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GOD'S JUSTICE

is God just?
race & racism
prison medicine

nucleus

the student journal of the christian medical fellowship

plus: resource allocation, how big is your gospel?, the freedom of NO!, local groups

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nucleus

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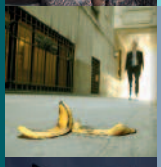
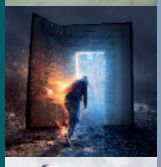
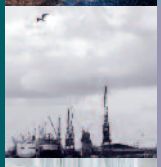
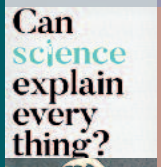
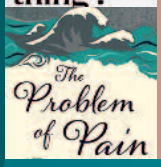
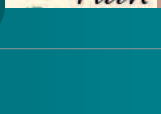
Contents







Editorial

making things right

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

'My argument against God was that the universe seemed so cruel and unjust. But how had I got this idea of just and unjust? A man does not call a line crooked unless he has some idea of a straight line. What was I comparing this universe with when I called it unjust?'
– CS Lewis.[1]

The concept of justice seems at its face value a simple one and seeking to promote a just society is apparently a no-brainer. But when we dig deeper, it is more complex than it appears. Justice is defined as 'administration of law or equity; maintenance of what is just or right by the exercise of authority or power; assignment of deserved reward or punishment'.[2] But what is 'right' is subjective and depends on someone's belief system, conscience, or political stance. Governments or criminal justice systems can become corrupted.

The lines between what is good and evil quickly grow blurred. As good citizens, we are called to uphold the law. As Christians, we are additionally burdened with the knowledge of a world of spiritual warfare, and are tasked with going beyond simply being worldly citizens – rather, we are to live as citizens of heaven, honouring God with our hearts and hence lives. At times, it can seem a heavy load to bear.

So, how can we reconcile our duties to be both citizens of the world and of God's kingdom? How as Christians should we respond to social, and other types of, injustice? What wisdom does the Bible contain about how we are designed to live?

In this edition, CMF CEO Mark Pickering writes on the mysteries of his work in prison medicine, and the calling to help rebuild broken lives. Enpei Zhang describes how he and other students swapped an exotic elective for volunteering in ICU during the first wave of the COVID-19 pandemic. Marolin Watson contemplates whether the God we worship is a just one, and John Greenall explains how he has found that the ability to say 'no' sometimes means saying 'yes' to walking more closely with God.

So, how can we reconcile our duties to be both citizens of the world and of God's kingdom? How as Christians should we respond to social, and other types of, injustice?

Zack Millar reflects on the injustices he has witnessed as a junior doctor, and how we can find peace and joy amidst the pain and sadness we often see working in the medical field. All this and more, alongside our regular features including 'just ask', local group updates, and book reviews, make for a fantastic edition that delves into some difficult issues.

Ultimately, the concept of justice is a matter of the heart. As we draw to the close of what has been a challenging academic year, I pray that you will be blessed, and that your heart and mind will be guarded by 'the peace of God, which transcends all understanding.' (Philippians 4:7) Go well in Christ. ■

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is God just?

Marolin Watson considers our view of God

Marolin Watson is CMF Student Ministries and Nurses Coordinator

If you've never read the Old Testament from beginning to end, you won't understand why scientists like Richard Dawkins, intellectuals like Christopher Hitchens, philosophers like Daniel Dennett and even thoughtful actor Stephen Fry would answer this question with a resounding 'NO'. The problem with all these thinkers is that they are reading the Bible through the lens of 21st-century morality. And so, Richard Dawkins pronounces, in *The God Delusion*, that God is '*arguably the most unpleasant character in all fiction: jealous and proud of it; a petty, unjust, unforgiving control-freak; a vindictive, bloodthirsty ethnic cleanser; a misogynistic, homophobic, racist, infanticidal, genocidal, filicidal, pestilential, megalomaniacal, sadomasochistic, capriciously malevolent bully*'.[1]

So, let's look at each of these claims in turn and see if there is any basis for them.

Is God 'jealous and proud of it'? To be sure, God many times describes himself as a jealous God, most famously in the first commandment as found in Exodus 20:5: '*You shall not bow down to them [idols] or worship them; for I, the Lord your God, am a jealous God, punishing the children for the sin of the parents to the third and fourth generation of those who hate me…*' And here we see one of the reasons why God is considered by Dawkins to be 'unjust' as well as jealous. Is it fair to punish children for the sins of their parents?

But moving on – is God petty? When you read through the minutiae of the ceremonial and social laws described in Leviticus, you might be tempted to agree. Why should it matter whether you plant two kinds of crop in a field, or wear clothing woven from two kinds of material[2] – both common practices today? Why should men not cut the hair at the sides of their heads or clip off the edges of their beards?[3]

Is God unjust? As you read through the Old Testament you will find instances where, to our eyes, God is not acting justly or consistently. Why are Saul (and his descendants) removed from kingship for offering unauthorised but understandable sacrifices to God before a major battle,[4] when David's kingdom endures despite his adultery and the murder by proxy of the wronged husband when he is unable to trick him into believing the resulting baby is his?[5] Solomon, the product of that adulterous relationship, ends his life in disgrace, joining his many foreign wives in worshipping false gods.[6] Yet the promise of an enduring kingship for the family line is not removed from him either, albeit over a much-reduced kingdom in the short-term.[7]

Why should it matter whether you plant two kinds of crop in a field, or wear clothing woven from two kinds of material – both common practices today?

What about the story of the 'man of God' found in 1 Kings 13? Having taken his life in his hands to deliver a prophetic message to the wicked king Jeroboam, and been the conduit of two notable miracles in the process, he refuses the offer of food at the king's table. God has instructed him 'not to eat bread or drink water here'. But when an elderly prophet intercepts him and says that God has instructed him to offer hospitality to the man of God (he is lying for a reason not explained), the man of God takes him at his word and eats and drinks with him. For this act of 'disobedience', he is killed by a lion on the road. The punishment seems disproportionate to the act.

We consider slavery to be unjust and yet nowhere in the Bible is the practice condemned. On the contrary, laws for the treatment of slaves are embedded in the code,[8] and Paul urges slaves to be obedient to their masters, although he also requires masters who are believers to treat their slaves well.[9]

controlling?

'Unforgiving control freak'? There is no question that God demands total obedience – and disobedience is sometimes dealt with in ways that seem harsh to us, involving not just the guilty party, but also their families (for example, the case of Korah, Dathan and Abiram;[10] and Achan[11]).

'Vindictive, bloodthirsty ethnic cleanser' and 'genocidal'? Much has been written by believers to justify the mass slaughter of the former inhabitants of the promised land, often including women, children and livestock, by Joshua and his army. Most of us would not subscribe to the view of Alister McGrath in his book *The Dawkins Delusion* that the Jews 'were making sense of their human situation in relation to a God about whose nature their thinking became more and more developed in the millennium over which the material that makes up these Scriptures was being produced…'[12] This seems to imply that they may have been mistaken about God's instructions to wipe out the inhabitants of the land promised to Abraham and his descendants. For those with a high view of biblical inspiration, this is not an option.

you may have struggled yourself with some of these issues – I know I did

discriminatory?

Is God 'misogynistic, homophobic and racist'? Consistent with the culture of the time, women (and girls) are, at best, bit players in the biblical drama and sometimes regarded as male possessions, along with livestock.[13] Menstruation makes a woman and anything she sits or lies on ceremonially 'unclean' for seven days. Anyone who touches her or anything she sits or lies on during this time must wash themselves and their clothing and be unclean until the evening.[14]

Homosexual practice is unequivocally condemned, both in the Old and New Testaments,[15] but does that make God homophobic? Atheists think so because to them it seems an arbitrary prohibition.

racist?

Is God racist? You could read 'racism' into his choosing the Jewish nation above all others, but there are laws that require foreigners living amongst them to be treated fairly[16] provided, of course, that they are not so numerous as to subvert the worship of the true God, as often happened.

And what about 'infanticidal' and 'filicidal'? Apart from the slaughter of children that took place during the invasion of the promised land, there is, in contrast to many other nations at the time, only one occasion when God asks someone to sacrifice a child – the well-known case of Abraham and his son Isaac.[17] God did not follow through on this, providing an alternative at the last moment, and Christians recognise that Abraham was being tested as the forebear of the one who would later be sacrificed to redeem us all. But even that is a cause of offence – God himself is seen as filicidal.

killer?

We will ignore the last few adjectives that Dawkins uses to describe God, as enough has been said to show that atheists may have some justification for their low view of God.

If you have ever read the Old Testament from beginning to end, you may have struggled yourself with some of these issues – I know I did. But I also prayed – and below are some of the insights that came to me.

insights

Some of the laws and much of what happens in the Old Testament are hard for us to understand because we view them through the lens of our own culture which has been heavily influenced by Christianity, even if it is progressively departing from these roots and has plenty of failures of its own. Culture is a relative thing, constantly changing and exerting a deep and largely unconscious effect

on the people living within it. God is not so much concerned with taking men out of the context of their cultural background as he is that they should live by his principles within it.

Many Old Testament laws are ahead of their time in instituting fairness and justice within what is essentially iron age culture. In amongst the laws we find difficult, are others we can wholeheartedly approve. For example: 'Do not steal', 'Do not lie', Do not deceive one another'; 'Do not do anything that endangers your neighbour's life'.[18] God's concern for the poor, the orphan and the widow is well known and we see it throughout the Old Testament.

How we regard issues like slavery in the Bible will depend very much on where we find our absolutes, whether with God, or in the humanistic values of 21st century culture. It is very clear that our ideas about man's dignity, freedom and justice are quite different from God's. We go wrong when we have such a high view of man that we are left with a low view of God.

The relatively low status of women in the Old Testament and even, to some extent, in the New, is equally troubling to modern minds, though change has been slow to come even in our day. But surely a part of submission to God also involves accepting his judgment of things. It is human pride that seeks to make men and women 'equal' (in the sense that we currently understand it). Life has value not because of where we stand in relation to other men, but because of where we stand with God. If I were a slave, and a female at that, but lived a life of humble submission and obedience to God and his will, then in heaven I will not be less than any king. We forget that this life is the mere blink of an eye when compared with eternity, and it causes us to over-value what happens to us here.

FURTHER RESOURCES

Two previous *Nucleus* articles consider the detail of God's treatment of the Canaanites:

- Is God a Genocidal Monster?
  Part one: *cmf.li/2Sd4Lvt*
  Part two: *cmf.li/3w5SnMe*

Paul Copan's book '*Is God a moral monster? Making sense of the Old Testament God*' is helpful reading for those wanting to look more deeply into this subject.

Romans 9 is a hard pill for many Christians to swallow. Read verses 7-24 and see how high a view God has of man's freedom. In response to the question – 'Is God unjust?' that arises in all of our minds when we read this passage, Paul has only this to say: '*But who are you, a human being, to talk back to God? Shall what is formed say to the one who formed it, "Why did you make me like this?"*'[19]

undeserving

The greatest 'injustice' that God has committed, for which we thank him daily, is to offer up the one man who never sinned and was thus undeserving of death, the one man God loved above all others, as the sacrificial lamb that takes away your sin and my sin.

The bottom line is that God is God and we are but dust.[20] If we have 'tasted and seen that the Lord is good',[21] then we can wrestle with the difficulties, but we are also able to bow before the sovereign Lord of the universe in humble but joyful submission.

For now we see only through a glass, darkly; but then face to face: now I know in part; but then shall I know even as also I am known (1 Corinthians 13:12, KJV). ▪

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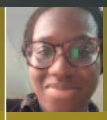
3. Leviticus 19:27
4. 1 Samuel 13:1-15
5. 2 Samuel 11
6. 1 Kings 11
7. 1 Kings 12:1-24
8. Exodus 21:2-6, 7-8, 20-21, 32; Leviticus 19:20
9. Ephesians 6:5-9
10. Exodus 16
11. Joshua 7
12. McGrath, AE, McGrath JC. *The Dawkins Delusion: Atheist Fundamentalism and the Denial of the Divine*. Downers Grove, Ill: InterVarsity Press, 2007:90
13. Exodus 20:17
14. Leviticus 15:19-30
15. Leviticus 18:22; Romans 1:26-28
16. Leviticus 19:33-34
17. Genesis 22:1-18
18. Leviticus 19:11, 19:16
19. Romans 9:20
20. Genesis 3:19; Isaiah 40:15
21. Psalm 34:8

race & racism

Phoebe Owen examines race from a Christian medical perspective



Phoebe Owen is a registrar in rehabilitation medicine in the East Midlands

I was first aware that my skin colour was a problem at the age of three. A girl at nursery refused to let me play in the Wendy House because I was 'brown'. A few weeks ago, my daughter came home from nursery and told me that a little girl had said to her, 'I don't like your hair… I don't like your curls'. Both of us, at the same age, 30 years apart, experiencing our first taste of discrimination.

The horrific murder of George Floyd led to an international outpouring of indignation, with criticism levelled at the racial discrimination within the criminal justice system in the USA.[1]

Like many, I found myself having conversations with medical colleagues and friends about racism. While there remain huge problems in the USA, what do we need to know about race and racism on the UK and how do we respond as Christian healthcare students and future professionals?

black British history

Early on in its history, European imperialism found ways to justify the slave trade, including the use of Scripture.[2] Black people were in Britain as early as Roman times, with specific examples such as the 'Ivory Bangle Lady', believed to be of North African descent. There were also black migrants in Tudor times, including John Blanke, an African trumpeter to King Henry VIII.[3]

During World War One, soldiers were recruited from across the Commonwealth, and told they would be warmly received in the UK. The reality was very different. 1919 saw large-scale racist attacks on 'coloured' communities in London, Manchester, Liverpool and Hull.[4]

In 1948, the *Empire Windrush* arrived from Jamaica, filled with people coming to help rebuild the UK after World War Two. The NHS was established in the same year. In the 1960s, the government led a recruitment drive for nurses from the Caribbean. People from Africa, the Caribbean and Asia were also encouraged to join the Post Office, British Rail, and London Transport. Sadly, they faced 'structural inequalities and discriminatory attitudes and behaviour' upon their arrival.[5]

1962 saw the introduction of the Commonwealth Immigrants Act,[6] aimed at reducing immigration from the former Empire; prior to this, there had been a right of free movement extended to all citizens of the Commonwealth. In April 1968, Enoch Powell delivered his famous 'Rivers of Blood' speech, predicting that, over the next decade, '*the black man will have the whip hand over the white man*'. He was sacked by his party leader for making this speech, though thousands turned out in the streets to support him.[7]

It is not all negative though. Trevor McDonald became Britain's first black newsreader in 1973. In 1975, the Race Relations Act made racial discrimination unlawful in employment, trading, housing, and education.[8] In 1987, four MPs from black and Asian backgrounds were elected to Parliament – the first since 1922.[9] 2005 saw our first black rugby union team captain and Archbishop of York. However, now that the Race Relations Act is more than 45 years old, how far have we really come in that time?

race and the workplace

'I don't b****** believe it. The doctor's a b***** black b******'. This was my greeting from a patient I was called to clerk. It was two am and I was heavily pregnant with twins. A staff member 'explained' to me, 'Oh, he's having a mental health relapse'. These episodes always make him racist. I have heard everything from delirium, to bereavement, to head injury used as an excuse for racism. In reality, none of these things **cause**

someone to be racist – but perhaps simply highlight inner prejudice. On this particular occasion, I responded, '*I'm sorry, Mr XX, what you have said is rude and racist. I will come and see you, but at the moment, I am getting a handover from the nurse. Please return to your room and I will join you*'. I didn't refuse to clerk him, but I had to acknowledge his behaviour. In my experience, there seems a reluctance to recognise racism as unacceptable in the workplace. I wish one of my colleagues had been brave enough to speak up on my behalf, as I felt incredibly vulnerable.[10]

Sadly, my working life has been full of stories of overt racism and microaggressions (indirect, subtle, or unintentional racial discrimination) from patients and colleagues alike, and my experience is not unique. In a recent survey, 14.5 per cent of ethnic minority staff described personal discrimination from managers, team leaders, or colleagues.[11] In addition, high profile cases such as that of Dr Hadiza Bawa-Garba[12] have highlighted that ethnic minority staff are also more likely to enter disciplinary proceedings in 64.5 per cent of NHS Trusts than white staff.[13] Figures for GMC referrals also show significant ethnic differences, which may have a variety of causes.[14] All these raise questions about the level of conscious or unconscious bias within the organisations that employ and regulate us.

two pioneering doctors in the UK

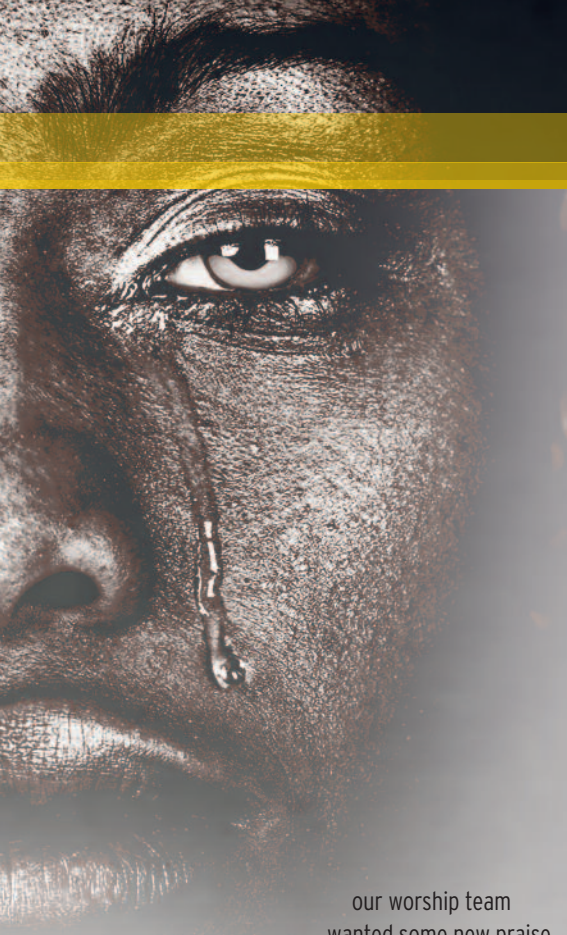
James Samuel Risien Russell was the UK's first black British consultant. Born in 1863 to a Guyanese father and a Scottish mother, he was awarded the gold medal for outstanding achievement at Edinburgh University. He experienced much racism with biographies referring to his 'dark skin', and his 'n***o laugh' and features. Despite this, he became a renowned professor of neurology and a Fellow of the Royal College of Physicians.[15]

Harold Moody was born in 1882 in Kingston, Jamaica. He was a committed Christian, active in several Christian fellowships. He moved to England in 1904 to study medicine at King's College London. Despite finishing top of his class, he was refused work because of his skin colour. He eventually set up his own successful practice and in 1931 he formed the *League of Coloured Peoples*, an advocacy group concerned with racial equality and civil rights in Britain.[16]

What strikes me about both of these men is their excellent academic achievements. I have been told by many ethnic minority senior colleagues, 'We have to work twice as hard to be seen as half as good'. Although attitudes have changed, we must ask ourselves why this is still the case within our profession.

race and the church

My parents moved from London to Basingstoke when I was three, so I have spent most of my life in white majority churches. I grew up singing Matt Redman at church, and Ron Kenoly at home! Some years ago,



BIBLE VERSES AS A STARTING POINT FOR CONVERSATIONS ON RACE:

- Exodus 22:21
- Leviticus 19:33-34
- Malachi 2:10
- Acts 10:34
- Romans 1:16
- Romans 2:11
- 1 Corinthians 12:13
- Ephesians 2:14
- Colossians 3:10-16
- 1 John 2:11
- 1 John 4:20

our worship team wanted some new praise songs. I suggested that gospel music was the solution and was told: 'That music is not our style'. My initial thought was 'Well, it's my style, and I'm a part of this church and this team. So where does that leave me?"'

The topic of race and the Church has long been contentious. I have always felt welcome in the white majority churches I have attended. I am privileged to be involved in leadership in my church. But I have also experienced racism, and microaggressions such as 'We always brace ourselves when **one of you** prays', or 'You might be better off at the [black majority] church down the road'. It remains rare to see black leaders and Bible teachers in white majority churches or indeed white leaders in black majority churches. The same applies to many large Christian conferences and events. There may be historical reasons for this,[17] but perhaps unconscious bias is still a persisting issue in the Church.

The Archbishop of Canterbury has described the Anglican Church as 'still deeply institutionally racist'.[18] I firmly believe that many churches want their minority members to feel welcome but intentions are not enough. To steal an analogy from Pastor Yemi Adedeji, it's like inviting people to your party, insisting that they listen to music they don't know, and then wondering why they won't dance!

In order to progress, the Church needs to be prepared to get uncomfortable. Perhaps that is why there is a reticence to engage in the issue of racism. We can all agree that human trafficking is abhorrent, for example – but it is very much an 'out there' problem. Racism is an 'in here' problem; requiring churches to search ourselves and our motives, as well as to listen to the experiences of racial discrimination that people have had within church.

To continue our analogy, if we want to see change, we must invite ethnic minority members to sit at the table, choose the music, and help plan the party.

how can we respond?

- Remember that we are all made in God's image!

From one man he made all the nations, that they should inhabit the whole earth; and he marked out their appointed times in history and the boundaries of their lands (Acts 17:26).

Those of us from minority ethnic backgrounds must not despise our design. As a child I was desperate to blend in, but I have come to realise that it is not by mistake that I was born into this body, in this generation. I too bear the image of God with my brown skin and my curly afro hair! What an incredible thought!

- speak up!

Speak up for those who cannot speak for themselves (Proverbs 31:8).

If you see racism at work, speak up. Let your ethnic minority colleagues and patients know that you see the injustice, and that you care. The racism you witness is probably the tip of the iceberg.

- encourage conversations in your churches

Love does not delight in evil but rejoices with the truth (1 Corinthians 13:6).

Ask your leaders about their stance on racial injustice. There are some great resources for churches; some are included below. Encourage dialogue around the sin of racism, the evil that it has brought, and continues to bring.

- prayerfully consider whether there is any unconscious bias in your own heart

Do not conform to the pattern of this world, but be transformed by the renewing of your mind (Romans 12:2).

Whatever our ethnic background, we all have prejudice in our hearts. Only by bringing it into the light can we ever hope to truly move forward and love people in the way that Jesus loves them.

Returning to the situation with my daughter at nursery, I knew that how I responded was crucial. We talked about her Ghanaian heritage and all the things we can do with our hair that others can't. I championed her curls! The next day, I asked her how she would like her hair… 'I'll have it down, Mummy, with my curls out'.

The next generation is watching. Let's celebrate the diverse representation of the image of God.

and finally…

After this I looked, and there before me was a great multitude that no-one could count, from every nation, tribe, people and language, standing before the throne and before the Lamb (Revelation 7:9).

The worship of heaven is multi-coloured, multicultural and multilingual!

READING & RESOURCES:

- Akala. *Natives: Race and Class in the Ruins of Empire*. London: Two Roads, 2018: 352 pp
- Lindsay B. *We Need to Talk about Race – Understanding the Black Experience in White Majority Churches*. SPCK Publishing, 2019: 176 pp
- France-Williams A. *Ghost Ship – Institutional Racism and the Church of England*. SCM Press, 2020: 140 pp
- *Elim Leadership Summit – Racial Injustice and the Church*. *bit.ly/ElimRI*
- Evangelical Alliance UK. *How the Church can Respond to Racism in the UK Church*. *bit.ly/eainjustice*

One day, we will stand before the throne. Every nation, tribe, people and language, shoulder to shoulder, eyes firmly fixed on Jesus. This is what eternity looks like. Until we get there, let's commit to seeing this mirrored, on earth as it is in heaven. ▪

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prison – the perfect place for you?

Mark Pickering unlocks the mysteries of prison medicine

Mark Pickering is CMF Chief Executive and a prison GP in London

I never expected to end up behind bars. One day in 2009 while working as a salaried GP, an email came round from the practice manager. Our large practice had got a contract at a medium-secure forensic psychiatric hospital, and they needed a GP to do a couple of physical health clinics per week to help support the psychiatrists. I'd never heard of such a thing, and it sounded mysterious and intriguing; I thought everyone in the practice would want to do it, and the sessions would go to someone more senior than me, but I replied anyway. It turned out I was the only one interested, so off I went.

It was fascinating. Patients were detained under

the Mental Health Act, usually for committing crimes influenced by their schizophrenia, learning disability, or personality disorder. Whilst in secure psychiatric care, which is much like a prison, they not only had to deal with loss of liberty and their mental health conditions, but often fairly simple physical healthcare needs, which turned into significant logistical challenges, or simply went undertreated. Every clinic had its own interesting challenges, with the need for lateral thinking and careful negotiation with patients or hospital staff in order to achieve the desired outcome, or often a strategic compromise.

After doing that for a time, my wife Rachael saw an advert in the *BMJ* for a prison GP in South Yorkshire. I enquired and went for an informal interview. Turns out I was the *only person in the country who responded to the advert* (are you noticing a pattern?), so… you guessed it… I was in.

never a dull day

Since then, I've worked in more than 15 different prisons in Yorkshire and the South East over nearly ten years. I've worked with many dedicated and inspiring colleagues, many of them Christians. I've helped Rachael as she's set up and developed Integritas Healthcare, a Christian faith-inspired healthcare organisation with a heart to focus on detainees, both in the UK and abroad.[1]

Every prison has its own flavour – from high secure to open, male or female, remand or sentenced – and each day in prison medicine has its own interesting challenges:

- Does this hand injury need to go out to A&E tonight for an X-ray, or can it safely wait until the radiographer comes into the prison on Friday?
- Are this person's threats to kill themselves genuine, or just a manipulative attempt to get their TV back and avoid loss of privileges?
- Is this particular addictive medication *really* the only thing that works for their 'seizures', and have they ever *actually* been properly diagnosed with epilepsy?

Consultations are filled with fascinating interactions – chronic pain, mental health, addiction and poorly treated physical health conditions, often with a dash of resentment against 'the system' thrown in for good measure. It will stretch your consultations skills like nowhere else!

rebuilding broken lives

Working in prison can certainly be challenging and stressful, and it can be easy to see the negatives. I always like to see opportunities and help others see them too. Sometimes I will greet colleagues in the morning with something like, 'Are we all ready to rebuild some broken lives today?' – trust me, it sounds less cheesy in real life…but there's no doubt that it's absolutely true.

People don't end up as prisoners unless something has gone badly wrong, and often it's simply the end result of a long run of poor choices (by them or other people) and tough situations.

Many prisoners have grown up surrounded by a toxic mix of crime, unemployment, addiction, abuse, mental health problems, poverty, and poor education. They may have done stupid things, or horrible things to end up in prison, but when you hear the backstories, it's often not hard to see how they've got there; it also makes me constantly grateful for the love, stability, and security that I grew up with. 'There, but for the grace of God, go I' is a phrase I'm often reminded of.

And it's that grace of God that we have the amazing opportunity to bring to people at such dark points of their life. It starts with showing them basic respect and taking the time to explain things carefully, which they might not be used to. It might mean going the extra logistical mile to get that operation that's previously been prevented by years of chaos and disruption. It might mean forgiving them and picking up where you left off after the last time, when they lost their temper and swore at you as they stormed out of clinic. Surprisingly often, it's in the unexpected answers to that great question, 'Do you have any faith that helps you when you're struggling like this?'

interested?

Recently I met a Christian medical student who was doing her elective in prison medicine with Integritas.[2] At age 14, she felt the Lord was telling her to work in prison, so after a little searching, she came across an article on prison medicine that I wrote for *Triple Helix*.[3] That helped her to see that it could be possible, and she hasn't been put off yet! It also reminded me that we never know how God will use our words to inspire others.

The main routes into prison medicine for doctors are as GPs or psychiatrists (forensic or addiction). There are also plenty of opportunities for prison nurses, dentists, and physios, to name a few. Most of you will at some point come across prisoners in hospitals, or ex-prisoners in GP practices, and it can be a great opportunity to demonstrate a little care and compassion in challenging situations. There are a number of ways you could explore an interest further:

- Do an elective or student-selected component in prison medicine or forensic psychiatry
- Consider getting some prison experience as part of a GP or psychiatry training rotation
- Do the CMF / Integritas Health & Justice Track – a great introduction to the issues of healthcare for vulnerable groups, including detainees[4]

Caring for prisoners is one of the things Jesus challenged his disciples to do;[5] why not ask him if he might be calling you to do the same? ■

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justly distributing resources

Laurence Crutchlow explores difficult decisions in healthcare

'Postcode lottery!' soon appears in the media[1] when local decisions about healthcare resources are compared, even though public demand for services 'closer to home' makes such differences inevitable. Health and funding decisions cause much controversy in the UK, with the so-called 'dementia tax'[2] playing a big part in the 2017 General Election, as did the 'war of Jennifer's Ear' 25 years before in 1992.[3] How can we apply Scripture to these controversies?

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biblical principles

everything comes from God

'Everything comes from you, and we have given you only what comes from your hand' (1 Chronicles 29:14). Resources, whether natural, financial, time, or emotional are given to us by God; when giving to his work, we are simply giving back to him. David's words above sum up this most important truth about resource allocation. Humans have been expected to manage resources from the very outset.[4]

there are not (now) infinite resources

With the perfect pattern of Eden broken, it becomes apparent work will be needed to produce resources such as food, and it will be hard.[5] While the words of both Isaiah 65 and Revelation 21 and 22 suggest that there will eventually be a time of unlimited resources, this is not yet!

care for the poor

Israel was expected to distribute tithes among the poor,[6] with care for the poor also clear elsewhere in the Law.[7] The prophets clearly expect Israel to care for the poor.[8] The links between poverty and health seem well established today,[9] and this might indicate at least that the church should be aware of the health of the poor.

Later on, the early church got involved in social care for its members,[10] and since then, there has been a rich history of Christian involvement in providing healthcare.[11]

we are all created equal

If we have been created equal in God's sight, people ought to be valued equally when difficult decisions are made. This does not mean that everyone gets the same; what is helpful to one person may be very unhelpful to another. But we start from an assumption of people having equal intrinsic value.

Some of the application of this should be obvious – non-discrimination on grounds of age, sex, race, or religion. But it also calls into question a rather more common suggestion – discriminating against those perceived to have 'caused' their illness.

forgiveness is central to Christian life

'Forgive us as our sins, as we forgive those who sin against us' is prayed countless times. Does this forgiveness always extend to the causes of disease? How do we deal with the patient with repeated STIs who will not alter their behaviour, or the heavy smoker with deteriorating COPD? Do we subconsciously treat lung cancer patients differently from those with brain tumours? There are still indications that the general public might expect us to do so.[12] Some UK government advertising during the COVID-19 pandemic has, at least in the eyes of some,[13] appeared to come very close to blaming victims for becoming infected.

None are without sin.[14] So surely discrimination based on why someone might have contracted a disease is antithetical to a gospel of redemption and forgiveness, not to mention hard to prove conclusively. Who is to say the 40 pack-year smoker wouldn't have been one of the unlucky few who was going to get lung cancer anyway, smoking history or not?

These principles clearly don't give immediate answers to 'which patient gets their new knee next?', or 'should our hospital buy these more comfortable but much more expensive scrubs for theatre?', but they do offer a framework that might guide us as we think through what may sound like secular questions about how resource allocation works.

what system might allocate resources best?

Many say 'spend more on health'. But there will be pressures in any system. A government system can

only spend what it can raise in taxes. A mutual insurer can only charge premiums that customers are willing to pay. So, there will be rationing in every healthcare system. In a purely free market, this is simply via ability to pay – but such systems are very, very rare. Most health systems are insurance based; an insurer could be a wholly private company, or as in the UK, be effectively an arm of the government, or something in between. Nonetheless, that insurer must decide what the limits of its cover are; for example, will it prioritise a treatment that cures a few, or one that gives partial relief to many? What about a tablet demanded by patients, but with limited evidence base? How much should be spent to make it easy to see a doctor for a long-standing rash at 9 pm on a Sunday?

These decisions are no different whether that insurer is a private company, the government, or a mixture of both. Someone still pays (whether this is customers, employers, or taxpayers), and the insurer still needs to satisfy patients (whether that is direct customers, or voters where the government is the insurer). The questions don't change however the system is constituted, and this is why I have not further considered what system might work best in this article, but instead focused on the choices that system must make.

how should a system allocate resources?

A number of questions can be asked. These may seem obvious but can help us to plan.

does it work?

Many treatments previously widely used based on intuition or experience have limited clinical effect. Tonsillectomies, particularly in children, are often not effective[15] (although this is itself disputed).[16] Cervical screening for under-25s in the UK was not only a poor use of resources but probably a source of clinical harm.[17]

The efficacy of expensive new treatments may be uncertain.[18] Eventually a threshold must be set where a treatment is considered not effective enough to fund, with the exact limit probably depending on overall resources. Though apparently fair, this can lead to challenging cases, often in younger oncology patients. The UK has tried to work round this through the 'Cancer Drugs Fund', though this in itself has been controversial.[19]

Spending money on something that doesn't work seems a poor use of God-given resources.

is it a priority?

Challenges here include surgery for conditions which are 'abnormal' but should have limited impact on a patient's life – for example mild *pes excavatum*. In-vitro fertilisation treatment is often questioned in the UK – even though success rates are improving,[20] and most would agree that infertility is a disease that we would investigate and treat. How much pain does an arthritis patient need to have before a hip replacement becomes a high priority?

The answers will depend on what resources a system has. It is hard to judge the worth of a particular treatment, which may vary from patient to patient. If efficacy is similar, it is probably better to focus on specific outcome measures, such as improvements in validated symptom scores, to work out where priorities should lie.

Using evidence-based measures where possible will mean that we are less likely to be tempted to discriminate between different groups, or against those who are thought to have contributed to their own illness.

might it be cost-saving?

What about treatments that may themselves save other resources? Early cancer diagnosis ought to reduce costs even if investment is needed in a screening programme (though it is important to carefully evaluate such programmes as these can easily do more harm than good). Funding a training course in infection control that subsequently reduces post-operative infection is good for the patients concerned as well as for costs.

Wider public health measures such as vaccines,

or clean water, may have a lot more impact than more 'medical' interventions. Even the state of the economy itself matters, knowing that poverty and poor health are linked.

Using resources well can legitimately include 'spending to save', although the source of funding must be considered carefully, particularly as interest payments if money is borrowed may reduce expected savings.

what happens when a system is overwhelmed?

A well-managed system should ensure that decisions about resources concern particular *treatments*, rather than particular *patients*. This should largely avoid issues of discrimination, whether around personal characteristics or the perceived cause of the disease, although doesn't stop a broader decision about a particular treatment having a disproportionate effect on a particular group.

But even in a well-resourced system, there may be crises. The COVID-19 pandemic has illustrated this starkly. The UK poured vast (borrowed) resources into the system. New hospital capacity was built, ventilators hurriedly procured, and draconian restrictions on freedom and the economy led to huge costs for economic support. Yet even spending at this level doesn't solve all problems. Skilled staff cannot suddenly be produced, whatever the number of beds theoretically available; both restrictions on the population and reprioritisation within healthcare increasingly appear to have had a significant impact on dealing with other disease, such as cancer.[21]

I suspect that a key motivation for the government in approaching COVID-19 this way was to try and minimise situations where a doctor would have to choose which of two similar patients got the last available ventilator or ITU bed. CMF has produced a paper considering what we should do in that situation.[22]

how can we decide between individuals?

It is very rare that two patients will have an identical chance of getting the same benefit from a treatment. Scoring systems that incorporate factors like age, co-morbidities, and severity of illness at the time of decision may help make decisions as to who will benefit more consistent. These will never be foolproof, and almost all of us with even limited experience in medicine will remember patients who have done much better than anyone would have expected, or sadly have died when it seemed unlikely that they would.

Sometimes, such choices may look discriminatory. Often younger patients do benefit more from treatment than older ones. Smokers are often likely to respond less well. But such decisions are still being made on clinical grounds, not on the perceived value of someone older or younger.

The important point for applying the principles above is that decisions are made as impartially as possible, focussing as much as we can on who will benefit the most, but being willing to explain how this has been done if there are times when a choice with sound clinical rationale appears discriminatory.

what can you do?

It may seem like these questions are for the Secretary of State for Health, not for the healthcare student! But there is much you can do to help at even the most junior level.

First, learn about the issues. Before Covid, you might never have expected to have to prioritise between individual patients if you stayed in the UK to work. The pandemic has reminded us that even in a well-funded and sophisticated health system, there is not always enough to go round. Hard decisions had to be made both around intensive care in hospital, and hospital admission from the community. That decision maker might be you in not so many years.

Second, consider leadership. As we have seen, in normal circumstances, decisions like these are made at a system level. Why not get involved in

NHS leadership and management so that you can have a voice where decisions are made? Sometimes local bodies that deal with guidelines in individual hospitals, or CCGs in primary care, make significant choices. The NHS is keen to train in leadership,[23] and there are relevant intercalated BSc programmes.

Third, remember that small things matter. How much does the NHS spend on venflons every year, or gloves? Ward consumables may look cheap, but good stewardship of them is significant across a system using huge quantities. Good use of these resources means that there is more to go round, and hence less difficult decisions to make. Later in your career, this is most likely to be felt in prescribing. Do you know the cost difference per year between generic olanzapine, generic olanzapine oro-dispersible tablets, and branded olanzapine tablets (answer in reference)?[24] Even prescribing savings of a few pence per strip of tablets can be massive across the system if applied to a commonly ordered item like amoxicillin or ramipril.

Fourth, look wider. For space reasons, this article has focussed on UK questions, and applies mainly to countries with similar or greater health resources. The global spread of such resources is far from equal, a matter well documented in the past by CMF.[25] Might we work outside the UK for a time, or support someone else to do so? As a future leader, we can argue against recruitment campaigns that target countries which already have fewer doctors than us, and support efforts to train enough staff that we might no longer need to import healthcare professionals to sustain the UK's health system.

conclusion

To sum up, there are decisions to make about resources in even the richest countries. Such allocation should remember the intrinsic worth of individuals. It is likely to be easier to use clinical data and avoid value judgments when making these decisions at a system level. The more efficient the system, the less chance there is of hard decisions between pairs of individuals arising; when these do arise in extreme circumstances, they should be made on clinical grounds, using validated scoring systems as much as possible.

Many in the secular world might agree with much I have written; the distinctive for the Christian is strict avoidance of value judgements on patients' circumstances, the motivation for careful use of resources coming from knowledge that they are God-given. It can sometimes appear as if pursuit of ever more healthcare has become a quest for eternal life itself. We know as Christians that this quest will be fruitless. Eternal life comes only through God's gift in his Son.[26] ■

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just ask
helping the homeless

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

There's a homeless guy who sits outside the station asking for money. Sometimes I have given him something but am never too sure how to respond. Recently I was with a friend and we offered to buy him a sandwich, but he declined. I'm now wondering if he just wants the money for drugs or alcohol.

This is a question which most of us have wrestled with at one time or another; in truth, the issues are far from black and white and the way forward might look different for various people. This notwithstanding, we can certainly find helpful guiding principles in Scripture.

Homelessness and begging exist for all sorts of reasons. I am reminded of Jesus' words, 'The poor you will always have with you.'[1] Behind every individual is a story. We may not always have time to explore people's stories, but when you can and if it's safe to do so, try to start a conversation. Begin by introducing yourself and finding out their name, then ask a question like 'How long have you been on the streets?' or, 'What's your story?'

It's not wrong to show a degree of discernment about giving. In East London where I live, I can think of at least one individual who has for years been recounting the same story of needing to buy a train ticket to visit a sick relative at very short notice. If the long-standing nature of the crisis is pointed out, he becomes very angry.

This said, there is nothing wrong with a bit of naivety – better to be naively generous than cynically tight-fisted. Love always hopes.[2]

Sometimes the offence we might feel at having been 'taken for a mug' has more to do with injured pride than concern over the person's possible drug or alcohol use. I don't know about you, but my pride needs all the knocks it can get.

Sadly, despite the UK's relatively well-developed benefits system and charitable sector, and looking beyond those 'just seeking the next fix', there is no denying that we do have an abundance of poverty on our streets. We can close our eyes to this, or we can let the reality of it touch us.

God's word is full of injunctions to look after the poor, the oppressed, and the downtrodden.[3] This refers not only to practical help, but also to affording them dignity and value.

In some instances, it will be right to give; more difficult in a cashless society. Some might decide before the Lord always to carry, for example, a £2 coin, so this is available when needed. Others might have a rule not to give cash but to always offer to buy a sandwich or meal deal.

Be aware of local services to signpost people to when appropriate – for food and night shelter, or GP outreach services, Covid vaccination and testing facilities, and needle exchange programs.

You may be able to volunteer, and for some the Lord may particularly lay this issue on your heart. Explore local opportunities, for example, in a night shelter or soup kitchen, or raise money for a homeless charity. One friend does a sponsored 'sleeping rough' each year.

In everything, check your heart. Watch out for a hardened heart or a mean attitude masquerading as 'clear-sightedness'. ▪

REFS
1. Matthew 26:11
2. 1 Corinthians 13:7
3. Isaiah 58:3-10

If you have a burning question, email us at: *nucleus@cmf.org.uk*. The best question each issue wins free student membership for a year.

be prepared: injustice as a junior doctor

Zack Millar explores our response

'WYWBWY'

I paused with a forkful of pasta halfway to my mouth. The consultant psychiatrist was discussing a case with me over lunch, and this acronym was totally unknown to me. 'I don't know what that means, I'm afraid', I confessed. 'Well', he said, 'sometimes a patient is depressed or suicidal, and you hear their story, and you find yourself thinking, "Well, you would be, wouldn't you?"'

This statement has resonated with me throughout my medical training and into my career as a doctor. The sad fact is, these stories are all-pervasive in medicine, not just in psychiatry. A significant proportion of the people I meet in my everyday practice have utterly tragic tales. I clerk patients who have lost three relatives in six months, been left by their spouse, fired from their jobs and diagnosed with cancer, only to wind up in A&E having been hit by a car. And that is sometimes the milder end of the spectrum.

Now, I believe in a sovereign God and I believe that injustice can be reconciled with his love. But how am I supposed to react to this as a Christian doctor? What can I do about it? Let me tell you how I deal with two different types of injustice.

sad injustice

Stories like those told by my 'WYWBWY' patients still get to me after three years of clinical school and one year of foundation training. Some people get an express train to privilege, while others must fight their way through an onslaught of tragedy and attack. I know that God has it all in his plan, and so sometimes I think I must be sinning if I feel sad about it. Maybe my trust in God is lacking somehow.

The Bible says no. To me, one of the most beautiful moments in the gospels is the account of Lazarus in John 11. The miracle itself is of course amazing, but I think the most beautiful part comes just before. Most translations say the same thing:

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'Jesus wept'.[1] It may be the shortest verse in the Bible, but I consider it one of the loudest. Jesus knew he was about to raise Lazarus from the dead, and yet 'he was deeply moved in spirit and troubled'.[2]

Or take the Garden of Gethsemane in Luke 22. Jesus was in such anguish that 'his sweat was like drops of blood falling to the ground'.[3] Here was the Messiah at the climax of his ministry. We do not find a stoic Jesus, looking into the middle distance while he eulogises about the sovereignty of God. Instead, we find a man on his knees, diaphoretic, begging for there to be some other way. Emotions are good. Emotions are human! If the Lord Jesus, the model for all humanity, can be seen weeping and sweating at the prospect of obeying God's will, then so can we.

When we see injustice in the world, or right in front of us, and it makes us feel miserable, that can be completely appropriate. Jesus shows us more, though. Emotions are good, but like any good thing, they can be used sinfully. After his strong emotional reaction, Jesus could have disobeyed, or worse still blamed God and lashed out. Instead, he surrendered to God's will and did what his Father asked of him.

angry injustice

When the one per cent pay rise for nurses was announced during 2020, the air turned blue at nursing stations all around the hospital. After the events of COVID-19, the public sector pay freeze and everything else, it seemed completely unfair to them. Many spouted abuse towards the government, often against the Prime Minister or the Health Secretary specifically. Many nicknames were coined, most of them unprintable in reputable media.

Without getting overly political or taking sides, I could have had two main responses. As a brand-new FY1 it would have been amazingly easy to join in as a show of solidarity, aiming to win the favour of my nursing colleagues. Or I could have been completely passive and said nothing. Yes, I would not have curried favour, but at least I would not have been abusing those whom God has placed in government over us.

I soon became persuaded that neither approach was right. Instead, I tried gently to tone down the level of vitriol and return the conversation to calmer waters. Matthew 5:9 shows that the Prince of Peace values those who try and bring peace to situations – 'Blessed are the peacemakers, for they will be called children of God'.

all injustice

I have focused so far on reaction; now let me finish by talking about action. What do we do about injustice? Is it enough simply to react appropriately?

Of course not. We should seek to eliminate it where we can. If you see somebody being treated unfairly, step in and stop it happening. If you have some income that is yours to spend as you wish, give away a portion to charities that aim to reduce injustices in this world. As doctors, it can be a huge witness simply to take all patients seriously; you will find many clinicians to be jaded and dismissive of certain psychiatric and medical conditions.

But where is the Christian difference? Any decent person would do these things, and any decent doctor would treat all their patients equitably. Again, the answer lies with Jesus. When he arrived in a world filled with injustice, he left the picket sign at home. Instead, he invited some fishermen to travel with him preaching the gospel, healing the sick and calling their listeners to repentance.

More importantly than anything else, we must pray for the world, pray for those who suffer, and spread the gospel wherever we are able to. We should make the maximum difference we can and lift it all up to God. When we do that, we can let go and we will be filled with peace and joy.

Well, you would be, wouldn't you? ■

REFS 1. John 11:35 2. John 11:33 3. Luke 22:44

essentials: how big is your gospel?

James Paul considers the truth about heaven

James Paul is director of English L'Abri and a former palliative care doctor

The apostles chose the word *euangelion*, Greek for 'good news', to describe the message of Jesus. The word 'gospel' that we use today comes from the Anglo-Saxon for this same word. But what exactly is the good news of the gospel? It is a common thing amongst evangelical Christians to summarise the gospel as, 'Jesus died on the cross for our sins so we can go to heaven'. But is this really the good news that the apostles spoke of?

When we look at the Bible we see that the gospel is much bigger than saving souls for heaven. In his letter to the Ephesians Paul says that God's will is 'to bring unity to all things in heaven and on earth under Christ' (Ephesians 1:10). The problem with the gospel statement, 'Jesus died for our sins so we can go to heaven', isn't so much that it is wrong, but rather that it is too small. It is a reduction of the cosmic truth of what God is doing in and though Jesus Christ. And the big problem with this smaller gospel is that it can reinforce a division between heaven and earth that leads to an unhelpful dualism[1] in the lives of many Christians.

The more we think that God is wanting to take us out of this material creation and into a spiritualised heaven, the more likely we are to think that to be truly spiritual we must disengage from the everyday things of earthly life and focus on the inner life of the soul. This split in reality between heaven and earth, soul and body, the spiritual and the secular, has been a persistent thorn in the flesh of the church from the earliest times. It is present in the idea that we must treat our physical bodies harshly as a necessary spiritual discipline for the soul,[2] and in negative attitudes to sex as something best avoided if we want to live a pure spiritual life.

Even today this dualistic way of seeing reality provides an implicit background for many Christians, so that they see their lives divided into a primary spiritual realm of church activity, Bible reading, prayer and evangelism, and a secondary less important 'secular' realm filled by work, leisure, relationships and education. Cultural engagement, social action, creativity, academia and caring for nature, all become unimportant backdrops to the 'real' spiritual drama of saving souls for heaven. Yet as we have seen, God's plan is to bring everything in heaven and earth together under the loving lordship of Jesus Christ. What then is a better way to understand the relationship of heaven and earth?

So rather than a location, I think it is better to see heaven as a dimension of reality – the dimension where God's heavenly will is done

the throne room of God

The Bible writers focus less on the idea of heaven as a place 'out there in the universe where God lives' and more as the throne room of God.[3] This emphasises heaven as the place from where God rules and where his will is done. So rather than a location, I think it is better to see heaven as a dimension of reality – the dimension where God's will is done. The Bible story starts in Genesis with a meeting of dimensions, a perfect earthly garden where God's heavenly will is done. The mission God gives humanity is to extend his good and loving will so that the whole earth is brought under the dimension of heaven.[4] When the first humans rejected God and closed their hearts to his will, the way between heaven and earth was shut.[5] Yet God's response was not to sit in a distant heaven and wait for the faithful to find ways to reach him. His response was to open doors from heaven through which he could come down to earth and begin the work of redeeming a hurting and broken world.

doors

There are many examples in the Bible of these doors from heaven to earth - Jacob's ladder,[6]

the burning bush,[7] the giving of the law on Mount Sinai,[8] God coming to dwell on earth in the tabernacle[9] and the temple.[10] But in the gospel God opens a door in his very self by taking on human flesh; Jesus Christ is 'the heavenly man',[11] fully God and fully human, fully of heaven and fully of the earth. His mission, by dying and rising again, is to pay the price for the sins of humanity so that the holiness of heaven and the sin-infected earth can be reunited once again. Jesus didn't die just so that the souls of the righteous might escape to heaven. Jesus died so that everything in heaven and on earth might be brought together in one joyful and glorious new creation. That is what the apostle John saw in his final vision of a new heaven and a new earth.[12]

The mission God has given is nothing less than being part of bringing all things, in heaven and on earth, under Christ

The extraordinary wonder of the gospel is that when you become a Christian you become a meeting place of heaven on earth. The Spirit of God comes from heaven to live within you so that you are empowered to carry out God's will on earth. You become a mini-tabernacle, a mini-temple, a mini-dwelling place of God on earth, from which the loving power of heaven can flow out to redeem the broken world around you. Telling people the good news of the gospel is vitally important because they need to know how they can become a part of heaven on earth. But the mission that God has given his Spirit-filled people is far larger than just winning souls for heaven: it is nothing less than being a part of bringing all things, in heaven and on earth, under Christ.

Christ is Lord over all

This is why there is no secular-spiritual split in the Christian life. As the Dutch theologian and Prime Minister Abraham Kuyper put it, 'There is not a square inch in the whole domain of our human existence over which Christ does not cry, Mine!'[13]

FURTHER READING

This article is based on James's new book *What on Earth is Heaven?* (IVP) which is available at *IVPbooks.com* and on *amazon.co.uk*. In it he explores what the Bible has to say about questions such as 'what is heaven?', 'where is heaven?', 'why can't science find heaven?', 'what happens to us after we die?' and 'what does heaven have to do with our lives now on earth?'

Everyone has their unique part to play in bringing the kingdom of heaven to their square inch of the earth, no matter how small or insignificant we may feel that part to be. Christ is Lord not just of religious things or of souls, he is Lord of bodies and minds, of ideas and emotions, of science and the natural world, of medicine and ecology, of business and economics, of the whole of human history and the whole of human civilisation. ▪

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distinctives: God & the pandemic

Isaiah Michael Rayel reminds us of God's power

Isaiah Michael Rayel is a medical student in Galway

I recently attended a church conference where it was asked, 'what aspect of God should you be more aware of in your everyday life: awe of God, fear of God, or love of God?' I considered for a moment before asking myself, 'where do I most often fall short?'

I personally neglect the awe of God's the most. I continually find myself leaning upon my own understanding; I worry about the future, unconvinced that God can turn a hopeless situation around.

When COVID-19 struck in March 2020, I was a leader of CMF NUI Galway. It was a lot of work, but rewarding. Our group is small but has a strong community. When March 2020 hit, our in-person meetings and my time as president came to an unfortunately early end. We couldn't have a final CMF meal, or our end of semester worship evening before exams commenced. We were unable to see our final year members before they commenced their journies as doctors.

We accepted this new reality but wondered, what does this mean for the future of CMF Galway? As leaders, we were supposed to appoint successors for the new academic year, but we struggled to find people for the roles. Many had too much on their plates already.

During the summer months, all we could do was pray and hope God would provide a way for CMF Galway to continue. Our prayers were answered when the current president stepped forward, asking to take up a leadership role. Together we planned how CMF could continue to exist online. With the help of Ashley Stewart in the CMF Office, a plan soon formed. We created a CMF committee, grew as a community, and thrived in our online meetings. We accomplished far more online than we might have done otherwise.

Reflecting now, I see that God not only allowed CMF Galway to survive, but to reap a rich harvest in this difficult season. This is a poignant reminder of

God's power to make a way when there seems to be no way; to make the impossible, possible. I am reminded of Matthew 6:25-27: 'Therefore I tell you, do not worry about your life, what you will eat or drink; or about your body, what you will wear. Is not life more than food, and the body more than clothes? Look at the birds of the air; they do not sow or reap or store away in barns, and yet your heavenly Father feeds them. Are you not much more valuable than they? Can any one of you by worrying add a single hour to your life?' These beautiful words from the Sermon on the Mount resonate with me deeply. God created us to be conquerors. As believers, we should live our lives assured of our Lord's omnipotence.

An important lesson I've learned is that God can use any season, circumstance, or person, no matter how short we fall or how hopeless things appear. I am in awe of his power to do the impossible. God will guide our footsteps if we allow him to; if we trust and humble ourselves before him, he will always make a way. ▪

lead: the freedom of NO!

John Greenall explains why he is no longer a 'yes man'

I have a confession to make. I secretly enjoy many of Jim Carrey's films. Whereas my wife finds him over-the-top and puerile, there is something about him that appeals to my juvenile sense of humour. Recently I watched *Yes Man* where he challenges himself to say 'yes' to everything with hilarious (and sometimes painful) consequences.

The film reminded me of a recent conversation with a fourth-year medical student who we will call Simon. He epitomised the life of many medical students I meet. He plays for the ultimate frisbee team, runs his church's online services on Sundays, co-leads the local CMF group and works weekend night shifts in Tesco to pay his rent. He's also been asked to lead the Youth Group at his church on Friday evenings and has been weighing up doing an online mentoring course after reading the last column in *Nucleus!*[1] I commented on how weary he looked, and his reply was interesting: 'I just seem to say yes to everything'.

the freedom of no

One of the most profound leadership lessons I have learnt is the ability to say no. In fact, the mark of your leadership, both of yourself and others, is not what you say yes to. It is what you say no to. Saying no is incredibly liberating, both for us but also for the people who ask us.

John Greenall is CMF Associate CEO and a paediatrician in Bedfordshire

We must remember that whenever we say 'yes' to one thing we are saying 'no' to something else. That might be another opportunity, our work, a relationship, sleep, rest, or time with God. When we don't say no, we risk several things: burnout, cheating others out of time with us and cheating ourselves from working to the priorities God has called us to.

why is it so hard to say no?

Medics are often asked to do all sorts of things because we are generally responsible, personable and capable. Saying no is difficult for several reasons. Firstly, these are often great opportunities and something we could add value to. Secondly, saying no risks disappointing others or getting into conflict. It can hurt our pride to admit our limitations in a culture that so values activity and productivity. We can 'fear man' and how we are perceived more than we might fear God.[2] Finally, we struggle personally because we often don't have a clear idea of how to prioritise what is more or less important. This results in us reacting to opportunities rather than proactively responding. Whilst difficult, it can be kindest – both to ourselves and others – to say no.

what would Jesus do?

Jesus is a great example of someone who knew his priorities. His life was framed by the 'Nazareth Manifesto':

'*The Spirit of the Lord is on me, because he has anointed me to preach good news to the poor. He has sent me to proclaim freedom for the prisoners and recovery of sight for the blind, to set the oppressed free, to proclaim the year of the Lord's favour.*' (Luke 4:18-20).

Despite this, everyone had their own agenda for Jesus. Crowds kept trying to make him king; others wanted him to lead a revolution; the Pharisees wanted him to stop his ministry; those who were sick demanded healing; people followed him around even when he was exhausted. Despite others seeking to control his priorities and at times even threatening him,[3] Jesus resisted these demands. He restated his priority to preach[4] and to spend time with his father, withdrawing to a quiet place to pray.[5] We too must be ready to challenge the expectations people have of us and be ready to help them understand our Christ-centred priorities.[6]

how do you fill your jar?

A helpful analogy here is considering how to optimally fill a jar with rocks, stones and sand. Jesus lived a full life,[7] saying yes to many things, and yet he was very deliberate in what and whom he said yes to. He knew in which order he filled his 'time jar'. These key priorities – or rocks – for us are often core commitments like family,[8] studies[9] and regular worship.[10] Every six months I review my priorities around the responsibilities he has given me: My list consists of: relationship with God, personal life/health, relationships (family, friends), church, and work. Yours will of course include your studies and maybe other things.

For each of my five responsibilities, I have a verse and a mission statement that is personal to me. For 'relationship with God' my verse is Galatians 4:6-7. My mission statement is 'I am a son, not a slave. I am a friend of God and want to cultivate a friendship relationship with him. I practice thankfulness and bring my worries and thoughts to him daily.' I then make a series of commitments which are priorities for me. These are my 'rocks' and include: my phone is off at 9.30 pm and on at seven am; I spend time daily with God when I wake up; my focus is on enjoying time with God more than ticking boxes. I know that if I do not do these things the rest of life won't go too well.

Another example is in 'personal/health'. My verse is Psalm 139:17-18 with the mission statement 'I am a human being lovingly created in God's image and am supremely valuable. But I have limits I need to

respect. I show self-control and am able to rest and relax, understanding my identity comes from my acceptance from God.' My commitments include: I sleep an average of eight hours every night; I exercise four days each week; I eat healthy portion sizes and maintain my weight. Again, I know that when I start saying yes to things that mean saying no to these commitments, life doesn't go well.[11]

how do I say no for myself?

When someone asks me to say yes to a new thing I will often respond in three ways. Firstly, thank them. 'Thanks for asking, I can see this is an important and significant work.' Second, defer. Rather than a reflex 'reactive' response I might say, 'could you email me with more details?' Or I might say 'to say yes to this I'd need to say no to something else in my schedule. I need to consider that'. I will then seek to pray about it, consider my commitments in the season of life I am in, probe my motives, seek wise counsel and work through the implications of a new 'yes' in my life. Thirdly, respond. We must honour people with a response rather than go quiet on them. A clear 'no' means they can ask someone else who might be just the right person for the role. So much time and energy can be wasted through procrastination and a lack of clear communication.

how do I say no to others?

Finally, there are times when we need to extend the 'freedom of no' to those we lead. Take for example the person who wants to be in your worship band. They clearly have a voice that isn't the best. You want to encourage them, but you know you shouldn't say yes! However in my experience most people say yes, which makes the job of saying no later all the more difficult.

This confusing of 'nice' with 'no' does people a disservice. A gentle 'no'[12] can save months and even years of pain from being in the wrong place when they could be far more effective doing something else. I will often start by helping people say no for themselves. For example, I might say 'if you were to lead worship alone without any experience it could put you in a very challenging situation'. You might also use their words: 'You just shared that you are currently busy with no time to rest. Doing this might place you in a bad situation. Does that make sense?' Further, ensuring you have a culture of review and feedback builds in times when we can say no. It is important for our leadership that both we and those we lead have planned times to check in on how we are doing, receive feedback and have the opportunity to renew our yes or freely express a no.

So, I'll continue to enjoy my Jim Carrey films. And whilst I don't want to be known as 'Dr No', my days of being a 'yes man' are over. How about you? ▪

KEY QUESTIONS

1. What consequences of not saying 'no' do you recognise in your life?
2. Have you prioritised your 'rocks', 'stones' and 'sand'? Write some of them down now. How does that impact how reactive or proactive you are?
3. Are there areas in your life which you need to say 'no' to? Why not write them down and make a firm plan to act on this in the next month.
4. If leading a team, what is your key takeaway to ensure you have the right people in the right seats?

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local groups: Southampton

Daisy Wood encourages us to meet together

Daisy Wood is a medical student in Southampton

If asked what the hardest part of the COVID-19 pandemic has been, many of us would respond by saying that the isolation and separation from family and friends has taken the biggest toll. Whether we have lost loved ones, grown distant from friends, or have simply been unable to return home from university for holidays or the occasional weekend, many people are emerging from the pandemic with a renewed understanding of the importance of interpersonal relationships, and the positive impact they have on our mental and spiritual health.

The student CMF Southampton group has been incredibly blessed by the community that surrounds us. We have an involved and actively engaged group of both retired and working CMF doctors and their families, who go above and beyond to support us during our time at medical school. Pre-pandemic, we shared fellowship and food with talks and teaching at the home of a local doctor on a monthly basis. Although it was distressing to temporarily have to set aside such meetings, that 'family feeling' has been well maintained this past year through our weekly prayer meetings. These meetings, held on Zoom and open to CMF students from all courses and year groups, have been a time for us to gather and lift each other up in prayer - and on many occasions have been a source of great joy, laughter, conversation, and fellowship of other kinds, too!

'For where two or three gather in my name, there am I with them'. (Matthew 18:20) Even in the darkest times, when we come together to pray, we are assured by Scripture that God is alongside us. Equally, we are called in Deuteronomy to remember that the Lord goes with us, that he will not leave us or forsake us. As fear swept through the world, those Monday evening prayer meetings provided pockets of peace in the storm.

The biggest lesson for me from the last year has been the confirmation that when we are intentional about coming together as a group before the Lord, whether we are separated by location, time zone, or technological problems, it is clear that we are never truly alone, despite how disconnected we may feel. I would encourage all local CMF groups to re-establish regular fellowship meetings, and watch God move in amazing ways through the power of prayer. ▪

my trip to... UCLH ICU

Enpei Zhang describes working in a COVID ICU over Easter

Enpei Zhang is a Deep:ER fellow and intercalating medical student at University College, London

The pandemic sadly means that it has been hard to travel overseas during the past year. So instead of a report of far-flung travel, we report on some different clinical experience much closer to home.

This year I was immensely privileged to be able to support the wonderful Intensive Care Unit staff at University College London Hospitals (UCLH) for six weeks during the second wave of the COVID-19 pandemic. It was an unforgettable experience; it taught me so much, both medically and spiritually. I would like to take this opportunity to offer some key reflections on my time in ICU.

As third year preclinical medical students, we were surprised when we received a call for our help – we had yet to set foot in a hospital in a clinical capacity. I remember thinking that the situation must have been grave to warrant this request. Still, I was wholly unprepared for the chills that went through me when I stepped for the first time into my designated Covid ICU bay.

Before me were eight patients hooked up to ventilators, feeding tubes, urinary catheters, and several different IV lines which were infusing muscle relaxants, anaesthesia, and analgesia. This was the first time I truly began to comprehend the overwhelming possibility of death and the effort that was being invested here in trying to prevent it. The ICU nurses told me a shocking statistic: 30-40 per cent of patients with acute respiratory distress who are ventilated would die, despite all the life-sustaining resources available in the ICU environment.

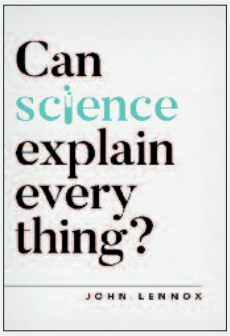
The power and fear of death was no longer simply an abstract concept to me. Now I was witnessing first-hand its terrifying reality.

However, over the Easter weekend, at a time when we usually meditate on Jesus' power to overcome death, I found within my own heart a much deeper understanding of exactly what that means. Before, my abstract understanding of death meant that my comprehension of Jesus' triumph over death was also hypothetical. However, as I came to grips with the reality of death, I saw a glimpse of the true significance of the resurrection.

In spite of the suffering that has ensued over the past year, this Easter I find within my heart a renewed sense of hope that differs profoundly from Easters past – and that is something for which I truly give thanks. ▪

Review

book: *Can Science Explain Everything?*



Can Science Explain Everything?
John Lennox

The Good Book Company, 2019
£7.99 Pb, 128pp
(currently £7.00 via CMF bookstore)
ISBN: 9891784984113

Daniel Nie is a clinical medical student at Bart's and the London

Professor John Lennox is well-known among Christians following his debates with prominent atheists such as Richard Dawkins and Peter Atkins on the interface between science and Christianity. He has also regularly spoken at CMF events. His book *Can Science Explain Everything?* is helpful for Christians wishing to engage with the scientific community; Lennox navigates the topic clearly, in a way that is easy to understand, drawing together themes from a number of previous works.

Tension still exists within academia between science and faith. There is widespread belief that good, rigorous scientists leave religious beliefs at the door. Lennox captures this sentiment, and counters it succinctly and fairly. He reflects upon his upbringing in Northern Ireland and his education at the University of Cambridge, imparting wisdom and endearing himself to the reader by his gentle manner.

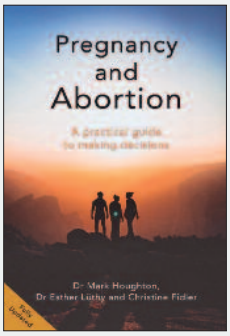
As a mathematician and philosopher, Lennox is adept at exposing assumptions, applying logic, and providing contextual historical analysis. He demonstrates that the Scientific Revolution originated from Western Europe and was heavily influenced by Christianity. He argues that atheism is at odds with science. Modern scientists can be fantastic investigators but poor philosophers, and so may make unsubstantiated claims beyond their remit. The claim that science does not require faith, but religion does, is doubly wrong. Firstly, science does require a degree of faith: there are basic assumptions which the scientist must make to practice science – one being the belief that the universe is fundamentally intelligible. This implies an ordered universe, and you cannot justifiably believe this whilst believing the universe came about by chance, diametrically opposed to order. Secondly, Lennox explains that faith is not blind but always evidence-based, quoting John 20:30-31 which reminds us of the evidence-based narrative of John's gospel.

What I love most about Lennox's work is his unashamed attitude in referencing the Bible. Writing about such a topic could easily be philosophical and ambiguous with regards to the specifics of Christianity; yet the book is suffused with biblical teaching. Lennox writes in a balanced way, avoiding over- or misquoting scripture, but expertly applying it, and with an invitation for the reader to come to Christ at the end.

This book is brilliantly pitched to people of all persuasions. For the Christian, it provides encouragement that Christianity is not anti-science, but rather provides the beautiful metanarrative that science longs for, giving us confidence to proclaim Christ within the scientific community. Lennox addresses the non-Christian reader in the penultimate chapter, drawing upon an anecdote where he unintentionally engages two international lawyers in a conversation about the gospel. Lennox attributes this encounter to divine providence and reflects that perhaps, by divine providence, his book could end up in the hands of a non-believer. Why not read it, then pass it to a friend? You never know how God might work through it! ▪

Review

book: *Pregnancy and Abortion*



Pregnancy and Abortion: A practical guide to making decisions

Mark Houghton
Esther Lüthy
Christine Fidler

Grace & Down, 2020
£9.99 265pp
ISBN: 9781912863198

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

How can we navigate the minefield of evidence around the effects of abortion? This is challenging enough for the medical student, let alone the teenager with an unexpected pregnancy or the counsellor with limited medical background trying to help her work this through.

This book aims to draw together the evidence in a way that is accessible to all these groups, as well as partners of pregnant women. The content is divided into three sections. The first deals with the process of making a decision about an unplanned pregnancy and the next deals with the three fundamental options in this situation (parenting, adoption, or abortion). The final section tackles some of the more complex and controversial areas, which include the effect of abortion on mental health, future fertility, premature birth, breast cancer, and mortality. Appendices give a brief overview of the positions of major religions on abortion and link to a host of mainly web-based resources offering help.

The authors all bring considerable experience to this field. Mark Houghton brings long experience as a GP in Sheffield as well as extensive writing experience; Esther Luthy also has a background in general practice in Switzerland and Christine Fidler is an experienced pregnancy counsellor.

This experience is evident particularly in the first section of the book; the tools and exercises suggested would be very helpful either to a patient thinking through a decision independently or to a healthcare professional supporting them in that process. I can see this being helpful in my own work as a GP, although consultations where someone is genuinely weighing up a decision about an unwanted pregnancy are increasingly rare.

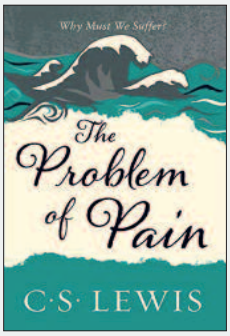
A great deal of references are offered. This is particularly helpful for the more sceptical reader who may want to check the source of figures on more controversial topics, such as links between abortion and breast cancer. Some studies quoted are older than I might have hoped for, but this reflects a paucity of research on some of these questions rather than any omission by the authors.

Although the book starts from a perspective of wanting to equip people to make decisions, and admirably avoids telling people what to do, the authors' underlying views about abortion are obvious enough on reading through the material. However, it is refreshing that they avoid the angry rhetoric or condemnatory language that can be so unhelpful when discussing this sensitive subject. There was a real sense that the pregnant woman and her unborn child were at the centre of the writers' thinking, rather than a particular campaign position.

The layout is straightforward and clear, and the language largely accessible to the educated layperson. For the healthcare student, this book is a helpful reference for sources of evidence that might challenge the common assumption that abortion is the least harmful option for a woman with an unexpected pregnancy. It is also likely to help if we have to deal in a personal capacity with someone close to us facing the challenge of an unplanned pregnancy. ▪

Reviews

book: *The Problem of Pain*



The Problem of Pain
CS Lewis

Collins, 2012
£6.95 Pb 176pp
ISBN: 978-0007461264

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

In *The Problem of Pain* (1940), CS Lewis attempts to tackle the timeless mystery of understanding pain in a Christian paradigm. Lewis maintains a thoughtful tone of humility, recognising the limitations of his own 'layman's' stance, whilst simultaneously fortifying his arguments with logic and Scripture. To the reader wrestling with the predicament of unjust suffering, it goes a long way towards providing clarity and refreshment for the soul.

Lewis explores the notion of how every human lives by a code of ethics (be it their own or derived from elsewhere, for example religion), and 'therefore are conscious of guilt'. This raises the issue of sin, implying that humans can discern, at least to some degree, right from wrong. Because of free will, Lewis claims, pain may be inflicted on us by others or even ourselves. God has granted us 'freedom to choose'. Lewis asks if our choices truly are ours if 'God correct[s] the results of this abuse of free-will by His creatures at every moment: so that a wooden beam [becomes] soft as grass when…used as a weapon'? Indeed, nature has 'fixed laws' which grant us the privilege of choice. This goes some way towards answering why a benevolent and omnipotent God would avoid intervening at any moment which threatened his creatures' happiness.

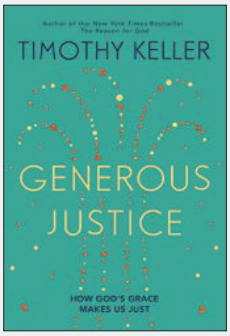
Why is pain a *problem*? Lewis claims that 'Christianity…creates, rather than solves, the problem of pain, for pain would be no problem unless, [compared with] this painful world, [Christians] had received… a good assurance that ultimate reality is righteous and loving'. This is perhaps why Christians who worship a benevolent God struggle more than most with the injustices we see; the gap between the world that is, and the world God created is hard to ignore. Reverberating in the heart of every human who has ever walked this earth is the question, '*why?*'. Intrinsic to human nature is an unquenchable thirst for answers.

Building on this, Lewis writes that 'unless [pain was] felt as an outrage…[an] immediately recognisable evil…we [could] rest contentedly in our sins and in our stupidities'. Pain is a tool. Indeed, 'God… shouts in our pains'. It is a reminder not to fall into the trap of mistaking earth for our eternity – God does not delight to see us suffer, but wants to remind us that we are not yet home. He grants us moments of happinesses, and has given us good gifts to enjoy; however, we must not rest in these good things, but in God alone.

The concluding appendix is composed by a medical doctor, who conveys his clinical observations that, somewhat paradoxically, pain often, rather than breaking the spirit, provides opportunity to 'strengthen and purify the character'. Clearly, this is not a statement that pain is intrinsically good, but rather that it can serve as a stimulus for change. I remember as a child asking my father why we felt pain. He replied with the illustration of someone stepping on a nail, and nerve endings in the foot detecting this to prevent further damage. ▪

Review

book: *Generous Justice*



Generous Justice: How God's grace makes us just

Timothy Keller

Hodder & Stoughton, 2010
Pb £9.99
ISBN: 9780340995105

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

Should 'social justice' be the concern of churches devoted to proclaiming the gospel? Keller uses both the Old and New Testaments to demonstrate the importance God places on justice. From the laws in Leviticus, the laments of the psalmists and the speeches of the prophets, to Jesus' teachings and the writings of Paul, the Bible is saturated with the concept of justice. The case is built from Scripture as to why Christians should care about it.

Keller argues we must strike a careful balance. On one hand, churches exist which put too much emphasis on doing good and neglect proclaiming the gospel, whilst others proclaim the gospel but fail to engage in enacting social justice. Evangelism and seeking justice should co-exist in an 'asymmetrical, inseparable relationship' (p139); evangelism will always be the 'most basic and radical possible ministry' (p139), but this does not negate the importance of acting out our faith.

In discussing such a far-reaching concept, Keller inevitably teeters into the political sphere. However, he avoids being partisan, emphasising the reasons Christians should be advocates of justice, and describing how to engage in meaningful conversations about it with those who hold different worldviews. He uses a helpful three step framework to suggest an approach to justice issues, applicable regardless of one's political leanings:

1) **Relief** – addressing immediate issues (eg food, shelter, legal aid)
2) **Development** – providing tools to individuals and communities that they might become self-sufficient
3) **Social reform** – addressing the conditions and social structures that cause dependency (eg reformation of institutions or laws).

Crucially, Keller argues, these steps must happen simultaneously (as opposed to sequentially) for sustainable change to occur.

At the book's core, Keller gives practical considerations for both churches and individuals. Discrepancies will inevitably exist between different Christian leaders' methodology for doing justice. I tentatively suggest that readers suspend any urge to assign Keller's points to a particular party or ideology. Irrespective of one's political position, this book gives valuable insight into both the causes of, and solutions to, the injustices we witness in our society. Keller also challenges Christians speaking and doing justice in the public square. When we work alongside those with paradigms and values which conflict with our own, we should not be discouraged from evangelising to them or giving them cause to reflect on their presuppositions about the values they fight for. For instance, how does one define concepts like 'justice' or 'freedom' in a pluralistic society? How do we justify human rights within a naturalistic framework?

Though the message of this book is as relevant as ever, language has changed since it was published in 2010. In 2021, it is difficult to read terms like 'social justice' and 'privilege' without the accompanying divisive political connotations. Therefore, I implore readers to take the terms at face value.

To Christian healthcare professionals, the relationship between the gospel and being advocates for justice may seem intuitive. But it is how we discuss and practically implement these biblical truths, both individually and corporately, that Keller helps to hone. ▪

See also Keller's recent publications on justice:
quarterly.gospelinlife.com/justice-in-the-bible

quarterly.gospelinlife.com/a-biblical-critique-of-secular-justice-and-critical-theory

news reviews

Marolin Watson

deadly second wave of COVID-19 in India

The BBC reports a deadly second wave of COVID-19 in India that is threatening to overwhelm the healthcare system. From 11,000 cases per day at the start of the second wave early in February, the number of people infected daily has increased rapidly to more than 300,000 for each of the last 14 days at the time of writing in early May 2021.[1] This is accompanied by a concomitant increase in the number of deaths from Covid, though exact numbers are difficult to come by thanks to inaccurate reporting and inconsistent testing. A new variant with double mutation may also be contributing to the sharp rise in cases, though this is still being investigated.

This rapid and catastrophic increase is attributed to a relaxation of social distancing guidelines, with mass gatherings taking place at religious festivals and election rallies, allowing the virus to spread unchecked throughout a largely unvaccinated population. A shortage of ICU beds, oxygen supplies and drugs means that India is ill-equipped to cope with the surge in cases.[2]

India was added to the UK's 'red list' of countries with the highest level of travel restrictions from 23 April, but former Chief Scientific Adviser Prof Mark Walport believes this was too late to stop the spread of the new variant within the UK. He believes that the new variant is more transmissible and may be able to evade natural and conferred immunity.[3]

1. *Reuters*, 5 May 2021. *reut.rs/3ipQfuV*
2. *BBC* 21 April 2021. *bbc.in/2SpzFR4*
3. *BBC* 20 April 2021. *bbc.in/3xaOWWI*

COVID-19 and poverty in the UK

A recent article in the *BMJ* suggests that 'Deprived and minority ethnic communities have borne the brunt of the pandemic so far and there is now a very real danger that COVID-19 will become entrenched as a disease of poverty'.

The writer suggests three reasons why this may happen: First, people in low-income communities are more likely to be engaged in public-facing jobs and therefore not able to work from home. Second, they are more likely to live in multiple occupancy homes which increases their risk of coming into contact with an infected person. Third, they can't afford to self-isolate which makes them less likely to seek testing even if they have symptoms.

The author recommends three strategies to counter this risk, including more support for those required to self-isolate; funding to improve ventilation in workplaces and schools; and more targeted education to overcome vaccine hesitancy.[1]

1. *BMJ* 2021. *doi.org/10.1136/bmj.n986*

promoting inclusivity in mental health services

Dawn Edge, Jamaican-born psychology researcher at Manchester University, maintains that the NHS still has a lot to learn about treating people from minority ethnic groups, particularly from the Afro-Caribbean community, when they present with mental health problems. She suggests that there is often a failure by mainly white and Asian psychologists and psychiatrists to appreciate the cultural impact on expressions of mental distress. As evidence, she points to the increased risk for black males of being diagnosed with schizophrenia, being sectioned and subjected to high levels of restraint and control while in hospital; a reduced chance of being offered psychological therapy and, if they are offered it, being labelled non-compliant if the relationship breaks down.

Edge maintains that 'scientific racism and the role of psychology in particular in creating and maintaining the notion of racial hierarchies leading

news reviews

Marolin Watson

to the racialisation, subjugation, and colonisation of some groups of people by others are rarely acknowledged. Yet, that history still influences all of our lived experiences. It is deeply embedded in our systems, processes, and structures. We need to acknowledge this and do the work that is needed to address structural inequalities based on factors like 'race', gender, and socioeconomic status if the NHS founding principles of providing equality in health care for all are ever to be fully realised.'[1]

Not all literature places so much emphasis on social structures or racism, with a 2012 study which used ethnically blinded diagnostic assessments still showing a markedly increased prevalence of schizophrenia in African-Americans compared with non-Latino white Americans.[2]

1. *Lancet* 17 April 2021. *doi.org/10.1016/S0140-6736(21)00828-X*
2. *Arch Gen Psychiatry*. 2012;69(6):593-600. *doi:10.1001/archgenpsychiatry.2011.2040*

moral reimagining post-COVID-19

An article in the February 2021 online edition of the *Lancet*[1] suggests that the COVID-19 pandemic offers an opportunity to reimagine global healthcare to make it more 'moral' (by which they mean equitable). It urges us to look at current inequities through different 'lenses' – for example, of gender, race, human rights or political economy so that we can better respond to future emergencies, whether natural or man-made.

The authors argue that interrelated global crises resulting from the changing climate, food shortages, mass migration and economic collapse are likely to become more frequent and require a global response to ensure that whole people groups are not left out in our efforts to mitigate disasters. And yet the economic impact of COVID-19, even on developed nations, makes this even more challenging than it was before the pandemic.

The authors optimistically hope that 'The COVID-19 pandemic offers what Ulrich Beck termed a "cosmopolitan moment",[2] when the existing order is destabilised to open up a new arena of moral and political responsibility.'

1. *Lancet* 20 February 2021. *doi.org/10.1016/S0140-6736(21)00151-3*
2. Constellations 19 March 2009. *doi.org/10.1111/j.1467-8675.2009.00534.x*

civil disobedience by Myanmar doctors

In common with many other workers in Myanmar, doctors there are expressing their strong objection to the military government that took control of the country in February by refusing to work. This has resulted in medical services being severely curtailed, including COVID-19 testing and vaccination.

Obviously, in the short term this will increase the suffering of the people of Myanmar but, as one doctor is quoted as saying, 'There is no hope for the future of Myanmar and our children if we sit back and let the coup happen.'

Doctors who have participated in acts of civil disobedience are being systematically rounded up by the military and many are in hiding to avoid capture. The article concludes with an appeal to the international community: 'Myanmar's doctors are risking their lives and boycotting work for what they see as the future of their country. I would strongly urge the international community to pay attention and provide all the forms of support they can so that the current situation of medical collapse will not be prolonged.'[1]

1. *BMJ*. 21 April 2021. *bit.ly/Myanmardoctors*

digital GP services may increase health inequalities

The COVID-19 crisis and the ongoing shortage of GPs has forced a rethink of the way people engage with their local surgeries. It has now become common practice for initial contact

with a GP to be either online or by telephone.

During the pandemic, this has had obvious advantages in reducing infection rates for both staff and patients, but it also has its disadvantages which Watford GP Simon Hodes outlines in an opinion piece in the *BMJ*.[1]

There is a risk that reliance on digital first contact will increase health inequalities for those without access to technology, either because they lack the means or the ability to use it. Many patients prefer face-to-face contact, as do some GPs who find virtual consultations tiring and fear that they are less effective in identifying all a patient's needs.

But it looks like this new way of doing general practice is here to stay as an NHS guide to priorities and operational planning published this year makes it clear that 'NHS systems will be expected to 'support practices to increase significantly the use of online consultations, as part of embedding "total triage"'.[2] NHS England defines 'total triage' as a model in which 'every patient contacting the practice first provides some information on the reasons for contact and is triaged before making an appointment'.[3]

1. *BMJ*. 18 April 2021. *bit.ly/SHdigitaltriage*
2. *NHS England*. 25 March 2021. *bit.ly/NHSguidance*, page 14
3. *NHS England*. 15 September 2020. *bit.ly/NHStotaltriage*

overcoming vaccine hesitancy

With vaccine hesitancy a significant problem, both in the UK and elsewhere, effective communication about the benefits of receiving the Covid vaccine is key to ensuring compliance.

A recent article in the *Lancet*[1] reports the findings from a single-blind, parallel-group, randomised controlled trial which was conducted by a group of researchers with the aim of discovering the most effective communication strategy for overcoming strong vaccine hesitancy. One group of the 18,000-plus participants in the trial was given information about the risks from Covid and the personal protection offered by the Covid vaccine as well as reassurance on issues of particular concern, such as the speed of vaccine development. The other cohort was given information about the benefits to society as a whole (eg reducing transmission rates, keeping others safe). Those who were strongly resistant to vaccination were most persuaded by arguments from personal rather than collective safety and it is hoped that this finding will inform future public health messaging around vaccination.

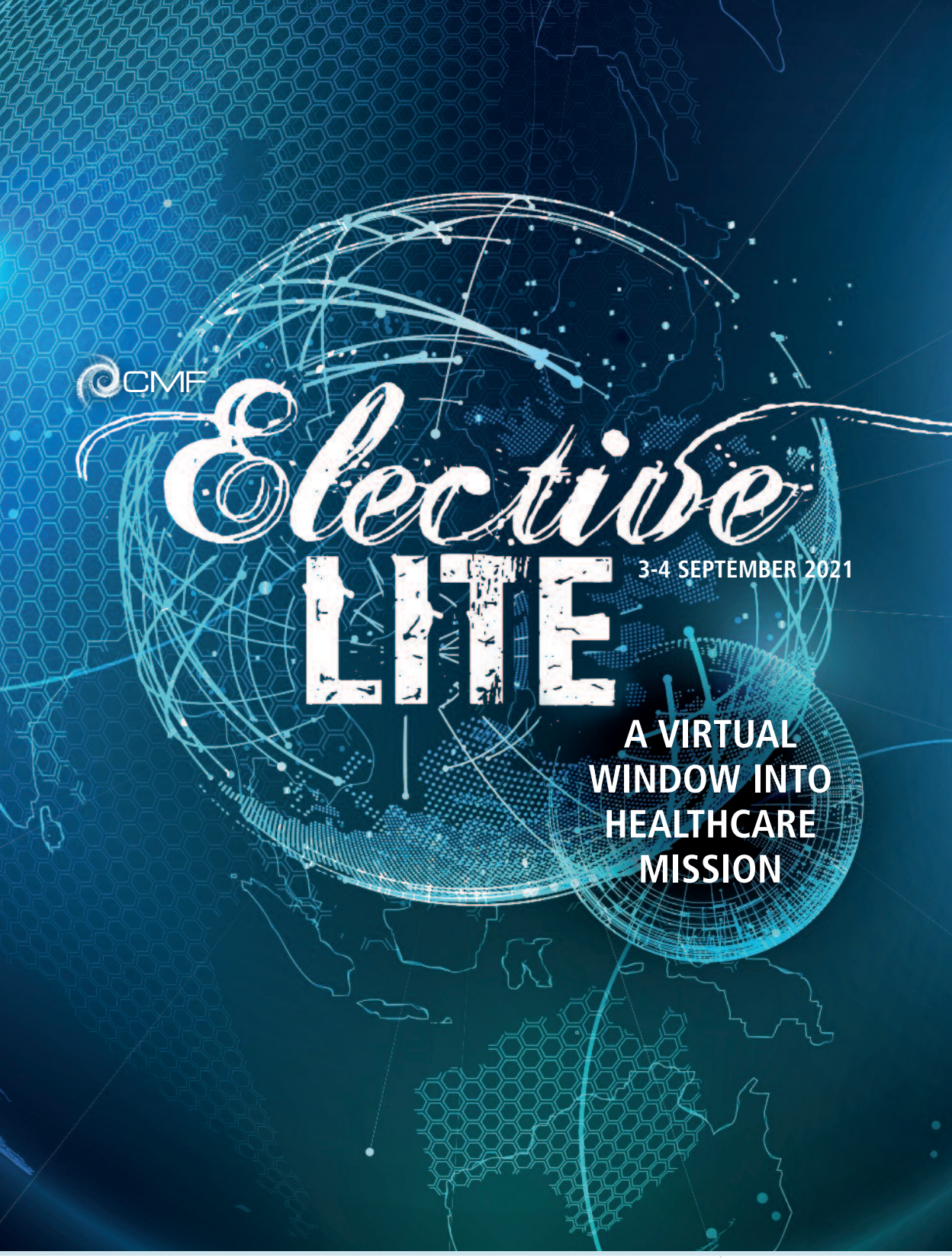
1. *Lancet* 12 May 2021. *bit.ly/Lancet120521*

celebrating nursing?

The Covid pandemic has highlighted the vital role that nurses play in healthcare, and many were disappointed when the Government proposed a paltry one per cent pay rise for NHS staff in England, and no Covid bonus. The Royal College of Nursing claims that the Government 'truly do not value our hard-working nursing staff'[1] and is spearheading a campaign, 'Fair Pay for Nursing', to give nurses a 12.5 per cent pay increase.[2] They claim that nurses' salaries have not kept pace with the cost of living and that improved pay and conditions will help fill thousands of nursing vacancies.

Doctors aren't happy with a one per cent pay rise either, but the majority of those responding to a BMA commissioned survey favoured a more modest increase of at least three per cent.[3]

1. *Nursing Times*. 21 April 2021. *bit.ly/NT210421*
2. *RCN*. *bit.ly/RCNFairpay*
3. *BMA* News. 23 March 2021. *bit.ly/BMA220321*



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