

ISSUE 51:2 WINTER 2021/22

# DIFFICULT QUESTIONS

moral beliefs in medicine

should I talk to my patients about God?

the place of conscience in medicine

the student journal of the christian medical fellowship

# murkels



plus: COVID-19 vaccines, church hurt, speaking into hostility, do not resuscitate orders

# NUCLEUS



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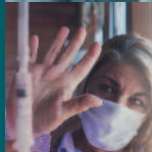
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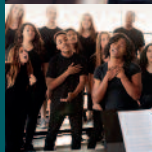
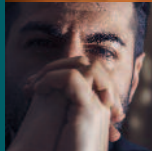
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## *Is it lawful to pay taxes to Caesar, or not?* (Mark 12:14, ESV)

This was a cleverly devised question asked to our Lord by the infamous pharisees. Crafted in such a way that no matter which way he answered, he was going to get into trouble, or so it seemed. If he said 'Yes', the pharisees would have said to the people that Jesus was a traitor to the country as he was colluding with the Romans against them. If he said 'No', the teachers of the law would have reported this immediately to the Romans, saying that Jesus was stoking up the people to rebel against the Roman Empire. Then Jesus would have been arrested and likely executed. Yet, he answered this in the most stunning and wise way.

Our Lord Jesus had a clear and sober view of the world. He knew the trials and challenges that come from living in this world and the pressure it exerts on his people. He was no stranger to these tests. Throughout his earthly life, he was tested with further difficult questions from the pharisees<sup>1</sup> and others. And he forewarns us that we, as his people, will be put under similar pressure and difficult circumstances. But rest assured, he doesn't leave us alone to cope. He is sovereign and he will be with us even in the valley of the shadow of death.<sup>2</sup> And he also gives us the means to grow in wisdom to navigate such situations.<sup>3</sup>

One of those means is Christian encouragement, building each other up in Christ - which is one of the main aims of *Nucleus*. In this edition, we have articles written by CMF Staff tackling tricky topics such as the role of conscience in medicine and public life by Laurence Crutchlow and Rick Thomas; my own piece on how we formulate our moral beliefs in medicine; and consideration of speaking with patients about God by Ashley Stewart. Head of Student Ministries Rachel Owusu-Ankomah writes on speaking in hostile environments, useful when discussing COVID-19 vaccines in the church, which is explored by Laurence Crutchlow.

My Student Co-editor Liz Birdie Ong writes about the beauty of God's grace; Galway student Isaiah Michael Rayel looks at how our identity in Christ gives us purpose; FY1 Thulasi Daniel looks at church leadership and broken trust, and our 'just ask' column by GP Abigail Randall focuses on 'do not resuscitate' orders.

Lockdown has affected many travel plans; Annika Wilder-Smith reflects on a virtual Nepalese elective as part of CMF's Elective Lite. There are great encouragements to be had nearer to home with Eleanor Sture writing on her experiences in going to Forum 2021 with hundreds of other students.

Finally, we have a book review of John Lennox's '2084', written by Jennie Pollock on the topic of artificial intelligence and what that means for humanity and a news review updating us with what's going on in the world.

2021 has been a year full of difficulties and personal challenges. The freedom we hoped for hasn't materialised, and all of us have experienced first-hand the trials of the pandemic with family, friends, and patients. We've missed out on learning opportunities, and many are not coping well with the prolonged restrictions.

We understand this to be the result of a fallen world, which has lost touch with God. However, we also have a sovereign Lord who is in control of all things, redeeming us from our fallenness and is using earthly catastrophes for good. Therefore, we can go forth in the name of Jesus and serve him in this world with full confidence and assurance.

*I have told you these things, so that in me you may have peace. In this world you will have trouble. But take heart! I have overcome the world.* (John 16:33) ■

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2. Psalm 23:4
3. Matthew 7:7-11, 2 Timothy 3:14-17, James 1:5

# moral beliefs in medicine

**Daniel Nie** considers our call to honour God





Daniel Nie is a final year medical student in London and *Nucleus* Student Co-editor

**M**edicine is a moral enterprise. What I mean by that is, fundamentally, medicine has a moral dimension to it. The essence of the profession is to provide healing, treatment and comfort to the patient. When practised correctly, we believe that the medical action performed was the morally right thing to do. All doctors and healthcare professionals seek to do the right thing. The million-pound question though is: 'What is the right thing to do?' This is important for Christians who are called to honour the Lord in every area of life and do what is right.<sup>1</sup>

How do we determine what is the right thing to do? In many things the medical community will agree and there is no tension between Christians and others. However, there are certain issues where Christians will disagree with what the rest of the medical community say. Not only is it our duty to uphold what is right, but it's also incumbent upon us to answer those who disagree with us with respect and conviction.<sup>2</sup> To do so, it's helpful to have a grasp of basic moral epistemology (how we know whether something is right or wrong) and moral ontology (the nature and existence of the moral dimension), to help us understand countering perspectives and refute them.

## modern medical ethics

Beauchamp and Childress' 'Four Principles' are often seen today as the fundamental principles by which medical ethics are determined. They can be described as:

1. **Autonomy** – the patient has the right to make authoritative and independent decisions about their medical treatment free from coercion from others
2. **Beneficence** – doing good to the patient
3. **Non-maleficence** – avoid causing harm to the patient
4. **Justice** – ensuring what is done is fair to the patient and to the wider society

These principles are used to navigate clinical scenarios and often discussed in an academic sense. The difficulties arise when these situations happen in real life, in a high-pressured environment requiring a fast response with little or no time to think, when multiple principles clash with each other or when deep human emotions come into play. Many scenarios have been thought about and clear conclusions reached.

For example, a Jehovah's Witness admitted after a road traffic accident needing a blood transfusion for survival: her religious beliefs mean that she will not accept one and yet it is essential to save her life. In the context of an adult, the adult is deemed autonomous and has the right to refuse the blood transfusion even to their own demise. In the case of a child, the court intervenes and overrules the parents' and even the child's own wishes and gives authority to the medical staff to administer the treatment. Another example is breaking confidentiality if a patient has recently been diagnosed with epilepsy and insists on continuing to drive.<sup>3</sup> Here, the patient's autonomous right to drive a car and the right to confidentiality with respect to their medical condition is superseded by justice which looks out for the safety and wellbeing of the public on the road.

## moral reasoning

How do we reach such conclusions? Here we discover that we operate in a philosophical framework, a worldview, schools of thought that guide us to right action. When weighing up the principles, we use these frameworks to come to a definitive conclusion. Here are three common schools of thought you'll often see in the clinical setting, with some examples, and brief consideration of the shortcomings:

## consequentialism

- The rightness or wrongness of an action is

determined by the consequences that ensue. Also known as 'the ends justify the means' where the action itself doesn't necessarily matter but what results.

- **Example:** informing the authorities that a patient has epilepsy is right because it means they will not be able to drive which could have resulted in deaths or injuries on the road.
- **Shortcomings:** This doesn't usually fit with biblical thinking, as many commands in the Bible do not deem an action good because of the consequence. This philosophy can encourage justifying wrong actions with an overall good outcome. For example, one may justify conducting unapproved research without patient consent if it results in the discovery of a 'miracle' treatment. Such an approach may bypass bureaucracy and the risk of patient refusal improving the strength of research. However, this would be a wrong thing to do even if the result is brilliant and no-one was harmed in the process because deception and dishonesty were employed to conduct the research. Furthermore, this philosophy presumes future results when contemplating an act, something we can never predict with 100 per cent certainty, so we are basing our actions on assumption.

## utilitarianism

- The right action is the one which causes the maximum amount of benefit or the least amount of harm for the community at large.
- **Examples:** the health service invests £100 million in a diabetic treatment rather than a cystic fibrosis treatment as there are millions of diabetic patients in the country but only about ten thousand cystic fibrosis patients. The last ventilator in the hospital is given to a 20-year-old man rather than an 80-year-old man, both of whom have COVID-19, as the younger man is statistically more likely to survive the infection and live many more years and therefore stands to benefit more from the ventilator.

- **Shortcomings:** It tends to reduce human beings to comparable commodities and not unique individuals when deciding what to do. Ten versus one is what matters most. Is it right to kill a healthy individual for organ harvesting so that you can save multiple patients who desperately need an organ transplant? This also contradicts biblical thinking where the shepherd is willing to leave the 99 to retrieve the lost one.<sup>4</sup> Furthermore, this philosophy doesn't accurately define what good, pleasure, evil and harm is, nor does it provide a way of weighing up and comparing the different goods and evils. Most ideas of benefit and harm do not line up with a biblical understanding of right and wrong. Pleasure and avoidance of suffering may be the highest goals in a hedonistic worldview, but they are certainly not in the Christian faith where the highest ideal is loving the Lord, from which things such as pleasure and joy come and sometimes may involve the path of suffering.

## deontology

- The rightness or wrongness of an action is dependent on whether you obeyed a moral principle. It is also known as 'rules-based ethics' and is in direct contrast with consequentialism.
- **Examples:** telling a terminally ill patient they are dying immediately after the results come in since it is a morally good thing to tell the truth without delay.
- **Shortcomings:** many duties in today's society are translated in a way that contradicts biblical virtues. For example, giving a person freedom and choice is generally a good thing to do, but this is often used to argue that the termination of pregnancy or the legalisation of euthanasia is a morally good thing to do and should be allowed. Furthermore, sometimes the right thing to do confounds duty-based ethics. It may be unwise at times to apply black-and-white ethics to grey areas in life, and many duties

may clash with each other. Duty-based ethics will not tell you which duty takes priority. Should you disclose to the mother that her underage daughter is given contraceptives and engaging in sexual activity out of respect to the fifth and ninth commandments?

The aforementioned schools of philosophy have their place in modern thinking and they can be very helpful at times. However, one cannot help but notice the assumptions of secular humanism. It's often assumed there is no morality that comes from without, so we must seek to discern morality from within. Therefore, morality and ethical decisions come exclusively from human rationality and experience.<sup>5</sup> There's little or no reference to God's law, wisdom or commandments. This is unsurprising in a post-Christian world, but not only is it fundamentally different from the Christian worldview which states that objective morality and duties do exist, it is also disastrous to the morality and welfare of society.<sup>6</sup> When morality is solely derived from humanity itself, each person is a law unto themselves and can do whatever they please. There is no objective barrier preventing them flouting the herd morality and acting on their own desires which can lead to horrific results.

## the Christian call to honour God

Jesus said the greatest commandment is to 'Love the Lord your God with all your heart and with all your soul and with all your mind and with all your strength.'<sup>7</sup> If we love the Lord with our hearts, we will desire that God and his ways are upheld in the world and we will obey his commandments above all else.<sup>8</sup> If we love the Lord with our soul, we will seek

to present our whole lives as living sacrifices to him.<sup>9</sup> If we are to love the Lord with all our mind, we must worship the God of all wisdom and reason and use that wisdom and reason to contend for the truth in the public square, exposing false ideologies and convincing those who disagree why Christ's way is the truth.<sup>10</sup> And if we love the Lord with all our strength, we will honour the Lord<sup>11</sup> and speak his truth,<sup>12</sup> even if that puts us at odds with the world.<sup>13</sup>

Recent debates have raged about physician-assisted suicide, and some polls suggest that a sizeable proportion of people would have it legalised in the UK.<sup>14,15</sup> As Christians, we are saddened by this low valuation of human life and must ask ourselves: will we allow this to go unchallenged, or will we step up and honour our duty to speak up for God's truth, that human life is precious and made in the image of God?<sup>16</sup> Will we defend those who will bear the brunt of this legislation,<sup>17</sup> knowing this could come with a heavy personal price? We can debate this topic in public forums giving people a counter-perspective to the one that's all too prevalent, encourage those who speak publicly on this issue, research the topic carefully to equip us to speak with more confidence to friends, ask fellow Christians to get involved, and pray sincerely to the Lord for help on this matter.

The presumption of secular humanism has dominated medicine for far too long without being challenged, much to the detriment of patients and doctors, and it's high time for Christians to stand up and contend for the faith in the medical sector. Let us never forget we worship the God of all creation whose sovereign rule and reign extends throughout the whole universe. He is on our side going before us and his ways are good to all people.<sup>18</sup> ■

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# should I talk to my patients about God?

Ashley Stewart explores this common question







Ashley Stewart is CMF Associate Head of Student Ministries

**M**edical history-taking is an intrusive business. Alongside finding out about patients' current symptoms, history of illness and medication profile, we ask about their bowel habits, menstrual cycles and alcohol intake. Not to mention those times when we need a detailed sexual history or a comprehensive account of their recent suicide attempt. We ask a lot of questions and do so for the patient's own good. However, is there another question we should be asking? Should we ask them what they believe about God?

Perhaps even the suggestion of this makes you feel nervous. It may raise several questions for you, eg, is it an abuse of power to witness to patients? Will patients complain about me? Will I lose my job or registration? And do spiritual matters even have any relevance to a patient's health?

Whilst these questions are understandable, I believe there are many compelling reasons why spiritual care is an important part of whole-person medicine.

## called to be a witness

Christ's parting words to his disciples are a call to spread the good news: 'Therefore go and make disciples of all nations' and 'you will be my witnesses in Jerusalem and in all Judea and Samaria, and to the ends of the earth.' (Matthew 28:19, Acts 1:8). This is not a calling for just some Christians, perhaps only those who work in full-time Christian ministry or show gifting in evangelism. Nor is it a command which only applies to certain situations, such as during CU outreach events or summer mission trips, but not during the 9-5 of university or working life. All Christians are called to spread the sweet aroma of Christ wherever they go.<sup>1</sup>

## your patients need Jesus

Practising medicine is a high calling and a wonderful privilege but do not lose sight of the fact that every patient you treat needs Jesus more than they need good health.

Furthermore, most non-Christians do not walk into

a church building or attend outreach events, they are unlikely to pick up a Bible and read it of their own accord, but they do all need healthcare at some point in their lives, and this may be one of the few opportunities they have to encounter a Christian. Of course, they still need high quality healthcare from a well-trained professional, so spiritual care is not a substitute for good medicine, but it can and often should be a part of it.

## the gospel is good for your health

Human beings are complex creatures, composed of mind, body and soul, all of which impact each other. It is a well-established fact that your physical and mental health are linked; for instance, chronic illness increases your risk of depression and conversely depression weakens your immune system.

Furthermore, living with a severe mental illness increases your risk of cancer, diabetes and heart disease.<sup>2</sup> Likewise, evidence from over 1,200 studies and 400 reviews has shown an association between spiritual beliefs and practices and greater protection from illness, improved coping when unwell and faster recovery.<sup>3</sup> Religious practices such as attending church and praying are associated with better health outcomes in heart disease, cerebrovascular disease, cancer and pain, as well as lower rates of depression,<sup>4</sup> anxiety, psychosis and suicidality.<sup>5</sup> Therefore, a patient's spiritual beliefs are relevant to their health and an important part of holistic care.

## you are allowed to talk respectfully about spiritual beliefs

It is a common misconception that healthcare professionals are prohibited from talking to patients about spiritual matters, but this simply isn't true.

In *Good Medical Practice*, the General Medical Council (GMC) advises that when assessing patients, you must take account of spiritual factors as part of their history.<sup>6</sup> The GMC expands on this in guidance entitled *Personal beliefs and Medical Practice*:

*In assessing a patient's conditions and taking a history, you should take account of spiritual, religious, social and cultural factors, as well as their clinical history and symptoms (see Good Medical Practice paragraph 15a). It may therefore be appropriate to ask a patient about their personal beliefs. However, you must not put pressure on a patient to discuss or justify their beliefs, or the absence of them.<sup>7</sup>*

Therefore, clearly the GMC permits, and even encourages doctors to ask patients about their spiritual beliefs providing they do so with gentleness and respect. If a patient chooses to share their personal beliefs, it is of course imperative that you treat them fairly and provide an equal standard of care to all.

However, are you allowed to tell patients what you believe? The GMC stipulates that you may talk to patients about your own personal beliefs, including spiritual beliefs, if you follow the following guidelines:

- Do not express your beliefs to patients 'in ways that exploit their vulnerability or are likely to cause them distress',<sup>8</sup> such as by trying to impose your beliefs on them or expressing them insensitively<sup>9</sup>
- Only share your beliefs if the patient welcomes this or asks about them and 'be very careful not to breach the professional boundary that is between you'<sup>10</sup>

Similarly, the Royal College of Nursing (RCN) provides guidance on spiritual care for nurses and midwives. They acknowledge that in times of crisis, such as during illness, spiritual concerns often rise to the forefront in a person's mind. Therefore, they advise that nurses and midwives assess whether a patient has any spiritual concerns and take steps to attend to these needs, involving others when required. They explain that spirituality goes beyond religious beliefs and practices to include beliefs about meaning, purpose, self-worth and hope.

Therefore, any patient may have spiritual needs or concerns regardless of their faith background or lack thereof.<sup>11</sup>

## so *how* do you witness to patients in practice?

This question can't be answered fully in this article, so I advise you attend a *Saline Solution* course to explore this more fully, but let me present four tips.

### 1. pray for opportunities and take them when they arise

Opportunities come when you least expect it. I remember during my FY1 year I was asked to review an elderly lady in the middle of a busy night shift. After examining her and concluding she didn't need any treatment overnight, I just wanted to write up my notes and move on to the next person on my list. However she seemed quite despondent and mentioned not understanding why she had outlived all her friends. Without much thought I simply replied, 'maybe God hasn't finished with you yet', which prompted her to ask me about my beliefs and we had a very unexpected spiritual conversation at four am.

### 2. take a 'spiritual history' by asking something simple like 'do you have a faith that helps you at a time like this?' or 'have you any spiritual beliefs that are important to you?'

Sometimes this opens unexpected conversations or patients start spiritual conversations with you at a later point, at other times people just say 'no' and clearly don't want to discuss it further, so you simply move on. Whilst I initially felt nervous asking this, I now ask every new patient/client about spiritual beliefs, and I have never once had anyone object or seem offended by this question.

### 3. make time to talk to your patients and get to know them as people

Clinical work is busy and once you start work you will probably never feel like you have enough time to do it all. However, it is possible to find a couple of extra minutes to show an interest in patients' lives, and this mainly comes down to attitude and effort rather than workload. The chances are that if you only know your patients by their diagnosis and bed number and don't

see a problem with this, then you are much less likely to have meaningful conversations with them about God. So when you are inserting a cannula in someone's arm or reviewing them on the ward round, ask them how they are coping with being in hospital or what they used to work at and give them an opportunity to get to know you a little bit as well. Lying in hospital all day is boring and lonely, so don't underestimate how responsive patients can be to someone simply showing an interest.

### 4. wave some faith flags

Faith flags simply identify you as a Christian. They are brief, occur naturally in conversation and don't demand a response but can create opportunities to talk to patients who wish to do so. Some examples include wearing a CMF lanyard or dropping the word 'church' into conversation (eg, 'you are from \_\_\_\_\_, I go to church near there' or 'My friend from church is a teacher too, that must be a really busy job', etc). Your goal is just to identify yourself as a Christian and show you are happy to talk about your faith.

Likewise, your goal in all the above interactions is simply to sow some seeds, even if just a few grains. You don't need to launch into a gospel presentation or a three-point sermon. Just pray for God to use you, look out for those whom the Holy Spirit has been preparing, sow some seeds when opportunities arise, and trust that God will bring the harvest. ■

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# speaking into hostility and conflict

Rachel Owusu-Ankomah helps us to reflect the glory of Jesus

*'What you believe is harmful and has no place in healthcare!'*

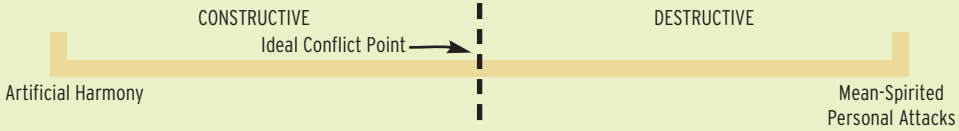
**W**e may hear this statement, or at least variations of it, either explicitly or implicitly from classmates, lecturers or consultants. It can feel piercing and undermining, casting doubt over our core beliefs and values, which have often been the driving force behind us entering the healthcare space. How do we, as Christian healthcare students speak well into hostility like this? Do we confront, persuasively arguing for and standing boldly on our convictions? Do we just put up and shut up, hoping our actions will speak louder than words and quiet the incorrect assumptions about our faith?

In this article we explore hostility and conflict and suggest ways we, as Christians in healthcare, can speak well into this.



Rachel Owusu-Ankomah is CMF Head of Student Ministries

## THE CONFLICT CONTINUUM



### what are hostility and conflict?

**Hostility** - unfriendly or aggressive behaviors towards people or ideas.<sup>1</sup>

**Conflict** - a serious disagreement and argument about something important.<sup>2</sup>

Social scientists have mapped out conflict on a continuum from low intensity to high intensity, a development on Game Theory's original win-lose model. In describing conflict within organisations, Patrick Lencioni proposes the following:<sup>3</sup>

At the left end there is a state of no conflict, described as artificial harmony and defined by 'false smiling and disingenuous agreement'. The other end is 'relentless and nasty conflict' where people are 'constantly at one another's throats'. As you move from artificial harmony, you enter a zone of more and more constructive conflict, but there is a point of demarcation - the ideal conflict point where going beyond this becomes destructive.

In reality, Lencioni thinks that most teams live somewhere near artificial harmony.

As people engage in constructive

conflict, they are fearful of reaching conflict armageddon. They are happier sitting in a place of passive, indirect communication and artificial agreement, going out of their way to avoid direct, uncomfortable disagreement. No place more so, Lencioni suggests, than in the church. This happens because people confuse being nice with being kind:

*'Two people who trust and care about one another and are engaged in something important should feel compelled to disagree and sometimes passionately, when they see things differently. After all, the consequences of making bad decisions are great.'*

Lencioni's model helpfully acknowledges that a degree of conflict can be good. We see that within healthcare, where after discussions in which differing opinions and disagreements are heard, we make a way forward in the best interest of the patient.

### why?

As you reflect on conflict and hostility in different areas of your own life and where your tendencies lie, have you ever thought why conflict and hostility exist? Can understanding this help us to speak into it well?

### a secular view

In his book, *The Righteous Mind*, Jewish atheist social psychologist Jonathan Haidt explores why seemingly good people are so divided over politics and religion. Core to his reasoning are the six moral tastebuds - sensory receptors within our moral mind. In the same way that we have different food preferences based on our tastes, we all have moral tastebuds that will shape our response to a particular moral cuisine/issue. These taste buds are: care/harm, fairness/cheating,

justice/injustice, loyalty/betrayal, authority/subversion, sanctity/degradation, liberty/oppression.<sup>4</sup>

You can read further about moral tastebuds in Laurence Crutchlow's January 2017 *Nucleus* article: *How do we make moral decisions.*<sup>5</sup>

Loyalty/betrayal, for example relates to our need to belong to a group. It helps us form strong relationships and see beyond ourselves. It can also make us unnecessarily hateful to those outside our group. Or our taste for sanctity/degradation, the instinct we have to keep things pure and sacred, searching for things that are clean and protecting things from becoming dirty, will influence how we may view and respond to unborn children in beginning of life issues. We see these different tastebuds played out in many conflict situations. As a generalisation, Haidt sees the first, second and sixth buds listed as more prominent in current secular tastes and third, fourth and fifth prominent (but not necessarily to the exclusion of the others) in religious groups.

## a biblical view

This may go some way to explaining the roots of conflict and hostility but does it go far enough? Right from the early chapters of the Bible we see conflict and hostility – Cain and Abel,<sup>6</sup> Noah and Ham,<sup>7</sup> Sarah and Hagar.<sup>8</sup> Genesis 3 is helpful in exposing the ultimate heart of this – our rebellion against God. When human beings eat from the tree of the knowledge of good and evil, something cataclysmic happens, the universe breaks! Primarily, our relationship with God is broken but also our relationships with one another.

Much of the conflict and hostility towards Christian beliefs finds its heart in our Genesis 3 actions – not wanting to acknowledge God for who he is, our creator; not wanting him to rule over our hearts, minds and lives; not wanting to worship him but rather worship created things.<sup>9</sup> Our response is to push back against him and his people. This latter part is also not surprising, as Jesus explicitly warns Christians that we 'will be hated by everyone'.<sup>10</sup>

Even as God's people, the universal brokenness in how we relate to one another means we are not immune from in group conflict and hostility. We see this with Paul and Barnabas in Acts 15 and their sharp disagreement that causes them to split.<sup>11</sup> Also Paul and Peter,<sup>12</sup> and Syntyche and Euodia.<sup>13</sup> Often, in our efforts to be faithful to God and follow him wholeheartedly, we can disagree with fellow brothers and sisters in Christ. In these situations, let's check our own hearts and motives; it is clear from Scripture that we are to seek unity within the church.<sup>14</sup>

Peter Saunders and Laurence Crutchlow helpfully explore disagreement among Christians further in previous *Nucleus* editions.<sup>15,16</sup>

## how do we speak into hostility well?

Here are three top tips for speaking well into hostility and conflict in healthcare:

### ■ *be quick to listen and slow to speak*

How good are we at listening as healthcare students? A 2019 study showed that in encounters where clinicians elicited patients' concerns, they interrupted them on average eleven seconds later. We are encouraged in the Bible to be quick to listen,<sup>17</sup> to understand and not just to respond.<sup>18</sup> John Stott coined the term double-listening – listening and understanding God and the things of him but also listening and understanding the world. In doing so we are able to build a bridge between perspectives and worldviews that are different to ours. Take the time to think through and seek to understand the hot-topic areas and difficult questions we may face as Christians in healthcare – there is a wealth of resources on the CMF website ([cmf.org.uk](http://cmf.org.uk)) to help you do this.

In situations where conflict and even hostility have arisen, it can be easy to but in, to correct the other person or hammer home what we think or believe. The other part of James 1:19 encourages us to be slow to speak and we see similar wisdom over and over again in Proverbs.<sup>19</sup> We have to remember that we were all on the other side of the bridge at

some point. God in his grace and mercy opened our blind eyes and showed us the truth of who he is.<sup>20</sup> Let's be prayerful, patient and listening as he does this for others too.<sup>21</sup>

### ■ *Speak the truth in love with grace*

In John 1:14, we read of the Word becoming flesh – glorious Jesus coming to the earth from the Father. I have always found the juxtaposition of the glory of Jesus and him coming full of grace and truth interesting.

Perhaps a way we reflect the glory of Jesus in conflict and hostility is by speaking the truth with grace. This can often be a hard balance to find. In our efforts to stand boldly and unashamedly for the truth of God and the gospel we can lack grace,<sup>22</sup> compassion,<sup>23</sup> and humility,<sup>24</sup> and be Bible-bashing clanging cymbals.<sup>25</sup> On the other side, for the sake of love and grace we can shy away from the truth, as Lencioni points out. A helpful barometer is to think – 'am I displaying the fruit of the spirit<sup>26</sup> and the characteristic of love<sup>27</sup> in this situation?' Unfortunately, I think we can forget that being right is not actually a fruit of the spirit and being dishonest is not a characteristic of love.

### ■ *Accountability and community*

Another way we speak well into hostility and conflict is to do it in community. A community to help us think through and discuss the issues and explore meaningful and wise ways to engage. In addition, accountability; someone you can pray with before and debrief with afterwards, someone that can encourage and rebuke you to be truthful,

## RESOURCES – EXAMPLES OF PEOPLE DOING IT WELL

- Science and faith - John Lennox  
[youtube.com/watch?v=otrqlTuSqE](https://www.youtube.com/watch?v=otrqlTuSqE)
- Suffering - Amy Orr-Ewing  
[bit.ly/3DBTFSJ](http://bit.ly/3DBTFSJ)
- Beginning of Life - John Wyatt  
[bit.ly/3EEtI5G](http://bit.ly/3EEtI5G)
- End of Life - Mark Pickering  
[bit.ly/3duvBGn](http://bit.ly/3duvBGn)
- Gender and Sexuality - Preston Sprinkle  
Theology in the Raw podcast: [bit.ly/3oA9Hrn](http://bit.ly/3oA9Hrn)

loving and gracious. As we reflect on areas of hostility and conflict within healthcare, local CMF groups can be a great space for this to happen. How about arranging a Christian medical discussion forum on a particular topic to explore further?

### a note on social media

These principles apply just as much to social media and the digital space as they do to face-to-face interactions. It can be easier with the anonymity a keyboard and screen provides to act in ways we just wouldn't if the person was there in front of us.

### final thoughts

There are many great examples of Christians, both in healthcare and without, engaging well in areas of hostility and conflict (see box above) and we can learn much from them. Although difficult, this is often part of the Christian life. Let's be ready with truth, boldness, love and grace as we live and speak for Jesus in healthcare. ■

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23. Ephesians 4:32
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25. 1 Corinthians 13:1-3
26. Galatians 5:22-23
27. 1 Corinthians 13:4-13

# the place of conscience in medicine & public life

Laurence Crutchlow & Rick Thomas consider God's voice in a post-Christian society



I 'm sorry, I can't sign those'. So began a discussion of conscientious objection to abortion when I (Laurence) was an obstetric SHO. Often, we were presented with sets of notes where we were expected to provide a second signature on the legal form needed to authorise an abortion, and then prescribe relevant medication. My nursing colleagues were civil enough (after all I wasn't the first doctor who had refused this), but I sensed some frustration, as several others I worked with took the same position, and considerable work would be needed to find a signatory on some days.

These dilemmas still occur around abortion, and may arise in other areas too. How are we to think about conscience as Christian medical students, and how should we try to protect conscientious objection when it is under threat?

### *Rick Thomas helps us to think through this:*

'Conscience' comes to us from the Latin '*conscire*', a conjunction of the prefix 'con' meaning 'with' and the verb '*scire*' meaning 'to know.' It carries the sense of 'having knowledge'. In psychoanalytic terms, this knowledge inhabits a realm beyond the conscious self but can communicate with, and comment upon the choices made by the conscious

mind, classically by conveying a sense of shame. This separation of conscience from conscious self is illustrated in expressions like 'you can make that choice if you will – that's between you and your conscience.' In this model, the 'knowledge' that informs the conscience and constructs its ethical boundaries accumulates through environmental influences, particularly during early years. In effect, conscience becomes 'the voice of others inside you.'<sup>1</sup>

But what if God informs the 'voice' inside us, the voice of conscience? It seems Paul suggests this, or at least something like it, in Romans 2:12-16. In context, Paul is talking about God's future judgment of sin and how it will fall on Jew and Gentile alike. Paul declares that God shows no favouritism in his judgment – he is impartial. But how could it be just for God to judge Jews, who have received God's law and know its requirements, by the same standard as Gentiles who do not have his written law? Paul makes it clear that God has not left Gentiles in the dark but has in some way written his law in their hearts, brought to light by the operation of conscience. The Gentile, though without the written law, nonetheless has the witness of his conscience acting as a kind of moral alarm signal, disapproving of, or commending his actions. So, Paul argues, God





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will be just when he judges everyone's secret life. In biblical thinking, therefore, the conscience is a fundamental aspect of our created humanity and present in all, not just in believers.

Paul clearly values the role of conscience highly. He frequently describes himself as living with a clear conscience.<sup>2</sup> He urges his young disciple Timothy to live in the same way<sup>3</sup> and lists integrity of conscience as a qualification for leadership in the church.<sup>4</sup>

He warns the Christians in Corinth against violating the consciences of others who have scruples over certain matters that they don't share. Not all consciences are calibrated the same, it would seem, and Paul argues that those who feel less constrained by conscience than their brothers and sisters should be careful to respect their scruples ('weaker' consciences) and voluntarily limit their own freedom rather than risk causing offence.<sup>5</sup>

**Laurence:**

It is quite clear that 'conscience' in itself is important. And when the conscience of a Christian is likely to conflict with the current desires of society, that will cause difficulties. How might this concept affect how we interact with society?

**Rick responds:**

Firstly, it will shape the language of our appeal. We live in a post-Christian, secular society. The words and ways of God are no longer common knowledge. But conscience – an intuitive commentary on our plans and actions, that inner sense of what is good or bad, right or wrong – is universal. It is also remarkably consistent across peoples from widely different cultures. For example, stealing, lying, murder, incest, and adultery are almost universally held to be unlawful, even in those less 'developed' societies where no moral code has been written down. No doubt, upbringing and environment help shape (or sometimes misshape) the contours of conscience over time but, if we have interpreted Paul correctly, it is God who originally plants that knowledge of 'how things truly are' in the human conscience. That being so, then appeals that reflect God's will and ways will frequently find a resonance, if only as a faint echo, in the hearts of those who may not share an overtly Christian worldview. Connect with these deep moral intuitions, and the conversation becomes a very different one. In many people, the intuitive knowledge of conscience is not deeply buried and may be helped to surface by an approach that is invitational rather than adversarial.

Secondly, it will strengthen our commitment to the notion of conscientious objection (CO). The biblical record clearly affirms the legitimacy of CO. To force someone to act against their conscience is wrong, and Christians will resist attempts to minimise freedom of conscience.

However, here we must pause to reflect. Conscience appeals to an objective set of moral norms outside oneself, generally to the tenets of religion. But with the 'fading' of religion in our culture, might the trend in the law be to accept as claims of conscience any beliefs personally and consistently held?

## appeals that reflect God's will and ways will frequently find a resonance

In a secular society, non-religious beliefs strongly enough held could eventually command the same right to CO as a recognised religion. In times past, the law took its bearings from the understanding of God as Creator and Lawgiver, with the Scriptures providing an objective reference point against which claims of conscience could be measured. Now the law must decide just what such claims mean when they are divorced from that body of truth. To draw a ridiculous illustration, if I claim a strong personal belief that it is wrong to pay taxes, it is (sadly) unlikely the Inland Revenue will see that as a legitimate claim to CO! To guard against the 'every conscience a law unto itself' scenario, it is likely that the law will become more restrictive. The privilege of CO on 'religious' grounds will come under increasing threat and could be lost altogether.

So, should Christians press for freedom of conscience for all, no matter how frivolous a claim may be, in the name of equality? Or should they restrict their appeal to apply only in support of conscience claims based on historic credal beliefs and be accused of bias and narrow self-interest?

We suggest, with Magelssen,<sup>6</sup> that CO should be acceptable when the objection has 'a plausible moral or religious rationale' such that providing

healthcare would 'seriously damage the health professional's moral integrity by constituting a serious violation of a deeply held conviction'.

### when the lawmakers get it wrong

The Bible teaches that God institutes human authorities and expects us to obey them: 'Let everyone be subject to the governing authorities, for there is no authority except that which God has established. The authorities that exist have been established by God. Consequently, whoever rebels against the authority is rebelling against what God has instituted, and those who do so will bring judgment on themselves.' (Romans 13:1-2)

But Scripture is equally clear that if laws that discriminate against Christians are passed, and obeying such laws involves disobeying God, then there is a place for civil disobedience. In fact, when we are forced to do something wrong, it is a Christian duty to disobey.

When the king of Egypt ordered the Hebrew midwives to kill all male Hebrew children, they refused to do so and God commended and rewarded them.<sup>7</sup> When Peter and John were commanded by the Jewish authorities not to preach the gospel, they replied, 'We must obey God rather than men,' and continued to do it.<sup>8</sup>

So, whilst recognising that we have an obligation to obey the governing authorities that God has instituted, nonetheless, our obedience to God himself takes precedence if the law of the land requires us to disobey him.

Of course, we should do our best to oppose the passing of laws that seek to criminalise normal Christian behaviour. And if their passing looks inevitable, we should seek for 'reasonable accommodation' to be made. The Abortion Act and Human Fertilisation and Embryology Act, for example, both contain conscience clauses. These provide some protection from being forced to participate for those with a moral objection to the activities they legalise. Even when there is not such provision in legislation, 'reasonable accommodation' should usually be possible with an employer.

But we may not be successful in seeking a reasonable accommodation. In such a circumstance, we must be willing to count the cost and to pay the price for being faithful to God in the face of threats. The long list of heroes of faith in Hebrews 11 contains not only those who were delivered from the legal consequences of civil disobedience but also those who paid the price. And paying the price may be what God requires us to do in similar circumstances – through loss of reputation, job, registration, money (facing a fine), freedom (imprisonment), and even, perhaps, life. In all this, we have the confidence that we follow in the footsteps of a Saviour who, in facing everything the religious and political authorities could throw at him, willingly carried the cross and emerged ultimately victorious.

### **Laurence considers how this works for today's student:**

We are rarely the final decision maker at this stage. But will we observe procedures to which we might object? Or get involved in tasks that are themselves morally neutral (such as siting a cannula), but may facilitate a procedure we object to (such as an abortion)?

In most circumstances I think it helpful to observe procedures even when uncomfortable. I feel better informed having done that as a student with regard to abortion. Sometimes this approach might bring opportunities to discuss concerns and reason with those teaching you.

But it is wise to avoid contributing to procedures that you are uncomfortable with. I remember using the phrase 'I am uncomfortable with this so would prefer not to assist in any way', and on that occasion it did open some conversation, without (I hope) appearing too dogmatic.

If something arouses feelings such that you don't think you will be able to discuss it rationally, it is better to stay away. At least for abortion, the conscience clause in the 1967 Abortion Act has always been clearly held to protect medical students who do not wish to observe or participate in abortion.

## RESOURCES

CMF's booklet *Freedom of Conscience in Healthcare* explores these themes and their application in more depth. 'Living by our most deeply held values and principles is something Christian health professionals instinctively understand. But what happens when we find ourselves asked to participate in treatments and procedures that run against those values? Is it OK to conscientiously object to being involved in specific procedures? How do we manage this with our patients? and what about our bosses and colleagues?' Available at £4.00 from CMF Bookstore [cmf.org.uk/bookstore](http://cmf.org.uk/bookstore)



Eventually, many of us will be the main decision maker – in fact sooner than you think. It is much easier to work in line with your conscience if you are clear, knowing what you cannot in good conscience do. Dilemmas are rarely all that clear cut in 'real life', and if not thought through first, the line of least resistance is often the easiest course.

So, take time now to read around the common issues. Currently, that means beginning and end of life issues, and resource allocation. But be aware that the challenges may change during your career. Puberty blockers in children with gender dysphoria are a big question currently; I don't remember a single mention of this as a student or junior doctor.

Occasional curveballs will still arrive. We can still prepare through a good underlying knowledge of God's Word, and living for him so that our minds are renewed, and we discern his will (Romans 12:1-2). The more deeply ingrained the principles of God's kingdom, the better we'll be able to decide how these principles apply in an unforeseen and complex situation. ■

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# COVID-19 vaccines

Laurence Crutchlow considers why some Christians are hesitant





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Only a year ago, there was no vaccine available against COVID-19. The development and rollout of such vaccines in some parts of the world has been remarkable, with some countries achieving very high rates of coverage. However you interpret Covid-related figures in the UK, it is difficult to deny that a significant reduction in hospital admissions and deaths at a given Covid infection rate has occurred following the introduction of the vaccines.

Yet there is some suggestion that Christians are more hesitant about vaccines than others. Is this true, and if so, why might that be?

## are Christians more likely to avoid Covid vaccines?

A wide-ranging survey in the USA has tracked self-reported vaccine uptake among a variety of groups during the pandemic. The most recent September 2021 report<sup>1</sup> makes for concerning reading. Vaccine uptake among 'white evangelical Christians' is low at 62 per cent, compared with 72 per cent in the general population. The proportion of Christians who say they will 'definitely not' have the vaccine is higher, at 20 per cent, compared with twelve per cent in the general population. Of course, there are confounders for such figures, notably in this case an even more stark distinction between self-identifying Republicans and Democrats, but the difference is clear nonetheless.

Anything so detailed is difficult to find for the UK, but it is interesting to note that Northern Ireland, which is generally perceived to have much higher numbers of churchgoers than most other parts of the UK, has shown lower uptake figures than other areas, although differences are not large.<sup>2</sup> Causation is of course hard to prove on either side of the Atlantic.

## what leads to vaccine hesitancy?

The term 'anti-vaxxer' is often not helpful, and if

used at all is often applied to those resolutely opposed to Covid (or any other) vaccines. In my own clinical experience, this small minority is almost impossible to convince. But there are many wider factors that affect uptake, some of which can be remedied and lead to increased vaccination rates in the hesitant. Particularly important is trust in information received about vaccines, but even things as simple as the logistics of booking an appointment, or availability of time off work to be vaccinated can have an impact.

When governments procure vaccines and have a big role in their distribution, trust in government will also affect vaccine uptake. This may be linked to concerns about government overreach, perhaps understandable given the level of legal restrictions on people's private lives during the pandemic, but this scepticism can spill over into increasingly far-fetched conspiracy theories. These are often by their nature very hard to discuss rationally, although thankfully unusual in the UK.

There is also some understandable concern about vaccine side-effects, particularly given reports of thrombocytopenia accompanied by thromboembolic events following administration of the AstraZeneca vaccine.<sup>3</sup> Though this is very rare, with a drug given to millions of people, 'very rare' will still mean a number of cases do occur, some of which may be life-changing for the individuals concerned. For much of the population the risks of contracting COVID-19 are clearly greater than the risks of side-effects from vaccines. Such concerns may weigh more heavily with healthy teenagers and young adults, who are much less likely to become seriously ill due to COVID-19. I discuss a Christian response to this later in this article.

## are there specific factors for Christians?

Christians are just as affected by common reasons for vaccine hesitancy as anyone else. Several more specific areas could be leading to increased hesitancy.

■ **views on health and healing**

While it would be a very unusual view in CMF, there are some Christians who believe that they will be healed of any physical ailment here on earth by supernatural means. If this belief is held sincerely, avoiding vaccines would be quite understandable.

■ **pressure in churches**

Some element of shared behaviour in any community is common, so we might expect to see this in churches just as in a sports team or friendship group. This can have a strong effect if church leaders appear to be hesitant about vaccines, particularly in congregations that give a lot of authority to their leaders.

■ **wider Christian pressure**

Perhaps more than ever during the pandemic, many Christians have drawn teaching not only from their own Bible reading and church preaching, but from other prominent Christians around the world with articles or sermons available online. Some Christian leaders are highly influential, and their word on these matters does make a difference.

■ **ethical concerns about the vaccines themselves**

The COVID-19 vaccines currently in circulation have been either manufactured or tested using a cell line called HEK-293. These cells were derived from an abortion more than 50 years ago. The abortion was not performed for the cause of creating the cell lines; they were effectively a 'by-product'. Any cells growing in this line today will be many divisions removed from the aborted tissue and contain none of the original tissue.

However, some have still expressed significant concerns about this. Some of these can be easily dealt with (such as patently false claims that individual vaccine doses contain aborted tissue). But the question of complicity in the original abortion, which many Christians will see as evil, has led some to refuse the vaccines on these grounds.

The counterargument has been that not taking

the vaccine will do nothing to prevent an abortion which happened many years ago, and indeed may cost, rather than save, lives.

I also have concerns about the consistency of taking this view. The HEK293 cell line is not confined to use in COVID-19 vaccines. Matthew Schneider, writing from a Catholic perspective, lists many common medicines where testing has involved these cell lines.<sup>4</sup> If we avoid the vaccines for this reason, logically we avoid all these medicines too.

Even if we don't have concerns ourselves, it is clear that some do, and it would surely be helpful in the future if cell lines could be produced and used that do not carry these ethical concerns.

■ **concerns about distribution of vaccines**

While the rollout of vaccines has been very successful in some countries, there has been wide variation across the world in vaccination rates. The UN 'COVAX' program aimed to obtain doses of vaccine and distribute these according to a formula that looked not only at the size of a country's population, but also at age distribution, number of healthcare workers, etc.<sup>5</sup> This program has enabled the distribution of some vaccines, but not at enough of a pace to avoid claims that richer countries have 'hoarded' vaccines for their own populations.

Although Christians may not have a consensus on the exact mechanics of distributing vaccines, most would agree that an even distribution across the world is sensible from both a justice and a pandemic management perspective.

For most this won't affect their own decision about taking a vaccine, but we have had some approaches from groups wanting CMF to support petitions that would have encouraged people in the UK to refuse booster vaccine doses until there was more roll-out in the developing world.

**how should a still-unvaccinated Christian decide?**

I think the principles drawn from two Bible verses

are key in understanding this: Matthew 25:40, and Romans 14:23.

Matthew 25:40 says, ‘Truly I tell you, whatever you did for one of the least of these brothers and sisters of mine, you did for me.’

A widely applied Christian principle has been that the strong should make sacrifices for the weak. If we assume that vaccines have at least some effects on reducing Covid transmission, then it logically follows that being vaccinated should reduce the chances of people who may not respond to the vaccine becoming severely ill from infection. Even if we are sceptical of the effect of vaccines on reducing transmission, it is much harder to deny an effect on serious illness. Assuming that we believe lockdown measures were genuinely put in place because of strain on healthcare systems, then reducing serious illnesses should reduce the risk of such measures (the devastating economic impact of which is increasingly apparent, particularly on the poorest) ever recurring.

Accepting a vaccine when we can seems to fit the principle of Matthew 25:40. This argument is important for healthcare students, who are a good example of a group who are on average young and usually at low risk of serious illness because of Covid but who have a lot of contact with more vulnerable people.

The sense of most of the CMF Office team has been that most members we’ve spoken to have been happy to be vaccinated and have encouraged others to do so.

However, we’re aware of a minority who are very uncomfortable with COVID-19 vaccines for various reasons, perhaps most often around the fetal cell line issue discussed above. It is important that we consider this view carefully to ensure that those who hold it are fairly treated. Some prominent figures support this view, perhaps most notably

## RESOURCES

CMF File 73 (Vaccines) by the same author explores vaccination in more depth. The CMF blog ([cmfblog.org.uk](http://cmfblog.org.uk)) has a number of articles about COVID-19 and vaccines. We would also recommend the excellent ICMDA webinar series which focuses both on Covid and the issues arising from it. [bit.ly/3DBkLbX](http://bit.ly/3DBkLbX)



in the evangelical world the widely respected speaker and author John Piper <sup>6</sup> (although he has more recently emphasised Christian freedom on the matter). <sup>7</sup> In the UK, Brephos (among others) have advocated a similar position. <sup>8</sup>

Although this would be a minority view, some may also feel strong conscientious concerns about whether harm may come in future. In these cases of difficulty, Paul’s injunction that ‘everything that does not come from faith is sin’ (Romans 14:23) surely applies, given that Paul himself was discussing differences in matters of conscience in the passage.

It is then for each believer to weigh the implications of these two principles and work out what they will do. While we may well wish to discuss and try to persuade, we need to respect the conclusions of others.

## conclusions

Many of the reasons that have put some Christians off COVID-19 vaccines are no different to anyone else’s. A small number of ‘Christian specific’ reasons may be understandable, even for those who don’t share them. Therefore, as the wider church, we need to be understanding, and defend the right of acting according to conscience for Christians who sincerely believe that they should, even if this is on an issue where we may not agree. ■

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# *essentials* : grappling with grace & fairness

Liz Birdie Ong describes lessons learned in a crisis



I am blessed to have grown up mostly in a Christian family and environment, but a major life crisis caused me to grapple with and re-evaluate many concepts that I took for granted, or never fully understood, including that of grace and fairness. Though my circumstances may not be the experience of many, I hope the lessons I took away may help you as much as they helped me.

## grace in sin: fully known, fully forgiven

One reason I feared death was that I felt like I would not know what to say when I met God. I felt like I had not done enough, or done it well enough.

Maybe you're going through a spiritually dry season, or constantly struggle with sins you cannot seem to shake, or feel powerless to do what you know you should be doing. Perhaps you have not been very active at CMF, or missed 'golden opportunities' to tell your patients or colleagues the gospel, or prioritised your studies or friendships or ambitions more than you should, or said something to your patients you wish you could take back. Whatever the reason, you might

feel the same sense of inadequacy and guilt.

This might seem ridiculous coming from someone who grew up in Sunday school and knows full well that salvation is by faith and not by works. However, the way I was living and what I based my joy and sense of accomplishment on, made me realise that knowledge does not always equal action.

As I was being driven to my knees in fear and doubt, God's grace through the people and resources around me helped me find some answers to the questions, 'What will make us ready to meet God? Who are we, and how does God view us?' The answer to these questions may bring comfort in times of overwhelming failure.

When we think that by attending CMF meetings or sharing the gospel, or doing any other 'good deed', that we will be less of a failure and more ready to meet him – when we derive our confidence and satisfaction in ourselves from what we have done rather than what Christ has done on our behalf – we are deceiving ourselves and in reality living a life of 'salvation by works'.





Liz Birdie Ong is a medical student in Dublin and *Nucleus* Student Co-editor

The comforting truth is that our sins are fully paid for, and that no other good deed will ever make us any more ready to meet him. He knows about any ulterior motives we might have had when volunteering or donating, or being nice to our friends, or being on the CMF committee or community, or even in deciding to enter medicine.

He knew them all – yet he loves us still and has provided a way to make us ready to meet him. He sees not our stained records but rather the cloak of the righteousness of his perfect Son.

## fairness in disparities: Christ is enough

Life never seems fair, does it? Perhaps it is a chronic longstanding illness, or encountering young terminally ill patients or disparities in healthcare access and finances. Being dealt a tough hand yourself may stir up cries of indignation that hide a hint of envy, and seeing others you know go through it may trigger similar emotions.

Why can one lady have three healthy children while her friend has to pay for expensive visits to the hospital and may still never be able to have children of her own? Why can't the system do more to help this poor child who is dying because his parents simply cannot afford his care?

Let me take it one step further and relate it to the previous topic on grace. What will the poor terminally ill twelve-year-old say to God when he meets him? What could he have done that would make God say, 'Well done, good and faithful servant'?

At the end of John's Gospel in chapter 21 is a story that seems unfair by human standards – how Peter will die a death like Christ and John may get to live to a ripe old age. This passage always made me feel slightly uncomfortable, for messy reasons I did not dare explore – until I encountered this challenging season and could not avoid it anymore. And yet, surprisingly, I found a strange comfort for my weary struggles. 'If I want him to remain

alive until I return, what is that to you?'<sup>1</sup>

The next time you cry out in bitterness and despair about the seemingly endless challenges you or someone you know is facing, remember the incredible privilege of belonging to Jesus, which makes any difference between individuals fade away into insignificance.<sup>2</sup>

'If I want that mother to have three beautiful and successful children; if I want this youth pastor's ministry to thrive and change many lives; if I want this child to live 105 happy cancer-free years; if I want this young man to succeed in his application – what is that to you?'

Jesus never commanded that we must be successful or accomplish great things for his kingdom. He simply asked us to follow him. With whatever he has given us, wherever he has led us, whoever he has made us to be – we are to follow him.

## conclusion

Grasping these truths freed me from the guilt, shame and fears that paralysed and robbed me of the joy, confidence, and abundant life that Christ died to give me.

Grasping these truths freed me from the unwarranted stress that accompanies the lack of results from my striving and struggling, whether in academics, church, relationships, personal development, or good works – because it does not matter how it compares to the achievements of others.

Grasping these truths means that it does not matter whether I or my patient or my friend has 20 short years plagued by a debilitating illness or 100 healthy years to do good works because it is not about what I have done or can do, but what he has done for me. ■

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2. Piper J. Battling the Unbelief of Envy. *Desiring God*, 1988. [bit.ly/battlingenvy](http://bit.ly/battlingenvy)

# *lead*: church leadership & broken trust

**Thulasi Daniel** considers the impact of growing mistrust in the church towards local and global Christian leaders





Thulasi Daniel is a Foundation Year 1 doctor working in the East Midlands

## disappointment and growing mistrust

In an age where stories of use and abuse in the church seem to be travelling faster than stories of reconciliation, I am thirsting for clarity and openness from the church. It is hard to escape a real sense of hopelessness, as one after another independent investigations are launched into various church leaders. There goes another leader whose word I have trusted, and who turned out to be a liar.<sup>1</sup> And another one who I thought had integrity, who really does not. Money laundering and sex abuse scandals on a corporate scale only seem to compound the fear that even the people I respect the most at a local level might not, in fact, be trustworthy. Inch by inch, I find myself pushed to a place where I think I'm better off – or at least safer – without people. It is an all too familiar disappointment and another painful reminder of just how far we are from God's perfect design. So how should we respond? Fight? Or flight?

### is it unreasonable?

Perhaps my expectations are misplaced? Maybe I shouldn't be so personally invested in my church leaders? And yet the reality is that we DO have a different expectation of our leaders in the church. We expect them to be of godly character.<sup>2</sup> I am not in search of heroes for leaders; but I am in search of consistent and faithful servants of Jesus to signpost the way; people who live consistently, in public and in private. I know that becoming detached or indifferent to the lives of our leaders is not a solution to dealing with hurt, and it will only isolate me further. Therefore, I need to think more carefully about how to reconcile relationships with church leaders, when trust is broken on either a corporate or local level.

### grappling with the facts

As we humbly reflect on the reports of the past year, one of the common themes is that there are

less opportunities for individuals to disclose abuse by influential people with a far-reaching network of trusting supporters. Disclosures that do happen are often tentative, shrouded by fear and self-doubt, and therefore take time to come to light.

Additionally, the reverence and respect that we attribute to leaders in church adds a layer of complexity; the gospel in some instances can be misused as a defence against accusations of abuse.

It is no secret that church leaders at both local and corporate level are phenomenally influential; they command the time and attention of a congregation on a regular basis and the Bible encourages congregations to be receptive to the guidance of their wise and trusted leaders. We pray to be people who are discerning and watchful of false teachers.<sup>3</sup> But the downfall of our leaders almost always happens on a more personal level.

## I am not in search of heroes for leaders; but I am in search of consistent and faithful servants of Jesus

As we approach this topic, therefore, and reflect on our own experiences of church leadership, my prayer is for real clarity of mind; that we would listen carefully to the experiences of our brothers and sisters and be able to lament and protest with God in areas that we feel let down by him. May this be a time of self-reflection, and guidance from God as we look to deconstruct the pedestals on which we have placed people in our hearts and minds and work towards actionable change.

### actionable change: corporate level

The painful process of exposing abuse in the global church is, counter-intuitively, a relief to see. If ever there were a sign of a church striving for health, it is by bringing these issues into the light in order to

address them. When I look at numerous examples of church 'superstars' who fall into sin, it makes me think of sin as an ever-present, relentless enemy that pursues us. It does not stop because of any previous faithfulness of ours, nor are we protected from it in future, because of our faith from yesterday. We will not graduate from dealing with sin in this lifetime. This is true of all believers following Jesus. And whilst I do not believe that it is fair to diminish the actions of high-profile abuse scandals with 'we're all sinners', it is a reminder for me to never cease praying for church leaders globally, as I pray for myself, in the flight from sin.

## showing grace to others does not equate to ignoring or forgetting what has happened

I notice real conflict within myself when deciding whether to listen to the teaching of ministers, deceased or alive, who have left behind them a trail of destroyed lives. I don't think there is a right answer to this. When I consider the scale, depth and longevity of their deception, it's difficult to separate the teacher from the teachings. Not only that, but we should not be required to continue bringing attention to them or to reference their work. If we do listen to or read their work, it's wise to be on guard; has their theology been bent to accommodate their sin? Am I sure that their teaching is consistent with what God teaches me about himself, through his word?

Yet when I look back through history at the work of infamous church leaders, what continues to surprise me is the undeniable value in their work. It is frustrating and humbling to know God would be willing to bring about good from very dark and cruel people. That even from the most toxic of streams, spring forth blessings for the masses. It is further evidence of his ability to create beauty out of the ugliest parts of humanity. And if I'm being honest, it gives me hope when

I search the darkest parts of my own heart, that he is loving and gracious enough to use me.

But this does raise the question – why does God use those people? Why does he allow people to be victimised in his church? There are clearly no straightforward answers. Though let's be clear about this: to the victims of hurt, rape, abuse or manipulation, nothing has gone unseen. We follow a saviour who is truly grieved and himself has bled and wept for the deep pains we go through. He takes the matter so seriously that he took it to the grave to deal with it. And as a global church we stand in solidarity with the oppressed and shoulder the weight of what they have wrongly experienced.

When we think about extending God's unmerited grace towards others, we do not ignore what they have done in the same way that a prisoner will not be released from prison just because they are seeking genuine forgiveness for their crimes. There are real consequences for our sins, which have a lasting effect on people. Showing grace to others does not equate to ignoring or forgetting what has happened, or a nullification of its effects.

### actionable change: local level

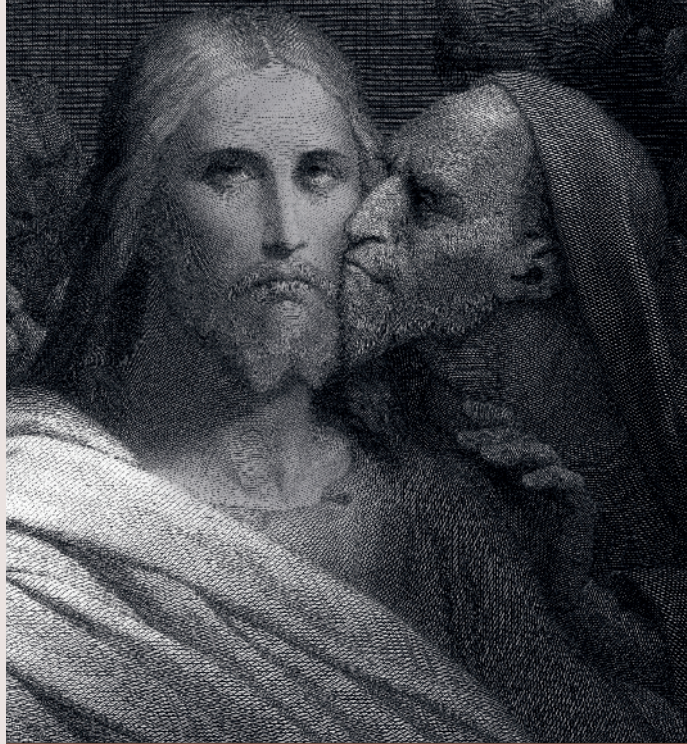
The hurt caused in a church may in some instances be so compromising that it drives us out of the church altogether. When I feel tempted to withdraw myself from a local body, I'm reminded of a significant moment detailed in Acts 9 – the conversion of the apostle Paul. In this moment, God reminds us that his church is inextricably linked to him. And to persecute members of his church is to persecute him. I do not believe in leaders of the church. I believe in the church because it's God's church; I don't place all my trust in its appointed leaders. And God will not allow me to be a part of a global or local body that is not somehow for my good. When my mistrust in people grows, I need to ask myself – is this perhaps rooted in a lack of trust in him? Do I believe that he knows what's best for me? Do I trust him to hold me fast, even when others inevitably let me down? He often uses people as conduits of healing and restoration.

So, to isolate ourselves from people, inhibits us from accessing the comfort and healing that we pray so earnestly for.

For every mega-church leader who is safely removed from the accountability of a church family, I'm encouraged by hundreds of local leaders, who live faithfully among the flock. In local bodies, we can get beyond what our leaders say and get close to who they really are, in meaningful accountability. As a key part of this, we need diverse communities to confess to, and to be the voice of Jesus to one another. It is community that gently exposes our ignorance and stops us from lying to ourselves or downplaying early seeds of sin. I'd also encourage people to be part of local churches that are committed to putting systemic structures in place to safeguard vulnerable groups; child protection policies, for example, are really important. Such things are needed because of the depth and reality of sin, which presses on even the most well-intentioned leaders.

Lastly, it is my prayer that we would be the types of followers who listen carefully to the cues of our brothers and sisters who may have had a negative experience with a leader. It takes courage and resilience to address this, whether it be to denominational authorities, or even the police where necessary. If the matters in this article concern you, you can also contact the CMF Pastoral Care and Wellbeing team at [wellbeing@cmf.org.uk](mailto:wellbeing@cmf.org.uk). But above all, may we look to the Lord as our guide: the perfect demonstration of what it means to be a leader and the one who cares for us like none other.

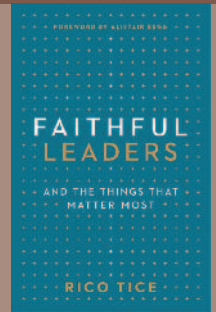
*And he is the head of the body, the church; he is the beginning and the firstborn from among the dead, so that in everything he might have the supremacy. For God was pleased to have all his fullness dwell in him, and through him to reconcile to himself all things, whether things on earth or things in heaven, by making peace through his blood, shed on the cross. (Colossians 1:18-20) ■*



## FURTHER RESOURCES

While only God's grace can ultimately keep leaders walking with him, Rico Tice's book *Faithful Leaders* contains much that will help anyone in Christian leadership exercise their responsibilities as God would have them do. Defining success correctly, fighting our sin, leading ourselves well and serving those we lead are all commended. These principles are of course useful to church leaders, but equally applicable to a Christian student leading a CMF group or CU.

**Laurence Crutchlow**, managing editor



## REFS

1. You can see information related to two high-profile cases at: [bit.ly/Ravihid](https://bit.ly/Ravihid) and [bit.ly/JFlessons](https://bit.ly/JFlessons)
2. 1 Timothy 3:1-13
3. Matthew 7:15

# *Distinctives*: purpose found in Christ

Isaiah Michael Rayel explores grace and service





Isaiah Michael Rayel is a medical student in Galway

*For it is by grace you have been saved, through faith – and this is not from yourselves, it is the gift of God – not by works, so that no one can boast. For we are God's handiwork, created in Christ Jesus to do good works, which God prepared in advance for us to do. (Ephesians 2:8-10)*

**T**he worship ministry leader at my Church has an anointing on her singing voice. When she sings, God's presence can be felt, inspiring people to sing, dance, cry, and even bringing them to their knees. Towards the end of her songs, she is often moved to tears herself by the overwhelming presence of God. It is evident, both to believers and unbelievers, that she has a God-given talent which she uses to bring people into an awareness of God's presence. In my own life I have sometimes felt envious of other believers who are so confident of God's gifting and plan for them. Unlike the worship ministry leader at my Church, some talents are not as obvious as hers. But this does not denigrate the importance of each person's own God-given talents and purpose.

### sacrifice & grace

As explained in Ephesians 2:10, each person is the work of God's hand, and we all have our roles for the advancement of God's kingdom. As a believer in Christ Jesus, fulfillment comes from following God. Once we accept Jesus as our Lord we live by a new standard, we no longer see the world through the lens of man. Our past does not define us anymore and all guilt and shame are cleansed through the blood of Jesus. Nevertheless, there is a sacrifice in denying one's flesh and the world's temptations to follow Jesus.

*Then Jesus said to his disciples, "Whoever wants to be my disciple must deny themselves and take up their cross and follow me. For whoever wants to save their life will lose it, but whoever loses their life for me will find it." (Matthew 16:24-25)*

We no longer live for ourselves but live for God. To those outside of the Christian faith, we may look deprived of some enjoyments of life. This is an understandable response considering that to many non-believers the Christian faith looks like a book of rules telling us what we should and should not do. But this could not be further from the truth; we are not deprived but empowered by God's grace. The creator of the universe loved us so much that he made a way for us to be with him for eternity, not by following the commandments in the Law, but through our Lord and Savior Jesus Christ.

Joseph was the favoured son of Jacob, who was unjustly sold into slavery by his brothers. God was with him in every situation,<sup>1</sup> and, by God's grace, he prospered and was put in charge of Potiphar's household. Yet he was wrongfully imprisoned because he refused the advances of Potiphar's wife.<sup>2</sup>

**God is for us and not against us;  
if you are burdened or weary,  
God will give you rest**

No matter what the circumstance, God is with us. He does not say we will not encounter distressing times, but even in these times, he is with us. The more impossible the challenge seems, the more God's power can manifest in our lives. God is for us and not against us; if you are burdened or weary, God will give you rest. Just as Joseph faced each circumstance not knowing what the outcome might be, it was later made clear that it was all used for God's purpose, 'You intended to harm me, but God intended it for good to accomplish what is now being done, the saving of many lives.' (Genesis 50:20) God's plan is to prosper you, and not to harm you; his plan gives us hope and a future.<sup>3</sup> Therefore, do good in the eyes of God, believe God has a purpose for you which will be carried out in your life amidst any trial.

## service

In Matthew 23 Jesus tells the crowd about the teachers of the law and the pharisees who sit in the great prophet Moses' seat. Jesus says listeners should observe the teachers' words but not their actions, as the teachers do not practise what they preach, instead doing their deeds to be seen by others.

Intentions cannot be hidden from God, and all things should be done for God and through God which shows pure intentions. James 2:21-22 says, 'Was not our father Abraham considered righteous for what he did when he offered his son Isaac on the altar? You see that his faith and his actions were working together, and his faith was made complete by what he did.' Paul tells the Colossians to work with all their heart, just as if working for God.<sup>4</sup>

## intentions cannot be hidden from God, and all things should be done for God and through God which shows pure intentions

Before starting medical school, I was a martial arts teacher. A pupil in one of the older classes I taught would help me in teaching my classes. I was grateful for the help, but I was getting paid to teach and he was not. He was a hard worker, optimistic, and showed a passion for martial arts. As time passed, we got to know each other well and I learned that he faced a difficult childhood and was still struggling outside of the martial arts gym. Yet without fail he was at every class. His willingness to serve without compensation or recognition astounded me. It was clear in some sense that he found direction, purpose, and fulfillment through his service in the martial arts gym.

Jesus came to serve and not to be served. He humbled himself by becoming obedient to the point of death. Should we not also adopt this attitude of service? Jesus said that the greatest among you will be your servant. For those who exalt themselves will be humbled, and those who humble

## READING & RESOURCES:

Ethics is all about working out what is right and wrong, how we should or shouldn't live. Some people might just shrug their shoulders and think it's not for them, and say 'whatever'. For others the answer is simple – do whatever you like as long as it doesn't hurt others. Christian Medical, nursing, and midwifery students all sit courses on ethics, but it can seem very distant and academic, and far removed from the values that Jesus teaches. Giles Cattermole shows us in *Whatever* that ethical questions are not abstract philosophical choices but are rooted in our lived out, day-to-day faith in the Lord Jesus.



Available from the bookstore at [cmf.org.uk/bookstore](http://cmf.org.uk/bookstore)



themselves will be exalted. As our purpose is found in Christ Jesus, we must also serve others so Jesus' character may be reflected through our actions.

## conclusion

Without God there is no purpose in life, leaving our time on earth meaningless. God has given each of us a purpose which is to spread the gospel of Jesus and to reflect Christ's love on earth. We are required by God to advance his kingdom in all nations. Zechariah 4:6 says, "'Not by might nor by power, but by my Spirit,'" says the Lord Almighty.' God has given each of us talents, interests, and desires which can be amplified through his grace to fulfill his purpose for us here on earth. God has not intended any of us to complete our assignments on our own, but through the guidance of the Holy Spirit to fulfill his plan. ■

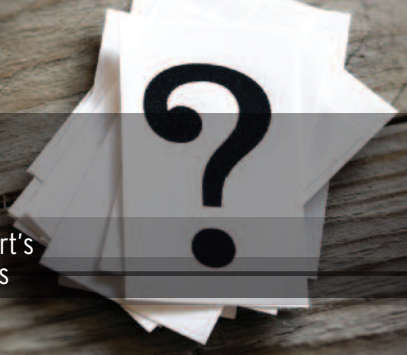
### REFERENCES

1. Genesis 39:2
2. Genesis 39
3. Jeremiah 29:11
4. Colossians 3:23



# Just Ask do not resuscitate orders

**Abigail Randall**, a GP in East London and medical school link for Bart's and the London Medical School considers 'do not resuscitate' orders



'During a recent GP placement, my GP tutor took me on a home visit to see a patient for a 'routine elderly review'. One of the priorities of the visit seemed to be discussion of end-of-life scenarios, and completion of a 'Do Not Resuscitate' form. The patient was very worried about being made 'not for resus', saying she was a Christian who believes only God can take life. She asked if the NHS was saving money by killing people off. The doctor signed the DNAR form on clinical grounds of 'futility', as the patient is elderly and housebound with heart failure and COPD. I'm confused by the whole situation. Help please!'

This is a question that comes up regularly in our local student CMF group. It's a common and confusing scenario, with potentially multiple different factors at play.

DNAR, or DNACPR forms, are a way of communicating across teams the clinical decision not to attempt cardiopulmonary resuscitation in the event of cardiac arrest.

Discussions around end of life and CPR, done well, are in fact an appropriate part of good medical practice.<sup>1</sup> In general practice and routine community care, there is a drive to open the conversation early, exploring what is important to the individual patient. This can be preferable to rushed emergency discussions in contexts such as the ED or an acute medical ward.

As Christian medics, however, aware of a possible agenda in some parts of society to legalise the killing of patients and also acutely aware of limited resources in the NHS, we can readily appreciate the concerns of some patients.

For the scenario described above, here are some principles to think about:

First of all, these decisions are not to do with actively killing patients, or euthanasia. Withholding resuscitation allows nature to take its course when illness or frailty will lead to death. It is likely that even with attempted resuscitation, the same outcome would ensue, especially in the patient described above, who is likely to die within the coming months or year from her underlying heart and

lung conditions. The decision being made is that attempting cardiopulmonary resuscitation (CPR) would be inappropriate; it would be unlikely to succeed.

One very helpful resource to explore these issues further is the booklet produced by CMF, *Facing Serious Illness*,<sup>2</sup> which is helpful for medics and churches alike.

As Christians, we value life very highly. We are rightly offended when we hear individuals being written off by our colleagues or said to have 'no quality of life'. Who are we to judge the value of another's life? What we can often find ways to do, however, is share joy and hope.

Home visits are a precious opportunity to share a cup of tea, comment on family photos, spend a few moments sitting together. Warm smiles, gentle words, a phone call on loudspeaker to update a family member - these can all bring joy and reassurance, and a level of trust in the relationship. The Lord cares deeply for the lonely, the frail, the elderly, and the widow. He calls us to take the extra time, to communicate clearly, to listen properly, and to show respect.

The challenge is to be different to our cynical, world-weary colleagues, to be 'blameless and pure, children of God', shining as lights in the world.<sup>3</sup> ■

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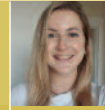
1. Treatment and care towards the end of life: good practice in decision making. GMC. 2020.
2. Available from CMF at [cmf.ll/3yuSi6l](http://cmf.ll/3yuSi6l)
3. Philippians 2:14-15

[bit.ly/endoflifeguidance](http://bit.ly/endoflifeguidance)

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

# my trip to... UMH, Nepal

Annika Wilder-Smith reports on CMF's Elective Lite



Annika Wilder-Smith is a medical student in Edinburgh

**W**hat did you do this weekend? I travelled to Nepal for my medical elective – from my living room.

Due to the COVID-19 pandemic and resulting restrictions, it is likely that my medical elective will be cancelled this year. In normal circumstances, CMF would help connect us with Christian organisations and hospitals to organise our electives with. Fortunately, CMF was able to offer an alternative option, Elective Lite, which gave us a taste of medical mission abroad. This took place on Zoom in early September.

It was a privilege to join five other medical and nursing students on a virtual trip to Tansen, Nepal to meet some of the United Mission Hospital team. Due to the time difference, the programme was split over two half-days. On the first morning, we had introductions and a morning devotional, followed by a tour around the hospital and accommodation. It felt like we had arrived at the mission site ourselves and were personally guided around the grounds.

In our first tea break, we were shown how to make the local chai tea so we could also taste and smell the life in Nepal. Afterwards, we broke into small groups for discussion about cross-cultural communication and difficulties in cultural differences. It opened my eyes to the reality and practicality of being flexible and amenable in order to appropriately adapt to a new setting. We were able to explore this in greater depth with a question and answer session with the team.

I was particularly touched by a metaphor used by one of the missionaries, who humbly described her experience of mission as being like a single thread carefully interwoven into a beautiful tapestry. While individually we may not feel particularly significant in mission work, ultimately God knows the greater perspective, as he designed the final tapestry. We therefore are merely the medium in which the many threads of his disciples are woven together for God's ultimate purpose.



On the second day we received some medical teaching from Dr Les Dornon who highlighted some of the main medical presentations we would encounter in Nepal. This allowed us to get involved in ward rounds and case presentation discussion. It was fascinating to hear about the differences in disease burden, such as high rates of organophosphorus poisoning, psychiatric presentations and infectious diseases. I was especially moved by the compassion shown by the team at United Mission Hospital, who use a holistic approach towards their patients, considering the social and financial impact of treatment on their lives as a whole, in particular, not only treating those who could not afford to pay, but also paying for their food and transport home. This reminded me of the parable of the good Samaritan (Luke 10:25-37).

For lunch, we saw a video of traditional Nepalese street food, after which we were led by one of the missionaries in a worship service for the missionary team. The elective experience was then closed with a panel discussion and opportunity for questions.

The two days of Elective Lite were inspiring and motivating, and helped to better understand the blessings and challenges of medical mission. This time of fellowship demonstrated God's faithfulness as he works through the constraints and limitations of current circumstances to gather disciples from all across the world to worship him. ■

# local groups: Forum 2021

Eleanor Sture reports from a field on the Welsh borders



Eleanor Sture  
is a Deep:ER  
Fellow

Over 1,000 students, spike ball and pesto pasta in a field – it can only be Forum. Forum is held by Universities and Colleges Christian Fellowship (UCCF) every summer to help people involved in university Christian Unions (CUs) hit the ground running in making Jesus known on campus.

One of the most inspiring moments for me was in the Thursday evening meeting. The speaker was John Lennox, Professor of Mathematics at Oxford, and an internationally renowned speaker on the interface of science, philosophy and religion who wrote *Can science explain everything?*<sup>1</sup> and *Where is God in a Coronavirus World?*<sup>2</sup> He gave his top tips for living as a Christian. We need to make friends with non-believers and bring them in to feel the warmth of Christian fellowship. We should learn to listen to our friends, asking them about themselves, their hobbies, interests and who they are, rather than just what they do. He recommended we don't ask initially what course people are studying, so that we don't put them in a box before we have started to get to know them. This struck me, as I feel it is so easy to have my identity wrapped up in being a 'medic' instead of being saved by grace. Our spiritual life was also challenged – we need to learn to spend quality time getting to know the Lord through his word and praying. That's just not going to happen when we only read the Bible for ten minutes before bed.

I also attended a seminar on follow up – in Matthew 28:19 Jesus says 'make disciples'; it's not enough just to tell people about Jesus or even convert them. It is a testament to God when we're not willing to give up on those we meet; it really shows we care when we create a culture of consistently walking alongside people. On a practical note, the speaker advised getting people's phone numbers instead of emails – they are so much more likely to respond! So we now have a follow-up champion in our CU who makes sure we don't let this slide!

## a typical day at Forum

Wake up (early enough to avoid the shower queue, but not so early that you are too tired to see the tent guy ropes) and have breakfast with your CU. Head to the morning meeting and hear a wise person give great biblical teaching, then worship our God, the creator of the universe. Go to an interesting seminar, such as 'the Christian and mental health', and have great discussions that help you think about issues in the context of a biblical worldview. Grab some food at a mock lunch bar and learn how you could run a similar event. Spend the afternoon with your CU to plan and pray for the year ahead; please note, this is also time for high quality snacks (all the best UCCF staff workers bake for their CUs). Have dinner, then head to the evening meeting to worship, pray and learn, equipping you for the start of the new academic year. Finally, spend late evening browsing the bookstore, drinking hot chocolate round the campfire or playing Uno, making memories that will last a lifetime.

## how can I attend Forum next year?

You can book to attend Forum via the UCCF website ([uccf.org.uk](http://uccf.org.uk)). There you'll find a list of everything you might need to bring (a warm hat is an essential!) and travel information. You can go to Forum with a CU size of 50 or just one – I can guarantee you will come away wiser and so excited to bring Christ to your university! ■

### RES

1. Lennox J. *Can Science Explain Everything?* Epsom: The Good Book Company, 2019
2. Lennox J. *Where is God in a Coronavirus World?* Epsom: The Good Book Company, 2020

# Review



## 2084: Artificial Intelligence and the Future of Humanity

John C. Lennox

Zondervan  
2 June 2020  
Hardback  
240 pages  
ISBN: 9780310109587

Jennie Pollock is CMF Head  
of Public Policy



When I was in hospital recovering from an operation a few years ago, I was visited by a robot. It was part of a project being piloted in the hospital to cheer up bored and lonely patients. It stood on my tray table (it was only two or three feet tall) and we had a chat (the robot being fed the answers by one of the researchers sitting outside). It then told me some jokes and did a dance. At the end it took a bow...and promptly toppled off the table onto the floor.

It was a fun diversion, but a long way from passing the Turing Test, let alone having the motor skills of a child his size!

In my feedback to the project team, I questioned the premise of the plan. Surely the kind of money it would take to develop robots to really be able to interact effectively and bring a smile to patients' lips would be better spent recruiting real live humans to do the job? There are many tasks robots can do better and more efficiently than humans; wouldn't it be wise to leave some spaces where we are not obsolete?

In his recent book, *2084: Artificial Intelligence and the Future of Humanity*, John Lennox explores the project of artificial intelligence (AI) and artificial general intelligence (AGI), and their implications for the human race. Lennox is not a Luddite; his book is not a doom-laden exhortation to shun technology in all its forms. On the contrary, he welcomes some of the AI technologies already used in healthcare. The cautions he does offer, then, perhaps carry more weight because of this balance.

One of his concerns is around the move towards upgrading humans. Much of his book is an exploration of the thought of Noah Yuval Harari as expressed in his *Homo Deus*. Harari claims that 'the first major agenda item in the twenty-first century is going to be a serious bid for human immortality' (p.86), and the second will be 'to ensure global happiness' (p.87) by 'upgrading' us to the status of gods. In other words, in our desire to enhance humans we will, essentially, end up abolishing them. The project is not to make better, more capable people, but to make something better than people.

Lennox devotes the final third of this little book to a biblical reflection on the themes he has covered, and particularly this push towards self-deification that Harari articulates. He shows how Jesus was the true *Homo Deus* – the man who was God – and argues that Jesus' resurrection shows us that far from avoiding death, we have been given the power to transcend it and to truly live forever in perfect happiness and peace. 'Humans', he says, 'need saving much more than they need upgrading' (p.176).

*2084* is an accessible introduction to some of the terminology around AI and the questions it does and should raise, particularly for those with 'transcendent ethical convictions'. It focuses more on literature about these big questions (by Harari, Dan Brown, CS Lewis, John Gray, Ray Kurzweil...) than on the technology itself, but for readers interested in the ethical questions surrounding AI and human enhancement, it is a useful primer whose bibliography will be a valuable resource in itself. ■

## COVID-19 increases prevalence of anxiety and depression globally

**F**irst global estimates of the impact of the COVID-19 pandemic on mental health suggest an additional 53 million (28 per cent) cases of major depressive disorder and 76 million (26 per cent) cases of anxiety disorders were due to the pandemic.<sup>1</sup>

This conclusion was based on extrapolation from 48 studies on depression and 27 on anxiety published during the height of the pandemic (January 2020 to January 2021). The two factors mainly responsible for this increase in mental ill health were, not surprisingly, daily infection rates and the social isolation and reduction in mobility resulting from enforced lockdowns.

The study found that women's mental health suffered more than men's - and that younger people suffered more than older people.

The authors recommend that more be done to strengthen mental health systems within most countries, but do not suggest how this might be funded at a time when COVID has severely impacted world economies.

1. Santomauro D et al. Global prevalence and burden of depressive and anxiety disorders in 204 countries and territories in 2020 due to the COVID-19 pandemic. 8 October 2021. [bit.ly/globalcovidimpact](https://doi.org/10.1101/2021.10.08.21261582)

## Can medical research be trusted?

**N**ot always, suggests Richard Smith, former editor of *the BMJ* in a British Medical Foundation blog.<sup>1</sup> He goes so far as to say: 'It may be time to move from assuming that research has been honestly conducted and reported to assuming it to be untrustworthy until there is some evidence to the contrary.' While we might not like to share this very pessimistic view, he is not alone in expressing this opinion,<sup>2</sup> and there is no question that we cannot trust everything we read in the medical or, for that

matter, scientific literature. A recent example is the phony research that led to many believing that ivermectin, an anti-parasitic, was also an effective treatment for COVID-19.<sup>3</sup>

In a world where ideologically and politically motivated misinformation is becoming increasingly commonplace, we should not be surprised that the results of medical research are sometimes skewed to suit the preconceptions and ambitions of those conducting it.

But general awareness of the poor quality of much of what passes for scientific research plays into the hands of conspiracy theorists, because it gives them yet another excuse to ignore legitimate scientific or medical advice.

How is a medical student to respond to this? First, by determining to exercise integrity in any research project they are involved with and not be influenced by the lure of reputation and prestige. Second, by accepting that there is a quantum effect in scientific research - science and medicine continue to make progress even though much of the research that underpins it is untrustworthy.<sup>4</sup>

1. Smith R. Time to assume that health research is fraudulent until proven otherwise? 5 July 2021. [bit.ly/researchtrust](https://doi.org/10.1136/bmj-2021-034882)
2. Cook M. There's a bad smell coming from medical research. 25 August 2021. [bit.ly/researchsmell](https://doi.org/10.1136/bmj-2021-034882)
3. Schraer R, Goodman, J. Ivermectin: how false science created a Covid 'miracle' drug. 6 October 2021. [bit.ly/falsemiracle](https://doi.org/10.1136/bmj-2021-034882)
4. Reproducibility and reliability of biomedical research: improving research practice. Symposium report. October 2015. [bit.ly/researchreliability](https://doi.org/10.1136/bmj-2021-034882)

## HPV vaccine reduces the incidence of cervical cancer by 87 per cent

**T**he human papillomavirus is responsible for most cases of cervical cancer, so the HPV vaccine, administered before the virus is contracted (usually through sexual activity) has proven to be an effective preventative measure, reducing the incidence of cervical cancer by 87 per cent in the 13 years since it was first introduced.<sup>1,2</sup>

# news reviews

Laurence Crutchlow, Marolin Watson

# 2

This is particularly good news for girls and women living in low and middle-income countries who may not have access to regular cervical cancer screening and therefore stand a much higher chance of contracting and dying of cervical cancer.

There was concern in some Christian circles that the vaccine would further encourage promiscuity by removing yet another risk factor to becoming sexually active outside of marriage (as the birth control pill did for unwanted pregnancy), but American/Canadian studies have shown that this is not the case.<sup>3</sup>

1. Falcaro M et al. The effects of the national HPV vaccination programme in England, UK, on cervical cancer and grade 3 intraepithelial neoplasia incidence. 3 November 2021. [bit.ly/HPVLancet](https://bit.ly/HPVLancet)
2. HPV vaccine cutting cervical cancer by nearly 90%. BBC News. November 2021. [bit.ly/HPVinBBC](https://bit.ly/HPVinBBC)
3. Brouwer AF et al. HPV vaccination has not increased sexual activity or accelerated sexual debut in a college-aged cohort of men and women. June 2019. [bit.ly/HPVprom](https://bit.ly/HPVprom)  
Harvard T.H. Chan School of Public Health. HPV vaccine promotion doesn't increase teen sex, study finds. [bit.ly/HPVeffect](https://bit.ly/HPVeffect)  
Smith LM et al. Effect of human papillomavirus (HPV) vaccination on clinical indicators of sexual behaviour among adolescent girls. February 2015. [bit.ly/HPVOntario](https://bit.ly/HPVOntario)

## impact of mental or physical disability on COVID-19 mortality

Individuals with disabilities, whether physical or mental, are always at greater risk of dying prematurely than the general population. In fact, for mentally ill people, the risk is double. So it is no surprise that both groups have also suffered higher mortality rates from COVID.<sup>1</sup>

An article in the *Lancet*<sup>2</sup> suggests several reasons why this is the case:

1. Many disabled people are older
2. Disabled people are more likely than the able-bodied to suffer from underlying health conditions (eg obesity, diabetes)
3. Severely disabled people are more likely to live in care homes or be regularly visited

by carers from the community, increasing their risk of exposure to the virus

4. Disabled people may experience poorer outcomes if they find it difficult to access appropriate care
5. Disabled people are also more likely to experience economic deprivation which is also associated with higher levels of mortality from COVID

In times when pressure on the health service is high, it is not easy to redress the balance and ensure that those disadvantaged by disability are not further disadvantaged in the battle against COVID.

1. Das-Munshi J et al. All cause and cause specific mortality in people with mental disorders and intellectual disabilities before and after the Covid pandemic. 7 October 2021. [bit.ly/CovidMortality](https://bit.ly/CovidMortality)
2. Bosworth M et al. Deaths by Covid-19 by self-reported disability status during the first two waves of the Covid-19 pandemic in England. 6 October 2021. [bit.ly/deathbycovid](https://bit.ly/deathbycovid)

## monitoring the health impacts of global warming

Not only was 2020 the year when a global pandemic took hold, it also saw some of the hottest temperatures on record. Extreme heat disproportionately affects the very young (under one year), the elderly (over 65s) and those who are socially and economically disadvantaged.

The unprecedented heatwave experienced in the Pacific North West region of the USA and Canada this year, for example, is estimated to have caused hundreds of premature deaths; how much greater will be the impact of episodes of extreme heat in low and middle-income countries without access to air conditioning and green space! Extreme weather events like severe floods and droughts are increasing in frequency and likewise take a toll on human flourishing and fragile economies.

The *Lancet* Countdown<sup>1</sup> is an international collaboration that is monitoring the health impacts of a changing climate. It reports that climate

change is already undermining what progress has been made toward greater food and water security in less developed countries. It is also having a negative impact on attempts to eradicate infectious diseases like malaria and the Zika virus as their range increases.

While acknowledging that not enough is being done globally to reduce carbon emissions, the report nevertheless ends on a note of optimism, seeing the post-COVID world as ‘an unprecedented opportunity to ensure a healthy future for all’.

‘By directing the trillions of dollars that will be committed to COVID-19 recovery towards the WHO’s prescriptions for a healthy, green recovery, the world could meet the Paris Agreement goals, protect the natural systems that support wellbeing, and minimise inequities through reduced health effects and maximised co-benefits of a universal low-carbon transition.’

1. Romanello M et al. The 2021 report of the Lancet Countdown on health and climate change: code red for a healthy future. 20 October 2021. [bit.ly/warmingandhealth](https://bit.ly/warmingandhealth)

## can changing our diets save the planet?

**M**aybe not, but it could make us all healthier and make a significant contribution toward reducing greenhouse gas emissions worldwide.

A recent study published in the *Lancet*<sup>1</sup> found a correlation between the prevalence of non-communicable diseases like cancer and diabetes, and the kind of poor diet that is generally associated with higher levels of emissions. A ‘poor diet’ is defined as being full of highly processed foods rich in salt, sugars, and saturated and trans fats. A healthy diet on the other hand is characterised by a high proportion of unprocessed (ie fresh) fruits, vegetables and legumes.

‘Our results indicate that shifts towards universally sustainable diets could lead to

co-benefits, such as minimising diet-related greenhouse gas emissions and land use, reducing the environmental footprint, aiding in climate change mitigation, and improving population health.’ Put simply, the study finds that a diet that is good for us, is also good for the planet.

1. Laine J et al. Co-benefits from sustainable dietary shifts for population and environmental health: an assessment from a large European cohort study. 21 October 2021. [bit.ly/dietandplanet](https://bit.ly/dietandplanet)

## concerns over ‘home abortion’

**M**ore than 10,000 women have needed hospital treatment after taking medication for early medical abortion at home, according to data obtained via freedom of information requests. Rules were changed during the COVID-19 pandemic to allow both drugs used to be taken at home; previously the first had had to be taken in hospital. It is well known that the medications involved have a higher than negligible failure rate, with a rate as high as 7.6 per cent quoted in the literature of one common brand of pills. Most of these ‘failures’ will lead to retained products of conception; in a few cases a pregnancy may be continuing.

The data showed that 5.9 per cent of women taking these medications needed treatment for retained products of conception, and 2.3 per cent needed hospital treatment for bleeding. The government has consulted on whether the measures allowing both pills to be taken at home, introduced as part of the emergency COVID-19 legislation in March 2020, should be made permanent. As yet, there is no report of the responses to this consultation, which ran until early 2021, on the [gov.uk](https://www.gov.uk) website.

The data and methodology can be accessed at [percuity.blog/foi-investigation-into-medical-abortion-treatment-failure](https://percuity.blog/foi-investigation-into-medical-abortion-treatment-failure), a blog written by Kevin Duffy, who previously worked for the abortion provider Marie Stopes International. ■

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