER

urge you to get stuck in with CMF both locally in your groups as well as centrally through one of our tracks (see Box 3). Tracks are peer-learning communities of 6-24 students and juniors who are keen to learn and grow in various areas, including organisational leadership, thought leadership, specialty leadership, cross-cultural leadership, evangelism and apologetics and social justice leadership.<sup>6</sup>

CMF is ideally placed to engage you in all five practices of 'resilient disciples' and be the culture-shapers and leaders of the future. For instance, our tracks focus on growing a close walk with Jesus. We teach cultural discernment - not just what to think, but how to think critically, how to evaluate and understand propaganda, fake and real, truth and post-truth, worldview and theology, and so much more. We prioritise intergenerational learning relationships with mentors who have gone before you. We develop vocational leaders<sup>7</sup> who are passionate about disciple-making, helping medics and nurses to live and speak for Jesus Christ not only on Sundays or at small groups, but in the nitty-gritty of daily life. Finally, as learning communities we encourage one another to live counter-culturally with a missional outlook.

If you're like me on my peripheral placements and you feel isolated and alone, don't be surprised. We've seen exiles thrive in Babylon before, and we can see it again. My prayer is that God would raise up many 'resilient leader disciples' who lead and catalyse others to be whole-life disciples - leaders of the present and the future, united and equipped

to live and speak for Jesus in medicine and nursing.

For more details about training with CMF visit [cmf.org.uk/volunteer](http://cmf.org.uk/volunteer) or email [volunteer@cmf.org.uk](mailto:volunteer@cmf.org.uk). ■

**Speakers Track has helped us learn how to prepare, intellectually through deeper understanding of philosophical truths; persuasively by listening carefully to the language and underpinning heart of debates; theologically by leaning more on God's Word; and, spiritually, remembering that the Holy Spirit is promised to empower us. We've learnt from more experienced leaders who have provided much personal encouragement and advice. As a learning community we have built solid friendships that will extend beyond the Track itself.**

Grace, Speakers Track Participant 2018-20

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# *Distinctives*: everything's under control

Sally Barker asks us to consider who is in charge

**Calling all Christian medical students!**

**Feeling on top of things? In control?**

**What's the next step in your career? Please explain your five-year plan. Haven't you got your eportfolio/application/project sorted yet?**

**T**hese questions should not surprise you. In fact, I have been asked all these questions in the last three months – by fellow students, tutors and even patients. Furthermore, they are usually asked with complete and utter certainty that you, the subject, will have a well-rounded and confident answer.

And doesn't that reveal something about the worldview of med school? I think it shows just how much we love to feel in control. Control of our present situation – our grades, our reputation, our timetable for the week – and control of our future career.

And the pressure to conform can feel heavy

because, in some ways, medical school itself is a just a series of checklists. If you get the grades, you can apply. If you smash the interview, congrats, you've made it in. Can you take blood, break bad news and list the Sepsis Six? Great, FY1 here you come. Structure and goals are undeniably useful but living our lives permanently in this culture feeds the illusion that we, as human beings, are in ultimate control. We might begin to believe that all we need to do is follow the rules, jump though the hoops, study hard and all our plans will work out.

Perhaps we need to ask some alternative questions.

**are you giving God control?**

As creatures created in the image of God, we're instructed to 'rule over',<sup>1</sup> 'subdue'<sup>2</sup> and 'take care of'<sup>3</sup> creation. We could argue that the instinct to control is given to us by God. In fact, in many ways it can be a helpful and God-glorifying instinct; a patient's care depends on the medical team striving for control over a disease process, for example.



Sally Barker is a clinical medical student at Imperial College London

However, problems arise when we forget who this instinct was from and thus its original purpose. Just as Adam and Eve focussed inwardly, marvelling at their potential to be like God, knowing good and evil,<sup>4</sup> we can focus on our own desires. As fallen humans, our own desires are usually self-glorifying and dependent on feelings produced by the culture around us. Inadequacy, fear and discontent are real feelings, but they only exist when our comparison points are other human beings in a culture of striving and achievement.

If we look up, refocus on God and recognise him as our Lord, the daily struggle of ‘smashing life’ will fade into insignificance. By relinquishing control on the things we see as important, we give him room to show us and guide us in his infinitely greater plan for our lives. He made us for a purpose and he has, and will, give us all we need to fulfil it – if we truly humble ourselves and let him.

### what’s God’s plan for you?

If you’re anything like me (ie a control-freak), you’re now itching to stand up and say, ‘That’s all well and good, but how do I know what God’s plan is?’

Well, Jesus gives us a wonderfully simple answer to this: *“Love the Lord your God with all your heart and with all your soul and with all your mind.”* This is the first and greatest commandment. And the second is like it: *“Love your neighbour as yourself”.* (Matthew 22:37-39) The repetition of ‘all’ here strikes me as especially challenging in terms of control. I love to portion up my day, with this time for revision, this time for socialising, this time for placement and oh yes, this time for a quick Bible study. Yet, rather than fitting God around my plans, Jesus calls me to give it all to God, shaping my day-to-day around him and, through him, others.

What would that look like? Perhaps it does involve success and achievement; studying to be a caring and effective healthcare professional equips

us to help others and relieve suffering daily. Furthermore, to be a humble and servant-hearted leader in an academic field, for example, is a challenging yet immensely powerful imitation of Christ. Or perhaps God’s plan for us does involve failure, persecution and pain. We may fail exams, suffer ill-health ourselves or have a career characterised by controversy as we stand as ambassadors for Jesus. In these times, it can be our relentless joy and trust in Christ that prompts non-Christians to ask where our hope comes from.

## Jesus calls me to give it all to God, shaping my day-to-day around him and, through him, others

### what now?

By God’s grace, we are players in his great plan. He has chosen us to be his ambassadors, to communicate and exemplify the glory of God to whoever we can. That is our one, true purpose. As Paul puts it: *‘Therefore, I urge you, brothers and sisters, in view of God’s mercy, to offer your bodies as a living sacrifice, holy and pleasing to God—this is your true and proper worship. Do not conform to the pattern of this world, but be transformed by the renewing of your mind. Then you will be able to test and approve what God’s will is – his good, pleasing and perfect will.’* (Romans 12:1-2)

Our world tells us we should be striving for control for ourselves. To resist this and to pursue God’s plan instead is countercultural and just plain difficult! It requires a daily surrendering to God, repentance and asking the Holy Spirit to equip us every step of the way.

What’s God’s plan for you? I have no idea. But I know that it’s going to be awesome. ■

#### REFS

1. Genesis 1:26
2. Genesis 1:28
3. Genesis 2:15
4. Genesis 3:22

# my trip to... China: a surprise encounter

A UK medical student describes an unexpected meeting



**M**y interest in China grew from the CMF Global Track. This programme for students and juniors broadened my awareness of the global Church and made me realise how narrow my ideas of God and his purposes for the world had previously been. I realised that I knew next to nothing about this vast nation which, according to some estimates, has more Christians than the UK has people! Thinking that China could play a huge role in the future of Christianity, I began to learn Mandarin, read books about Chinese history and eventually secured a place on a three-week summer school in China through the British Council's programme.

The political situation for Christians in China is complicated. Generally, foreign Christians can meet freely but native Christians are far more closely monitored, and in some cases controlled, by the government. For this reason, many Chinese Christians choose to congregate in informal house church networks. When I travelled to China, I had no means of contacting these Christians, so viewed my three-week cultural immersion programme as a mere stepping stone towards engaging with the Chinese church in the future. That 'future' however, was to materialise much sooner than I had expected.

One evening, I was feeling a bit low and had decided to take a stroll by myself around the city. I was trying to pray as I walked when I was approached by a Chinese lady completely unknown to me. She greeted me (in English) and asked if I would like to come to a Bible study. Startled, I listened with mixed curiosity and reticence as the woman, June, proceeded with a short explanation of the Gospel and informed me that the Bible study would take place in a few days at 'her sister's house' and that she could meet me at the metro station to take me there. I enquired as to the subject of the study and was reassured when she said Deuteronomy. I reasoned that this was probably true since if it were some sort of scam, the prospect of reading Deuteronomy was probably not the most effective way of enticing unsuspecting individuals off the street! I took the woman's number and told her that I would be in touch.

After much vacillation and conflicting advice from people back home, I decided to go to the (supposed) meeting with a friend from my summer school who had agreed to accompany me, although she wasn't a Christian herself.

We met June at the metro station and she led us up a dark tower block into a small apartment.



We entered the bedroom (which was the only room besides the tiny kitchen) which was soon filled with about 15 other people, mostly young women. I tried cheerfully greeting people in broken Mandarin but after their abrupt replies, they sat quietly reading their Bibles, muttering prayers under their breath.

Soon however, things became livelier as we began to sing. The songbooks had lyrics in both English and Mandarin and although I recognised some songs (one was by Rend Collective), others seemed to be original Chinese worship songs. Then came the prayers. These would start gently but then periodically accelerate to a fever pitch accompanied by exclamations of 'amen' from across the room. Although everybody spoke in Mandarin, there was a lady beside me translating at an impassioned pace. It seemed like she drew a lot of her vocabulary from the King James Bible, which only added to the surreality of the experience! The study itself was an exposition of Deuteronomy 19 and talked about how Jesus is our true 'city of refuge'.

However, my favourite part of the meeting was the testimonies that followed. People shared very openly about their lives - it seemed that everybody there had become Christians as adults so there was a very clear demarcation in their personal

narratives between life before and after Jesus. June shared about how much she had struggled with envy, and even though she was sometimes still envious of another 'sister' present at the meeting, by God's grace that sin was being crucified daily!

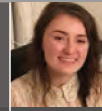
After the meeting came to a formal end, people became much more talkative and were very hospitable to my friend and I, sharing their food and calling a taxi to take us home. I realised that what I thought was unfriendliness before was just an expression of their reverence when they met to worship God together.

I met June one more time before leaving China. She gave me lots of gifts to take back to the UK and a letter explaining how Jesus had changed her life to give to my non-Christian friend. We both expressed how surprised and encouraged we had been to meet a Christian brother/sister from a completely different country and culture. I came back to the UK so grateful that I had been given a glimpse of another side of God's Kingdom that he is building literally across the world. ■

*To protect the subjects of this article, it is deliberately anonymous, and some details have been changed.*

# local groups: York

Joanne Charles reports on a York day conference



Joanne Charles is a medical student at HYMS

**T**he Body and the Church' day conference was hosted by York CMF in February 2020. The event was open to a wide church audience, and seminars addressed the difficult medical ethical issues of abortion, contraception, fertility, and end of life. Each talk considered modern technologies, and the biblical and moral implications on which Christians base their conclusions. As a first-year medical student, the clearest take-home point was how little I knew about such subjects.

A seminar addressing different aspects of euthanasia was particularly useful to me, given the BMA survey on 'Assisted Dying' being conducted at the time.<sup>1</sup> The talk highlighted how God's compassion can be shown despite the mystery of suffering, and Christians can show a better way through alternatives like palliative care. Recent legal changes have shown how quickly attitudes to the protection of human life can change and develop into demands for wider access across more vulnerable groups.<sup>2</sup>

However, the greatest surprise for me was how new the guidance about contraception was to many of us in the room. It became clear that birth control ethics aren't widely addressed in church services or even secular education. Commonly used contraceptives may act before or after an embryo is formed, but the latter are rarely labelled as abortifacient.<sup>3</sup> The speaker suggested many ways to consider this, from traditional natural family planning to a three-point approach to assessing a method. This approach involved asking whether the method worked by stopping the egg release, sperm access or the embedding of a fertilised egg into the uterus.<sup>4</sup> It would be really wonderful if other Christians could attend seminars like this,



especially as contraceptive use has become more commonplace amongst those who believe life begins at conception.

The talks on abortion and fertility were also approached very sensitively, focusing on equal rights, including those of the unborn, and the great need for compassion when discussing either. IVF is something I had never heard mentioned in church (or, understandably, five months into medical school). The speaker mentioned how the desire to have children was not selfish, but having children isn't necessarily a 'right' as the world seems to think it is. He addressed the common practice of fertilising many eggs for potential use in IVF, and how the 'extra' embryos can be discarded, stored indefinitely, or used for medical research. Alternatives could include requesting only the necessary number of eggs be fertilised or considering embryo adoption (Snowflake<sup>5</sup> is a US example of such a programme). I was surprised something that I found so controversial was so established, although this theme was discussed throughout the day.

Ultimately, after this teaching, I pray that God equips medical professionals and members of the public with better knowledge on these controversial but hugely relevant subjects. It was a privilege to learn from the doctors speaking, and I hope others get the opportunity to hear this series of talks. ■

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# counterparts: SYD2

Momoson Tontanga reports on the 2019 SYD2 conference



Momoson Tontanga is a junior doctor in Northern India

I am currently working in a mission hospital established by American missionaries in 1920 in the small north-eastern Indian state of Manipur. I am the only registered doctor here despite the hospital being 100 years old. Prior to my joining, the hospital had been run by some unregistered doctors and Ayurvedic doctors. Being in a low resource setting, lab facilities and other equipment are minimal. In case of emergencies, the nearest referral hospital is 45 kilometres away which takes one and half hours because of poor road conditions. I was prepared mentally for many clinical and technical challenges. To my surprise, however, there are ethical and moral challenges too, which is shocking and I'm still battling with it. I sometimes wonder how such things happen under the banner of a 'Christian hospital'. When the challenges are overwhelming and I can't seem to take a step further, the surety of God's calling is what gives me enough grace and strength to go on.

It was just a month before I joined this hospital that I attended the 2019 SYD2 and CMF UK Junior Doctors Conferences. I was, by then, sure of God's calling to the hospital in Manipur, but I was wrestling with several questions at the same time. At that time, I could well relate to the situation of the Israelites at the shore of the Red Sea where in front of them was the vast sea, impossible for them to cross, and behind them Pharaoh's mighty soldiers. It seemed that the challenges ahead of me were as vast as the Red Sea and my own questions and insecurities as a young doctor, not specialised in any field, my future, and when to go for specialist training, were haunting me from the rear.

It was in God's perfect timing that I attended SYD2. All the sessions and seminars in SYD2 and the Junior Doctors Conference were reassuring and encouraging. Dr David Randall's story of challenging the Royal College of Physicians; Fi McLachlan's session on 'Global Health and Mission' and 'Stepping out in following Jesus: wherever he may



## I will continue to serve him for no other reason but that I have experienced his faithfulness and his unfailing love

lead', are to name just a few. It was also heart warming to meet like-minded junior doctors from different parts of the globe and to listen to their amazing testimonies. Not only the sessions and seminars, but the song that we sang at Hothorpe Hall stills rings in my ears -

*'How deep the Father's love for us  
How vast beyond all measure  
That he should give his only Son  
To make a wretch his treasure'*

I work here not because of who I am or what I am (I'm just a junior doctor) but because of my Father who loves me so much that he gave his only Son to save me and make me his treasure and who called me to this place. And I will continue to serve him for no other reason but that I have experienced his faithfulness and his unfailing love. ■

# conference report: Shining like Stars

Matthew Amer reports on CMF Student Conference 2020



Praying and worshipping the Lord with such a big group of like-minded people was wonderful, the general atmosphere was welcoming and caring and it was so helpful to chat about various healthcare issues from a Christian perspective.

The journey to CMF National Student Conference 2020 started 400 miles north in the still cold, wintery darkness of Scotland. There were 13 of us altogether coming from Dundee, comprised of a cheerful collection of nurses and medical students. Spread across three cars, we slowly navigated the wet, shining roads after a tiring day in clinics. The sun was setting and sending the last few rays in through the car windows. However, neither the darkness nor the prospect of a long drive dampened our spirits

because, as always, Student Conference starts the moment the journey begins. The forecast for the weekend was warmth, fellowship, inspirational

teaching and, of course, a clammy ceilidh.

Arriving and entering the main concourse, we were shepherded through to the restaurant. The serving areas were emitting a comforting and attractive warmth. Of course, the exalted and somewhat fabled CMF conference food once again fulfilled our high expectations. The legend shall continue to be spread across the country for another year.

The key theme of this year's conference was *Shining Like Stars* with the main teaching from Philippians. Although the food and accommodation are wonderful it is, of course, the teaching and equipping that we all come for. The worth and excellence of the teaching can simultaneously excite, equip, and inform on key truths and teaching from God's word. *Shining Like Stars* encapsulates the image of how we, as healthcare students, can be seen and noticed by being Christ-like and glorifying him wherever we go. Like the winter sun we saw while driving down, we should be noticed and perceived to be bright in a world that is so engulfed in darkness.



Matthew Amer is a medical student in Dundee



our healthcare setting because he can and will bring people to his kingdom as a result. Our duty as Christians is to share the greatest news – and our professional lives are not exempt from this task. The people we meet every day in hospitals are those urgently in need of hearing the transforming news of the Gospel, and their moment of despair and sorrow can lead them to search for the answer we have.

Another highlight came after a seminar on evolution – a challenging and sometimes despairingly complicated topic to navigate. Mark Pickering was leading and, after it finished, he sat down with me over a cup of coffee to personally answer some questions and challenges I had. It was a lovely opportunity to explore my questions. All the teachers and speakers take time to speak with you individually, a small but beneficial hallmark of CMF.

I hope to see you next year. It truly is one of the highlights of my year and I am certain it will be one of yours too. Please talk to folks at your medical school who have been before to get some more raving reports. You will learn from, be supplied with, and grow in God’s word to prepare you to shine for Christ. ▀

It is such an encouragement to see teaching entrenched in scripture. Peter did an excellent job of working through Philipians and highlighting the key aspects of the gospel.

I was inspired, challenged and also amazed by how he was able to be firm and blunt about certain biblical principles which we have let get watered down. He approached it with care and wisdom.

So useful. Particularly the Biblical perspective of why gender matters. Was delivered in a very humble and compassionate way. Also useful practical help. Great use of evidence to back up what John was saying too! (transgender seminar)

A timely learning point for me arrived during a main session. It can be difficult to shine when no-one else is. It can be difficult to stand out for believing in something that people can ridicule and torment you for. Why bother? We stand for Christ in

# crossing cultures : India

Werner McIlwaine describes his service in India



**Werner McIlwaine**  
is a retired physician  
in Northern Ireland

**Y**ou'll have to go back up and try again,' I said to Karin, my wife of nine weeks. It was three am and very dark. We were in Bombay (now Mumbai), India, and we had just arrived at the guest house from the temporary airport then in use. There had been no reply to Karin's knock at the flat on the fifth floor of the (only partly constructed) building. We had been glad to see our two suitcases, which were to last us for one-and-a-half years at a Mission Hospital in Miraj, Maharashtra State, India. That was in November 1979, and I had taken unpaid leave of absence as a senior registrar for this. Thankfully, louder knocking by my intrepid wife had awakened the inmates and we were able to get change, pay the patient taxi driver and have our first night in India.

## if you get the opportunity to go on a... mission team visit, do take it

I did not return to India until 2009, when I was a member of a Tearfund Transform Team, going to visit Duncan Hospital in Bihar State in North India. From the overnight train, we were taken in a hospital jeep to rural India to see community projects supported by Tearfund. I thought to myself, 'When I retire in 2011, I must visit this hospital again.' So, in November 2011, I was back and looking at tetanus, scrub typhus, leptospirosis and cysticercosis, alongside more familiar stroke and acute myocardial infarction patients.

That was the first of several annual visits, to which I added two weeks with a joint medical and dental team, visiting Delhi Bible Institute and its centres across North India. We did check-ups with simple pharmacy and dental work; then onto Duncan hospital, and for the last time in February 2020, to Herbertpur Hospital for a brief visit.



Retirement gave opportunity to join Tearfund as a volunteer speaker. I also joined the Northern Ireland CMF committee, meeting some great folk and some very enthusiastic Christian medical students. With church assembly elder duties, doing taxi service for four grandchildren and spending time as the under-gardener to my wife the 'Squires' (yes, it's a scrabble word my son-in-law Richard discovered recently), you might ask, 'Do you miss consultant physician work?' Yes, I did – for one hour on a Monday afternoon in August 2011.

So, there are opportunities for service on the mission field during student electives, and you could consider taking leave and going to a Mission Hospital during your postgraduate training. I was able to get some of my time in India recognised for speciality training. If you get the opportunity to go on a Tearfund or other mission team visit, do take it.

Someone has said, 'There is no unemployment with God,' and it's absolutely true. But the best is always yet to come.... ▀

**H**air Love is a playful yet moving animated short film which follows the story of a black father learning to do his daughter's hair. Zuri is getting ready for a big day - her mother is finally coming home from the hospital. Zuri is eager to get her hair exactly right, just like her mother always did. She pulls up one of her mother's online tutorials and diligently follows the instructions step-by-step and the result is ... not what she expected.

Her father meets her, deflated and hair undone. After attempting to do it himself, he gives up and resorts to covering Zuri's hair with a hat. Zuri runs out, refusing to wear the hat.

On one level, *Hair Love* is a powerful story which encourages the black community to love their hair. Zuri's mother is a woman who longs to give black women and girls the tools to celebrate and display their hair, uncompromising and unashamed. Zuri is a daughter who looks up to her mother and learns from her through this.

We also see this as a story about a family teaching and helping each other to embrace parts of their identity which might be difficult to embrace by pointing each other towards truth. When Zuri refuses to let her father cover her hair with a hat, he goes out to find her. She is upset but again prepared to listen to her mother's voice. He realises just how much this means to Zuri so they resolve to try and do her hair together, with the guiding words of Zuri's mother. We realise that



doing Zuri's hair is not just about helping her to embrace her identity as a black girl; it is about loving her and providing a space for her to belong.

As the film concludes, with Zuri and her mother reunited, we learn that this is also a story about knowing that our identity cannot be reduced to just parts of who we are. Even though Zuri's mother is a woman who is proud of her Afro-Caribbean hair as part of her identity, when she loses her hair, she struggles to be proud of who she is. When she receives Zuri's drawing of her as a beautiful, bald and happy part of their family, she realises that she has a more lasting identity which remains even without her hair.

As Christians, this piece

causes us to ask how we can rightfully celebrate parts of our identity without those parts becoming the things which ultimately define us. How can we be better at helping each other celebrate our diversity and the things which help form our identity whilst still pointing each other to the truth of an everlasting and unshakeable identity in Christ? =

You can watch *Hair Love*, winner of the 2020 Academy Award for Best Animated Short Film here: [bit.ly/3emYx1X](https://bit.ly/3emYx1X)

**Mary Odonkor** is a clinical medical student at King's College London

# Review

film: *JoJo Rabbit*

**J**ojo is an ordinary 10-year old. He loves running, camping, throwing hand grenades and ... Adolf Hitler. With such 'blind fanaticism' that *'it took him three weeks to get over the fact that his grandfather was not blond'*, we see Nazi Germany through a child's eyes. But everything starts to fall apart when his beloved mother takes in Elsa, an enemy of their great nation, and a Jew.



Based on the novel, *Caging Skies*, I was a little hesitant in watching this comedy at first. After *Schindler's List*, *The Boy in the Striped Pyjamas*, *Life is Beautiful* and many more, watching a child

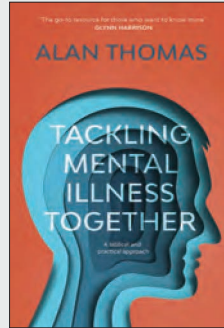
with Hitler as his imaginary friend made me wonder if it would whitewash the horrors of the Holocaust.

Taika Waititi, a director now famous for balancing humour with emotion, defended his controversial take on this historical event; far from disrespecting the darkness of that time, he says that comedy is *'an important tool against bigotry and intolerance and ridiculous world views'*. There was also the recurring theme of stereotyping - just as Jojo battles his preconceptions about Jews, we battle ours as we watch a bumbling and comic Nazi behave against expected norms. The film also contained a sober reminder that doing the right thing often has a price, a reminder especially important to us as Christians.

Although some may say *Jojo Rabbit* oversimplifies serious issues, Waititi weaves this engaging plot with lovable characters, deep themes and a recognition that every individual is inherently human. ■

**Philippa Tan** is a medical student at UEA

book: *Tackling Mental Illness Together*



## Tackling Mental Illness Together - A Biblical and Practical Approach

Professor Alan Thomas,

pp232, Inter-Varsity Press  
2017  
ISBN: 9781783595594  
Paperback £9.99

**Helen Rimmel** is a medical student at Imperial College, London

**I** had been rushed to hospital with chest pain...I cried when I learned how the people at church prayed for me because I remembered how different it was... when I became acutely ill with schizophrenia.'

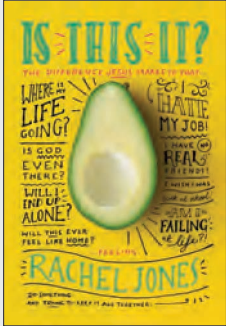
As this account shows, fear and misunderstanding of mental illness in the church can lead to sufferers being offered poor counsel or becoming isolated from their church family. How then can Christians instead be well-equipped to help and heal the mentally ill?

Professor Thomas' book provides a view on mental illness that is both accessible and nuanced. It goes beyond theology and theory to offer wonderfully practical guidance for making the deep relationships that exist within a church family valuable to recovery.

The book explores philosophical and historical lenses on mental illness, the difficult question of personal responsibility, options for psychiatric treatment and ends with case studies of each of the major mental illnesses.

Thomas avoids both over-spiritualisation and over-medicalisation, instead emphasising the 'psychosomatic wholeness' of humanity that makes it impossible to consider our body and soul separately. For this reason it seems to be a hugely useful tool for ensuring churches neither desert the mentally ill, entrusting them solely to the care of clinicians, nor try to impede their access to medical help by considering their illness as wholly spiritual.

This book offers clear guidance and hope in the face of a form of suffering that is often so taboo, and I recommend it as an invaluable resource for medics and non-medics alike. ■



## Is This it?

Rachel Jones

208pp, The Good Book Company, 2019.

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I was recommended this book three times before I read it (and even then, someone else had to buy it for me).

The front of *Is This It?* is covered in questions which encapsulate that quarter-life crisis feeling stereotypical of our generation: 'am I failing at life?', 'will I end up alone?' and 'will this ever feel like home?'. These are questions which I didn't really want to admit I had and definitely had no desire to analyse!

However, I am writing this review is because the book is really, really good. The author, Rachel Jones, describes herself as a '20-something trying to keep it all together' and the overall message of the book could be summarised as: 'it's okay, trust in Jesus'. With radical honesty, she shares twelve feelings that, whilst not inherently sinful, conflict with her Christian faith. Each chapter explores the origins of a particular feeling. Using Scripture, humour, and some brilliant stories, she shows how each one is an opportunity to run our race of faith harder and with greater joy. Some chapters resonated more than others but because each chapter finished with simple prayer points or questions to think about, all of them led me to prayer, repentance, and a renewed excitement in my identity as a child of God.

The feelings that Rachel explores – dissatisfaction, rootlessness, loneliness, self-doubt or simply meaninglessness – are feelings that my non-Christian friends also experience. They can be subtle, presenting insidiously and manifesting in different ways for different people, but they are common consequences of the millennial culture. To be able to name these feelings with my friends, share our common vulnerabilities and then speak into these areas with salt, light and hope was an unexpected yet wonderful consequence of this book.

I have a controversial habit of turning down the corner of the page when I find a paragraph or sentence that is particularly useful – I fear I have disfigured *Is This It?* beyond repair. Buy it now or ask around because, trust me, this is a book that you will want to share once you have read it! ■

## assisted dying - RCGP makes a stand

Following an all-member consultation, the RCGP Council voted in February against a change in the law regarding assisted dying, which is currently illegal throughout the UK. Less than 15% of members responded to the online survey but 47% of those that did were opposed to any change. It was, however, a close-run thing because 40% of members were in favour of a change, with appropriate safeguards; and 11% were in favour of the neutral stance adopted by the RCP.

Meanwhile, cardiologist Dr Dermot Kearney MRCP, retired palliative medicine consultant Dr Kathy Myers FRCP and renal medicine registrar Dr David Randall MRCP (two of whom are CMF members) challenged in court the RCP's decision to take a neutral stance on the strength of a very strange voting process that required 60% of members to vote against neutrality in order for it to be rejected. This process is now concluded, and the RCP has issued a statement including the words 'so that there can be no doubt, the RCP clarifies that it does not support a change in the law to permit assisted dying at the present time'.

*Royal College of General Practitioners, [bit.ly/30RcTU1](https://bit.ly/30RcTU1)  
Royal College of Physicians, [bit.ly/2AK4XcJ](https://bit.ly/2AK4XcJ)*

## 'Infodemics' and how to combat them

Epidemics are inevitably accompanied by 'infodemics', and the World Health Organization (WHO) is working hard to combat the excessive and sometimes inaccurate information being disseminated about COVID-19. Social media is mainly responsible for spreading misinformation, but regular news outlets are also sometimes guilty of sensationalising events in such a way as to cause unnecessary fear and anxiety.

The WHO's aim is to give people ready access to the information that will enable them to protect themselves and others without causing panic, and

thus mitigate the impact of the global pandemic. To this end they are engaging with all forms of social media and making sure that when people search for information online, reputable sources are at the top of the list.

David Heymann, Professor of infectious disease epidemiology at the London School of Hygiene & Tropical Medicine stressed the need for the public health community to help all forms of social and traditional media to 'better understand what they should be looking for, because the media sometimes gets ahead of the evidence'.

*Lancet, [bit.ly/2N7RP3C](https://bit.ly/2N7RP3C)*

## a future for the world's children?

The question mark says it all. A report published by a WHO-UNICEF-Lancet Commission found many causes for concern about the future of children world-wide, including climate change, ecological degradation, mass migration, war, inequality, and self-interested commercial practices.

Although children in developed countries may, on the whole, be doing better than those in less well-resourced parts of the world, it is those countries that are contributing the most to the emissions that appear to be driving global warming, which threatens the future of all children everywhere.

The report also highlights the damage that commercial interests are doing to impressionable children and young people, encouraging them to consume unhealthy foods or engage in potentially destructive behaviours (alcohol, gambling, smoking, etc). Social media poses a threat to children's well-being when it exposes them to bullying and exploitation by sex offenders and drug pedlars.

Sustainable Development Goals (SDGs) agreed by all nations five years ago, have been met by hardly any of them. The report urges governments everywhere to 'harness coalitions across sectors to



overcome ecological and commercial pressures to ensure children receive their rights and entitlements now and a liveable planet in the years to come.'

*Lancet, bit.ly/3fr0sm6*

## learning health systems for low- and middle-income countries

Institutions in high-income countries (HICs) are the main funders and generators of academic knowledge on health systems in low-income and middle-income countries

(LMICs), and much too often this knowledge reflects their priorities rather than the needs of health systems in LMICs.' This is the problem that a recent report by the World Health Organization seeks to address.

It recommends that LMICs take greater responsibility for disseminating knowledge that results from their own unique experience of dealing with the health challenges that they face. This can be difficult when leaders in healthcare are preoccupied with day-to-day planning and implementation and when systems for accumulating and recording learning are fragmented and not well organised.

To overcome these obstacles, the report recommends that healthcare learning be 'consistent with stated missions and values' rather than prioritising specialist services that attract investment and confer prestige. Learning needs to include the ability to anticipate and respond to emerging developments so as to deal effectively with health crises. Learning in LMICs needs to become more dynamic and collaborative rather than static.

'Ultimately,' the report concludes, 'learning is an important path to the greater self-reliance of national and subnational health systems.'

*Lancet, bit.ly/3dbxqFw*

## medicine shortages in Europe and rising costs in the USA

A Medicine Shortages Survey carried out last year by the Pharmaceutical Group of the European Union (PGEU) found that, of the countries participating, two-thirds were having problems with the supply of over 200 medicines, including vital respiratory and cardiovascular drugs. Countries within the EU with weaker economies were disproportionately affected, but wealthier countries like Finland and the UK were not exempt.

Most of the active pharmaceutical ingredients (APIs) found in drugs are produced in just a few production plants based mostly in China and India. So the problem is caused partly by the inability of these plants to meet rising demand, but also because emissions and quality control inspections take up valuable time and sometimes lead to plant closures. Pandemics like COVID-19 are likely to have a negative impact on output as well.

Jaume Vidal of Health Action International suggests that poor planning by the drug companies in Europe that rely on APIs further exacerbates the problem. It takes time for new drugs to be authorised for use in the EU and local packaging regulations can add to the delay.

Some countries are finding solutions by, for example, allowing pharmacists to substitute a generic version or a therapeutically similar drug for the prescribed medication if it is in short supply.<sup>1</sup>

At the same time, a recent report published in the online journal *Neurology* indicates that the rising cost of medication in America is forcing some people with neurological disorders such as Parkinsons and multiple sclerosis to go without, at the expense of their quality of life.<sup>2</sup>

1. *Lancet, bit.ly/2UX7ely*

2. *Neurology, bit.ly/2UUuCX4*

## the other epidemic - loneliness

It's not just the UK that has recognised the prevalence of loneliness and is doing something about it. Despite being better connected than ever, loneliness is on the rise, especially amongst older people in developed nations, although younger age groups are not immune.

So why should medics be concerned? Surely it's a psychological problem?

The impact of loneliness on physical as well as psychological health and well-being is now well established. While it certainly leads to mental health problems like anxiety and depression, loneliness has also been linked to increased susceptibility to non-communicable diseases, unhealthy lifestyles, stress, sleep problems and even premature death.

More research is needed to fully understand the sometimes reciprocal causality between loneliness and specific health issues, and to develop effective therapeutic interventions that address the root causes.

*Lancet, bit.ly/37Enb1B*

## speaking out against medical malpractice

A report by the 'Independent Inquiry into the Issues raised by Paterson' published on 4 February highlights failures in the healthcare system that allowed a rogue surgeon to continue practicing on thousands of patients for nearly twenty years.

In a damning indictment on both the NHS and private health sector, the report criticises a 'healthcare system which proved itself dysfunctional at almost every level when it came to keeping patients safe, and where those who were the victims of Paterson's malpractice were let down time and time again.'<sup>1</sup>

The few whistleblowers who dared to break ranks were ignored because they were not backed up by colleagues who might have supported their claims with their own experiences of his 'abhorrent and unsafe activities'.<sup>2</sup>

It was not a lack of regulations and guidelines that led to this appalling state of affairs which undermined confidence in the healthcare system, but the 'complicit silence' of medical professionals who for various reasons, chose not to expose a colleague whose wrongdoing should have been obvious to them.

1. *Paterson Report, bit.ly/2AJ4kjo*
2. *Lancet, bit.ly/2UTbQz4*

## environmental change and human health

The health of the planet has a direct impact on the health of human beings in a shrinking world that is increasingly affected by human activity - so much so, that our current geological era has been designated the 'Anthropocene' by some scientists.<sup>1</sup>

In May last year, the London School of Hygiene and Tropical Medicine and World Resources Institute, with funding from the Wellcome Trust, hosted a webinar mooting the formation of a Planetary Health Watch with the purpose of monitoring all the different aspects of environmental change that affect human health. It would also investigate what is driving change and consider protective public policy measures that might mitigate harm.<sup>2</sup>

One of the contributors identified 'nine planetary boundaries that if transgressed could lead to non-linear, abrupt environmental change'. These include 'climate change, ocean acidification, depletion of stratospheric ozone, biogeochemical flows, atmospheric aerosol loading, land-system changes, global use of freshwater, biosphere integrity, and novel entities'.<sup>3,4</sup>

With extreme weather events already increasing in frequency, resulting in severe drought, extreme heat and extensive wild fires in some parts of the world and flooding in others (and sometimes both), it is difficult to see how a monitoring agency with no political power can make a difference at this late stage. We already know what we need to do – but the will, and sometimes the ability, to do it is lacking.

1. *Lancet*, [bit.ly/3enn2f2](https://doi.org/10.1016/S0140-6736(19)30922-2)
2. *London School of Hygiene and Tropical Medicine*, [bit.ly/2BiUJjg](https://doi.org/10.1093/eurpub/ckz001)
3. *Nature*, [doi.org/10.1038/461472a](https://doi.org/10.1038/461472a)
4. *Science*, [doi.org/10.1126/science.1259855](https://doi.org/10.1126/science.1259855).

## abortion in Northern Ireland

The 1967 Abortion Act was never applicable in Northern Ireland, with abortion there governed both by the Offences Against the Person Act (1861) and the Infant Life (Preservation) Act of 1945. There has been increasing pressure for a change in the law, with a High Court Case in 2019 declaring the law in Northern Ireland incompatible with the Human Rights Act (1998). A change in the law in the Republic of Ireland also added to pressure.

The campaign became entangled in the complex parliamentary situation at Westminster in the latter part of 2019, with efforts to restore the power-sharing executive in Northern Ireland seen as an opportunity by some campaigners to change the law. The UK parliament eventually backed legislation legalising both abortion and same-sex marriage in Northern Ireland if the executive, which had not sat for several years, was not operational. Although the executive did meet on one day in October 2019, no way forward was found, and thus abortion became legal in Northern Ireland.

Initially operating under interim regulations, the new regime has now been finalised in a vote in the Westminster parliament. This leaves abortion law in

Northern Ireland still different from that in Great Britain, but now with less protection for unborn children than in the rest of the UK. The new rules effectively allow abortion ‘on demand’ until the 24th week of pregnancy, and do not require two doctors’ opinions in the way that the rest of the UK does. These changes are only likely to add to pressures for a similar weakening of safeguards in England, Scotland and Wales.

## rare diseases - how much should we invest?

Investing in treatments and drugs for conditions and diseases that affect a relative handful of people in every country is difficult to incentivise to pharmaceutical companies that expect a good return on their investment. So the research either doesn’t get done, or the treatments developed are prohibitively expensive, both for individuals, insurance companies and state healthcare systems like the UK’s NHS.

Yet the numbers affected by rare conditions globally are not trivial – around 400 million worldwide.<sup>1</sup> There may be as many as 8,000 rare diseases and, as most of them are genetic, developments in gene manipulation technology like CRISPR may eventually lead to gene therapies that can help many of them – at least in the developed world.

Solutions must include international collaboration in research and the development of treatments and organisations that are leading the way include the European Reference Networks, the International Rare Disease Research Consortium and the EU Framework Programme for Research and Innovation Horizon 2020.<sup>2</sup> ■

1. *Lancet*, [bit.ly/37C3zVw](https://doi.org/10.1016/S0140-6736(19)30922-2)
2. *Rare Disease Today*, [bit.ly/2N9IWYq](https://doi.org/10.1016/j.rdt.2019.10.001)

A weekly  
chance to stop,  
step back from the  
busyness, focus  
on God and pray  
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