

winter 2022

for today's Christian nurses
& midwives

spotlight



peace love
hope future
justice healing

- is God just?
- come forth as gold
- who do you sit next to?

spotlight

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editorial: health & justice

Pippa Peppiatt has edited *Spotlight* for six years, thinking carefully about content, writing thoughtful articles, and encouraging both experienced nursing and midwifery writers and novices to contribute too. What big shoes I step into, as I now have the delight and privilege of taking over as *Spotlight* editor. Thank you, Pippa, for all your hard work.

Holistic care is fundamental to our professions. We're taught to look at the 'whole' person; body, mind, and soul. I would suggest that the same applies when considering God's character. In this edition of *Spotlight*, we are focussing on God's justice and how it relates to our health. But we cannot think about God being just without also knowing he is love. They are intrinsically linked. He is loving in his justice, and he is just in his loving.

We invite you to explore this with us as our writers grapple with difficult biblical texts



Bex Lawton, CMF Associate Head of Nurses & Midwives

is a paediatric nurse in Oxford, CMF's Associate Head of Nurses & Midwives, and 'Poet in Residence'

on suffering, consider where justice is being done well in their workplaces, and where they long for it to be better. Why not join the conversation? Connect with one of our small, local groups or come to our first-ever in-person gathering for nurses and midwives on 20-21 April (see details on the back cover).

May God's justice flow through our nation's healthcare system, in our hospitals and in our community. Would it roll on like a river with righteousness, like a never-failing stream. (Amos 5:24) Amen!

PS. If you love writing or creating images and would like to contribute to future *Spotlight* magazines, then please contact bex.lawton@cmf.org.uk

Bex

keep updated


Keep up to date with our events at cmf.org.uk/nurses/events.

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devotion

Micah

Esther Hughes shares a devotional to help us connect what we read in the Bible with our experience at work

*'He has shown you, O mortal, what is good.
And what does the Lord require of you?
To act justly and to love mercy
and to walk humbly with your God'*
(Micah 6:8)

This is a well-known and well-loved verse among Christians, but I wonder whether we've dug into its context in the book of Micah?

Micah was a prophet around 700 BC, and his role was to speak for God. To warn God's people that judgement was coming for the ways they had broken their covenant with God – their idolatry, injustice, oppression, and empty rituals. It's a reminder that God is holy and cannot tolerate sin.

Amid this overwhelming prediction of destruction, Micah also gives hope and consolation as he describes God's love and mercy. He prophesies a Messiah who will be born in Bethlehem, be Israel's ruler, and bring peace.

The world we live in can feel very much 'in tension' can't it? I certainly feel the tension of the 'now and not yet'; of having new life in Jesus, yet still struggling with sin. I witness the world around me infused with and affected by sin – injustices far off or close to home. In healthcare, it can be obvious; we witness all kinds of suffering, discrimination, and unfulfilled promises. Across the world more widely, we know there are even greater inequalities in access to healthcare, lack of freedoms, war, and poverty. It is bleak, and we can feel helpless.

While we are this side of heaven, as we await Jesus' return, our redemption, and the full restoration of this world, we know we are in the pains of childbirth before deliverance (see Romans 8:22).

Micah also knows the discomfort of living in the 'labour pains' (Micah 4:10).

Books like Micah can make uncomfortable reading. It is a humbling reality check that sin does need to be judged. This is the tension that should come closest to home. The greatest injustice is that we don't have to experience God's judgement because Jesus

bore it for us! *'If we confess our sins, he is faithful and just and will forgive our sins and purify us from all unrighteousness.'* (1 John 1:9)

This is mind-blowing and Micah concludes his book in amazement at God's mercy:

*'Who is a God like you,
who pardons sin and forgives the transgression
of the remnant of his inheritance?
You do not stay angry forever
but delight to show mercy.
You will again have compassion on us;
you will tread our sins underfoot
and hurl all our iniquities into
the depths of the sea.'*
(Micah 7:18-19)

So, where does our well-loved verse fit in? The people of Israel responded to the warnings against them by trying to appease God with sacrifices and religious rituals. But these could never be enough. God wanted their heart attitudes to change, and he wants us to be changed inwardly too:

- to act justly. In a world that is unjust, we must strive to speak out and to do what is right

- to love mercy. In a world of selfishness and tough breaks, we must be merciful
- to walk humbly. In a world of pride and self-sufficiency, we must walk humbly with God

Questions to ponder:

- Do we have an intolerance for sin as God does? Do we tolerate idolatry, injustice, and empty rituals in ourselves and the world around us?
- How can we act justly, love mercy, and walk humbly from a changed and saved heart attitude while living in a broken world?

Esther Hughes is a staff nurse and works part time as a CMF Staff Worker for nurses and midwives

prison
nursing

inside the walls

Bethany Fuller shares
her experience of prison
nursing as a student



The slow whirring of the automatic airlock door mixed with the officer's jangling key chains as we stood staring at the security camera in the small three-by-six-foot chamber. Thirty seconds later, we stepped into the key collection room. The nurse punched in her code and received the clanging set of keys. A massive iron door opened for us and we stepped through. We were inside the men's prison. As I followed the nurse through a series of 13 gates and yards, I wondered how far we had to go to the healthcare wing. But, before we could get to our destination, we were diverted by two prison officers to have our bags checked for contraband and stood with our arms by our sides for the sniffer dog. I suddenly had a dreadful feeling that I was an unwitting drug smuggler and would never get out of those walls again. But thankfully, the cheese in my sandwiches hadn't morphed into cocaine, so I was free to carry on my journey to the healthcare wing.

Reflections of a student nurse

From the security measures to the patient-nurse relationship, and the at first incomprehensible jargon, everything had a slight twist to anything I'd ever experienced in nursing before. Everything was so noisy, there

was no peace. The essential nurse-patient relationship remained, but I had never felt the poignancy of the power balance quite so acutely before. All the men called the nurses 'miss' and were very respectful towards us. They would often tell the nurses things they were scared to tell the officers for fear of repercussions from other prisoners. I remember one young man who came to the clinic one morning and told us he had been blocked in a cell and beaten by two other prisoners because he had not paid a debt on time.

How does it work?

The health wing in the prison ran very much like a GP surgery. A part-time GP, a dentist, psychologists, and the mental health nurses formed part of the staff. Then there was the adult trained nurses who ran various clinics, such as diabetes, epilepsy, respiratory, bloods, and triaging and treating wounds and other ailments, as well as any emergency responses to the wings and medication administration.

Great emphasis was placed on the management of long-term conditions and working with the patients to help them understand their conditions more.

According to Shannon Trust over fifty per cent of UK prisoners are functionally illiterate, meaning they have a reading ability of age 11 or below, and many cannot read at all. When you think how much health information is relayed in leaflets and information posters, you begin to understand how important the healthcare professional's role is in health promotion for this demographic.

The need for Christian witness

Perhaps what I was not prepared for was the staff themselves. In this particular prison, they were openly hostile to God. They purposefully blasphemed Jesus' holy Name and mercilessly mocked believers. They even laughed that if anyone tried to convert them, they were beyond saving. Such spiritual poverty in the knowledge of God was exposed to me in that prison and I felt powerless to know how to witness to Christ. But his power is made perfect in weakness, and he graciously allowed me to witness to the Muslim dentist and one



of the nurses during my time there. Many faithful Christians have made it their life's work to tell those in the justice system about Jesus, and I thank God for them.

What can I do?

Many members of CMF, both doctors and nurses, and other associates, work within prisons both in the UK and abroad. When we pray, let's remember these workers and pray their hearts would remain soft in the hand of the Lord in a hardening and cynical environment. Pray they would be effective in their work and witness to the gospel of Jesus Christ for his glory and the salvation of many. 🌹

Bethany Fuller is a Staff Nurse at Frimley Park Hospital, Surrey

CMF
SC 2023

3-5 February 2023


WALK IT TALK IT

living & speaking for Jesus
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student conference 2023
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testimony



straight paths to...

Lizzie Chitty encourages
us to trust God with
all our hearts

made a stop at the revalidation station this October, so I find myself in a reflective mood about the season ahead. After being in constant survival mode after two years of working in a new area, being redeployed to intensive care, and becoming a student again, I keep coming back to what I call my life verses: Proverbs 3:5-6. These were given to me by my headteacher who wrote them in the back of the Bibles we were given at the end of primary school, much like an inspirational quote in a yearbook. Little did he know that 25 years later, those verses would mean so much to me.

Trust in the Lord with all your heart and lean not on your own understanding: in all your ways submit to him, and he will make your paths straight.
(Proverbs 3:5-6)

Looking back over my life in light of these verses, I am often struck by how little the paths of my life seem to be straight. I lived in France as a teenager and had a dream at the age of 16 of being a nurse working in French-speaking Africa. Although I did just that between 2013-2019, working on MercyShips, I currently live in Nottingham as a theatre nurse.

I am often struck by how little the paths of my life seem to be straight

I wonder what my purpose is in a city that is a world away from where I saw myself 20 years ago yet feels exactly where I am meant to be in this season.

I think this feeling comes from many years of stopping every so often and being extremely thankful for wherever I am at that moment in time. Thankfulness has been a big part of my journey of faith. So, expressing gratitude to God is the best piece of advice I can give to anyone in any season of their life. As nurses or midwives, you might wonder how you will survive this winter in the NHS, or be pondering the implications of strike action. Prioritise counting the blessings God has given you and the rest will follow. What things can you thank God for in your life? 🌱

Lizzie Chitty is a Theatre Nurse working in Nottingham

big
questions

is God
JUST?

Onahi Idikwu grapples with
the theology of suffering.



If you are like me, reading that question, 'is God just?' may have elicited a whole host of emotions within you. Maybe it is bewildering as you feel the weight of the injustices prevalent in our world, and you wonder where God is in it all. Perhaps this question brings up feelings of deep disappointment, frustration, or grief as you think of times in your own life when it seems God has not been fair in his dealings with you. Or perhaps you have a quiet assurance that one day God will make all things right, and you can answer that question with a resounding 'yes'.

No matter your position, my prayer is as we explore this topic together, may the Holy Spirit be the one to hold us as we grieve areas of our lives that may feel unfair and which we may not understand. Yet, in it all, may the Holy Spirit convince us of God's goodness, justice, and love. I encourage you, particularly if this is an area you struggle with, to pause for a moment and open your hands and heart to the Lord now in humble willingness to receive what he has for you.

Father God, thank you that you know all our individual stories and you are so tender with us. As we journey together, would you bring us to a place where we can recognise and celebrate that

we have a God who is fully kind in your justice and fully just in your kindness. Amen

So, what does it mean to be just? According to *dictionary.com*, to be just is to act in a way that is guided by truth, reason, justice, and fairness. However, how often is this contrary to our day-to-day experiences? We are all aware of the injustice in our world. You may have even witnessed them in your workplace.

Perhaps it's a longing for more to be done to protect that refugee family you notice is covered in bed bug bites from unsuitable accommodation. Or maybe it's the sadness you feel as you watch people turn their noses up as they pass a homeless man waiting to get an X-ray, some even going as far as to remark on how bad he smells. Or maybe it's anger as you hear of yet another child being trafficked and forced into labour? Something within us longs to see those who perpetuate injustice be held accountable. When we do not see this immediately, it can lead us to wonder if God cares about those who are poor and vulnerable.

The biblical narrative is overwhelmingly clear about the grief it causes God when his people are mistreated. For example, Proverbs 14:31

says, *'Whoever oppresses the poor shows contempt for their Maker, but whoever is kind to the needy honours God'*.

The Lord sees the broken-hearted and is close.¹ This is only further confirmed when we look at the life of Jesus. We see that he is not a God who is far removed from human sorrow or suffering, but rather one who wept with those who wept and restored health to those he met who were poor and marginalised. Still, Jesus did not stop at restoring wholeness within their physical bodies, but he invited them into a restored relationship with God the Father, through himself. This is significant because, if we are honest, we may be quick to demand that God enact his judgment against those who perpetuate injustice but forget that we have all sinned and fallen short.²

God cannot turn a blind eye to our sin. That would undermine his justice. Instead, Jesus came as the sinless Lamb of God and took the punishment we deserved. Imagine us exchanging our filthy clothes for Jesus's spotless ones. So now, when God looks at us,



he no longer sees us soaked in our sin but rather sees us dressed in the righteousness of Jesus. What great news that is!

So, whilst we still live in a world fractured by sin and continue to experience the painful consequences of injustice, we can be encouraged that the God who hears our prayers feels that pain, too, and is present in our suffering. The Spirit of God groans with us, and one day, God will wipe away every tear from our eyes and make all things new, a place where there will be no more mourning, crying or pain.³

What a glorious eternity we can look forward to.

Onahi Idikwu is a paediatric nurse and a CMF Associate Staffworker building up Christian nursing and midwifery networks across London.

1. Psalm 34:18
2. Romans 3:23
3. Revelation 21:1-5

join us on our knees

Bex Lawton responds
to nurse and midwife
strike action

Propping the staff room door open with her foot, Maria leans out into the corridor and shouts, 'Bex! You coming for lunch soon?'. When I finally pull myself away, it's gone 4 pm. 'I did make you a cup of tea' Maria gestures to

the cup nearest me, 'it might be cold now. Sorry.' 'Don't worry. I think it's my first drink of the day. Don't tell bed five, I keep nagging him to drink, but I'm doing worse than he is!' 'It's better than yesterday. We didn't stop at all. Wouldn't it be nice to get a proper break? Meet up with a friend or sit in a park?'

'I'd settle for drinking a cuppa uninterrupted', I say, pulling myself up to answer a patient's buzzer.

As I return, she asks, 'What would you do if you weren't a nurse?'

'I'd be a florist.' No question. 'Being surrounded by beautiful flowers all day.

What could be stressful about shrubs?'

'Bet it smells better than this place as well', she laughs. 'Actually, I saw that the Waitrose on the corner is hiring. I'm sure the night shift pay can't be that different'.

'I've read that nurses are having to use food banks to feed their families.

'I'm having to pick up extra shifts as agency. I don't know what I'm going to do if petrol prices go up any further. I might have to start sleeping in my car in-between shifts.'

'The problem is I couldn't do anything else.

I love this job. I can't walk away.'

'Me neither.'

This is us at our best, fantasising about what we'd do if we didn't nurse. Laughing. Joking. Making the best of it as we always have. At our worst, we cry in our cars on the way to work, dreading the day ahead, having seen on the work WhatsApp that we're short-staffed and haven't found any help yet.

We know we won't have time to do our jobs as well as we want. Running pillar to post, pulses racing. Stress weighs on our shoulders like a heavy woollen cape from the uniforms in the sixties (although this isn't so easily whipped off and hung up on the coat hook when we get home!).

Both the Royal Colleges of Nursing and Midwifery (RCN and RCM) say that we're at a crisis point. Unfair pay ultimately puts patients at risk, as pay continues to fall behind inflation and significantly contributes to a lack of staffing. This winter, members of these unions were called to vote in a ballot to strike. The Christian Medical Fellowship (CMF) is also calling upon its members to engage their hearts and minds and to pray. Across our nearly five thousand members (including nurses and midwives) there are varied opinions on whether to strike or not.

Ultimately, it's a conscience issue. But we agree that nurses and midwives are on their knees, and we need to join them. On our knees in prayer. Will you join too? Let's humble ourselves before God, call on him to have mercy on a nation and make a difference.

Here are four prayer actions you could join us in:



Speak

1. speak

Do you know any nurses or midwives? How are they coping financially? Offer to pray for them if appropriate.



Fast

2. fast

Consider doing a 'shift fast'. Don't eat until 4 pm, as if you were having a late lunch break. It's not about going on a hunger strike in order to manipulate God into answering our prayers. But he loves us to submit ourselves, body and soul, before him. If you struggle with food, think about a social media fast.



Give

3. give

When you do your weekly food shop, buy extra non-perishable goods, and put them in the food bank bins next to the checkout. Pray for those who will need them.



Sleep

4. sleep

The RCN reports that nurses are sleeping in their cars in-between shifts because they can't afford the petrol to go to and from work. You could sleep in your own car on your driveway one night and pray for those that need to do so regularly out of necessity. But only if it doesn't put your own safety at risk.

Nurses and midwives won't be the only professions to consider strike action this winter. We're all affected by the cost of living and energy crisis, and we are already experiencing regular postal and train strikes. What will your response be? I hope that if you're facing your own decision on strike action, you'll do so carefully with your heart and Bible open. And, as unions cry out to our government for change, what would you cry out to God? For, *'the righteous cry out, and the Lord hears them; he delivers them from all their troubles. The LORD is close to the brokenhearted and saves those who are crushed in spirit'*. (Psalm 34:17-18) Amen! 🌸

Bex Lawton is a paediatric nurse in Oxford, CMF's Associate Head of Nurses & Midwives, and 'Poet in Residence'



testimony

come
forth as
gold

Ceri Fishwick shares the lessons she's learnt from her father's life and death

Whilst creating a personal tribute to my father, I found myself reflecting on his prayer life. As my father weakened during the last weeks of his life, ever consistent in prayers for his family and others, he attempted to whisper encouragements and reassurances of his love to each of us, with individual thanks to both family and carers alike.

My father's final whispers were to quote Psalm 31, a reminder that our times are in God's hands. It was no mean feat, living 40 years wheelchair-bound and with multiple co-morbidities. My father's life was characterised by prayer, hard work, and self-discipline, without complaint over his sufferings. I naturally questioned the justice of this physical state for a man who had lived to God's glory, was used of God for his purpose and spiritually blessed by him. I now see this as an audacity, questioning God's will, with reflection on how 'spiritual dew' rested on so many viewing his Christian witness.

Philippians 1:12-13 reminds us that Christian suffering is for the furtherance of the gospel, while 1 Timothy 1:16 shows how believers should respond to long suffering as an example to others who *'hereafter believe on him to life everlasting'* (KJV).

Being drawn to Job we learn how he lost all his property, faced the destruction of his herds and servants, the loss of his sons in their youth, and was himself struck down by boils.

Although Job's wife instructed him to curse God, it is recorded that Job did not sin nor accuse the Lord foolishly. Throughout the passage we can see how God broke Job's selfish spirit, and began a work in his life and the divine motive was realised by Job when he learned God knew all about him. Job had been tried, tested and stated, *'I shall come forth as gold'*. (Job 23:10, KJV) We can see his hardened heart softened by the grace and purposes of the Lord.

When employed as a Nurse Case Manager, managing long term conditions for housebound patients, I became burdened in prayer for those living within a silent world, often lonely, without faith and hope in Christ. God provides sovereign care for his people as he did for my father and as we read in Job.

He whispers reassurances to us, with the comfort of knowing that he is with us in this world and in the next. In a world when the spiritual pulse can be so faint, we can trust in him, his purposes and justice. 🌸

Ceri Fishwick is a retired nurse case manager



interview

who

do you sit next to?

Aditya Naidu opens up
about the racial injustice he's
experienced in his workplace

Spotlight: Welcome Adi. Why don't you start by telling us where you're from?

Adi: I'm from a small town called Solapur, which is in the Southern Eastern part of Maharashtra, India, where Mumbai is our capital. I moved to the UK in 2018 on my own initially, and then my wife and daughter joined me.

S: Why did you move?

A: While nurses' pay in the NHS may not seem great by UK standards, compared to India it is. Also, back home, nurses aren't valued as they should be. There is more professional dignity for nurses here. In India, I wouldn't be very happy to introduce myself as a nurse, but in the UK I would proudly say I work in the NHS.

S: How did it feel when you arrived here?

A: I wouldn't expect a recruitment manager to come and welcome me personally, show me my accommodation and even carry my bags! Such a friendly gesture.

I had a cultural shock when I met my ward manager, with her tattoos and short hair. At first glance, I thought, 'how is this possible?'. This would be unacceptable for a nurse in India. But I gained respect for her when I saw her working with passion and perfection. Looking at her was so inspiring.

S: What difficulties have you faced?

A: I had problems expressing myself and making myself understood when I arrived. You can pass the language exam, but the English you've learnt is not the same English people speak on the ward. When I was still supernumerary, one of my patients asked me for a cuppa. So, I went to my mentor and said, 'Can you check to see if she has cuppa prescribed'. I thought 'cuppa' was a medication!

S: Have you had experiences where people have been negative towards you?

A: You can definitely deal with patients who aren't tolerant. Sometimes they're not medically or mentally fit enough to treat you as you should be treated, for example, if they have dementia. But I've also come across patients who just want to get across their point that they don't like you. Some colleagues are like that as well.

S: What do you do when something like that happens?

A: Initially, I found it hard to understand why people behaved differently with me compared to the white person standing next to me. Racism is a reality which none of us can deny. People of colour are undermined and

I found it hard to understand why people behaved differently with me compared to the white person standing next to me

stereotyped for so many different things. When I work agency shifts, it's worth travelling a long way to work with a team I know will respect me for who I am and are kind and courteous. There are places I've worked where everyone is hostile; they don't respect me or trust my clinical judgement or practical skills. It's blatant they don't want to listen to me just because I'm Indian.

S: What advice would you give to someone who is experiencing racism?

A: Don't be timid. Speak up. Most hospitals have Freedom to Speak Up Champions or similar initiatives. Help is readily available, and action is taken right away. I think that Indian nurses tend to accept things as they are and don't want to offend the other person, even if they're being racist. Get out of the mentality that you can't speak up. Escalate it to your managers. Don't be long-suffering when you think things are wrong.

S: And what can we do to make nurses from overseas feel more welcome in our workplaces?

A: When sitting in the handover, I've noticed that people of different colours sit in different corners. Why don't you go and sit with them? Smile. Ask them how they are and if they have any questions. When I was a new nurse from India, I wouldn't have the courage to go and sit next to a white person because I'd never done that before. But you have the advantage; you know this place, this is your home. If there was a guest in your home, how would you treat them?

As Christians, one thing that unites us all is our Lord Jesus Christ. We have a higher authority and are accountable to him. I would say to my white, Black, and brown colleagues, *'whatever you do, work at it with all your heart, as working for the Lord, not for human masters'*. (Colossians 3:23) That would make everything much simpler.

S: Thank you for your vulnerability with us, Adi. We appreciate you sharing your story with us and are humbled and challenged by it.

Aditya Naidu is an ITU Nurse in the North of England



training

get on your nursing wellies

Kim Woolnough tells us
about CMF's Health and
Justice Track

Does the call of Micah to 'act
Justly, love mercy and walk
humbly' ring true in your
nursing practice?¹ Do you feel
able to use your professional
voice to speak up for the vulnerable and
forgotten in society? Or perhaps, like me,
the mud of injustice can feel too thick.
Our nursing and midwifery boots get
stuck, leaving us burnt out, disillusioned,
and ineffective.

our knowledge,
experience, and
collective Christian voice
as nursing and midwifery
professionals are
powerful

These questions led me to apply for the Health and Justice Track (H&JT), a yearlong course run by Integritas Healthcare in partnership with CMF, centred around biblical justice in healthcare. Expert speakers from the NHS and other organisations share honest, practical, and inspiring wisdom on gold-standard care for vulnerable patient groups, such as prisoners, asylum seekers, the homeless, people with learning disabilities, and looked after children.

Jesus was all about caring for the marginalised, the vulnerable, the outcasts, and those who could not speak up for themselves. In theory, the NHS is for everyone. But not everyone can access quality

healthcare easily and equally. As Christian healthcare professionals, I believe we have a special role in facilitating access to good care for those on the margins. This is often complex, time-consuming, and even frustrating. People who need healthcare may not actively seek it. The health and social care systems and structures in place may disadvantage them or add more barriers.

I was challenged by the Justice and Advocacy in the Public Square session of the course, which highlighted some issues that affect the most vulnerable in society. We learnt how to lobby for change in health and social care policy and about the forums in which we can do this. Our knowledge, experience, and collective Christian voice as nursing and midwifery professionals are powerful. We can and should use them to represent Christ in the public arena.

We all encounter people on the margins, whether in hospitals, care homes, the community, or the church. The H&JT aims to encourage and equip you to break down inequality and make a difference through small, simple actions in your practice, wherever you are based. This could simply be helping a homeless person get ID to register

at a GP surgery or knowing how to book an interpreter for an asylum seeker's health assessment. Through the course pre-reading, videos, and supportive discussions, the H&JT is rich in theory and practical insights, which are discussed in small, safe groups to enhance learning and application.

I remember visiting the medical wing of a London prison on the final weekend of the course. I was left with the impressions of the slamming of heavy metal doors, the colourful and disturbed writing covering the cell of a prisoner battling mental illness, and the passion of a prison GP advocating and navigating the logistical complexities for long-serving prisoners to have access to basic surgical procedures.

It is our natural human condition to avoid the complex, disappointing, messy mud of injustice. It is, however, there in the mud that we find our spotless saviour, Jesus Christ, waist deep, holding out his hand and pulling people up and out.

Consider signing up to the H&JT to be equipped, challenged, and inspired to join



Run in partnership with Integritas Healthcare, this one-year training track facilitates CMF members' exploration of the health and justice interface.

It will help you to:

- learn about biblical justice
- love vulnerable patient groups
- explore careers with a justice focus
- champion justice in your church, workplace, and CMF group

For more information and to apply, visit: integritashealthcare.org/courses/health-justice

in with Christ in the power of the Holy Spirit to be his hands and feet to those in the mud of injustice. 🌸

For further info visit: integritashealthcare.org/courses/health-justice

Kim Woolnough is a learning disability nurse working in Oxford.

1. *'He has shown you, O mortal, what is good. And what does the LORD require of you? To act justly and to love mercy and to walk humbly with your God.'* (Micah 6:8)

- **Bex Lawton** uses light humour
- to address heavy subjects in
- these dear diary extracts.

Dear Diary

There are certain things that have been drummed into me over the years. They were probably even covered in my orientation during my first hospital placement, aged 18.

1. writing on pillows is wishful thinking.

A pillow might say CDU! on it in permanent marker, but it won't make it back there. Brave pillow, you have traversed many departments to get here. Rest a while. Finders keepers CDU weepers.

2. Do not use the Q word

(clue, it rhymes with riot) to describe a calm and manageable shift. you will make yourself very unpopular.

3. Night shift calories don't count

Im sure I read that Nurses and midwives bodies are just built differently, aren't they? Between the hours of midnight and 6 am, the laws of science simply do not apply to us.

Diets are off!!!

In these hours,
we are not fuelling
our bodies. The vast
quantities of crisps and chocolate
we eat at night directly fuel our souls.

Unfortunately,
my elasticated work trousers say
otherwise. Unless my soul sits around
my middle.

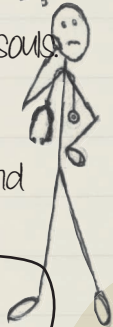
But, despite packing fruit and a
cereal bar in my bag, I found
myself in front of the vending
machine at 3 am again. Looking
for a quick fix...

While standing there deciding what flavour McCoy's to get...

I think again
how much
better it would
be if prayer
worked like this.

- Make your selection and put your coins of prayer in.
- wait a few seconds.
- Hear a whirr, watch the spiral twizzle, and your request drops into your lap.

The answer to your prayer delivered. Simple.



I wish there was a simple answer for Bed 20 right now.



His parents keep vigil by his bed.

curtains drawn day and night.

His breathing has become more laboured.

How is he still holding on?

so much for our best guess of any day now.

waiting is painful. were helpless but to watch with them.

And PRAY, of course.

Believe me, I've prayed it all in the last months and days. I've prayed for life. And now I find myself even praying for death. End their suffering one way or another, God.

But I can't hear a whirr.

There's no twizzle. At times, I'm tempted to kick the vending machine.

To shake it. To shout,
COME ON!

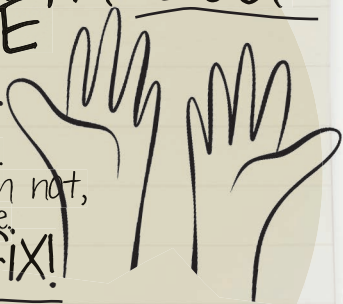
But for now,

I wait and trust in God.

I trust that he is **LOVE**
and that he is **GOOD.**

His ways are higher than my ways.
His thoughts are higher than my thoughts.
I am thankful that he is God and I am not,
and I choose to pray that his will is done.

Not my quick fix!



Thank you that you created my patients inmost being; you knit him together in his mothers womb. All the days ordained for him were written in your book before one of them came to be. Even these last days were written then.

I believe you were present as his body was formed. I pray you'd be just as present as it fails. Help me to be sensitive to your spirit and to this family as they grieve. Help me to hold this space well. To honour them and bear witness to this sacred event. Come and have your way,

Lord God. Amen.

Bex Lawton is a paediatric nurse in Oxford, CNFs Associate Head of Nurses & midwives, and Poet in Residence





global

UNDER THE SPOTLIGHT

global midwifery

Bethany Holt encourages us to pray for health injustices she experiences in the birth centre she works at in the Philippines.

Within the last year, across the Philippines the

Department of Health (DoH) has implemented a national policy that restricts women from giving birth outside of the hospital if they are primiparous (birthing their firstborn) or grandmultiparous (birthing baby number five and above). For a long time in the Philippines, women have been discouraged from giving birth at home, so it is a commonly held, yet incorrect, belief that it's illegal to give birth at home. It is unclear whether this policy was implemented to protect women and their families, or whether there is a financial or even political agenda behind the decision.

I've been involved in a stand-alone birth centre which has provided low-cost charity midwifery care for over 25 years in a major city in the Philippines. Unfortunately, the above restrictions also apply to us here. This is so disappointing for many reasons. Many women seek care at our facility, sometimes commuting one to two hours because of the reputation of the clinic. They've heard gossip



within the community of the positive experiences and the loving and compassionate care they receive within our four walls, and at an accessible cost to the individual. As midwives, we know there is evidence that minimising the level of intervention in a woman's care has a huge positive impact on their

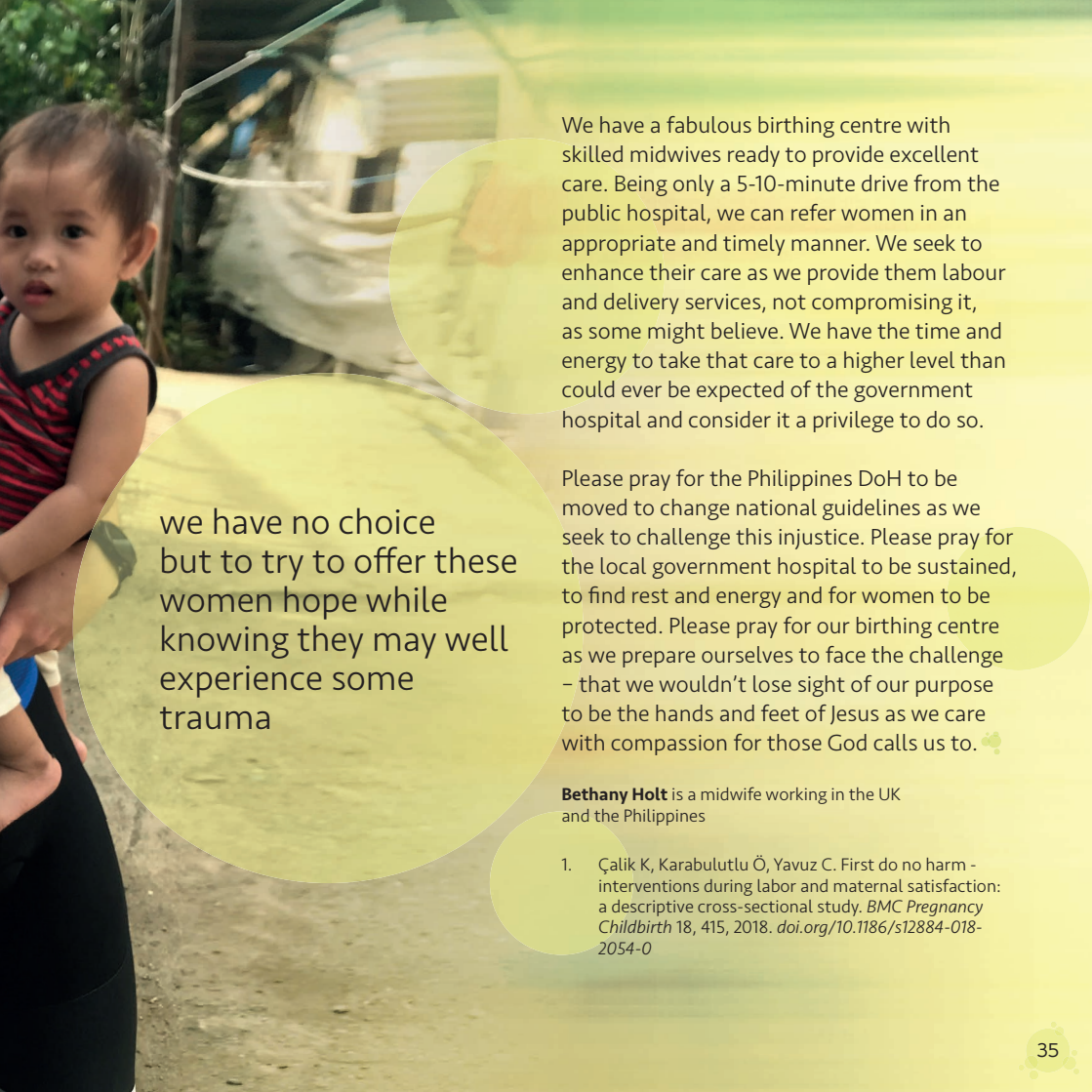
outcome and experiences.¹ Many assume in this still developing country that requiring women to give birth in hospital is positive, as there is an assumption they will get a higher level of care. Unfortunately, this is not the case. The public healthcare system is grossly overstretched, overcrowded, understaffed, and lacking adequate facilities in more ways than one. Imagine having to manually pump oxygen into your newborn's lungs day after day, while a doctor may pass by and say, 'that baby has no hope' and walks on by to tend to the babies with more of a chance. That is an account of a medical student on placement in a government hospital.

In the middle of the pandemic, we referred a woman needing further management of a postpartum haemorrhage to a public hospital.

While her family was running around the city to try to fill a prescription for a basic medication, she was dying inside the hospital, alone in Covid isolation with staff too fearful to tend to her. Women we provide antenatal care for often plead with us to accept them or pray the guidelines will change in time for them to birth their babes without admission to hospital. They've heard horror stories of the local government hospital and we try to reassure them they will get good care. We have no choice but to try to offer these women hope while knowing they may well experience some trauma at some point in their birthing journey.

The staff are so burnt out at the public hospital, exhausted in their caregiving, having to dig deep to find compassion in the pressure of busy days upon days, still fearful of Covid. They don't like the system either, but they're stuck in it because they must work to bring in a salary, often for the whole family. We would love to ease their burden.





we have no choice
but to try to offer these
women hope while
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trauma

We have a fabulous birthing centre with skilled midwives ready to provide excellent care. Being only a 5-10-minute drive from the public hospital, we can refer women in an appropriate and timely manner. We seek to enhance their care as we provide them labour and delivery services, not compromising it, as some might believe. We have the time and energy to take that care to a higher level than could ever be expected of the government hospital and consider it a privilege to do so.

Please pray for the Philippines DoH to be moved to change national guidelines as we seek to challenge this injustice. Please pray for the local government hospital to be sustained, to find rest and energy and for women to be protected. Please pray for our birthing centre as we prepare ourselves to face the challenge – that we wouldn't lose sight of our purpose – that we wouldn't lose sight of our purpose to be the hands and feet of Jesus as we care with compassion for those God calls us to. 🌱

Bethany Holt is a midwife working in the UK and the Philippines

1. Çalik K, Karabulutlu Ö, Yavuz C. First do no harm - interventions during labor and maternal satisfaction: a descriptive cross-sectional study. *BMC Pregnancy Childbirth* 18, 415, 2018. doi.org/10.1186/s12884-018-2054-0



leaving
so soon?

parish nursing

Anne Taylor continues our regular feature looking at alternatives to clinical nursing

Current healthcare pressures are extreme and, for some practitioners, have become untenable. However, the untold value Registered Nurses (RNs) contribute has never been more clearly

demonstrated. But this can leave us struggling with treasuring our profession at a time when we are least able to practise holistically (let alone safely). But before you decide to give up your Registration, have you thought about Parish Nursing?

Parish nurses are RNs employed or volunteering within churches or Christian organisations using a place-based practice model to create holistic health. Parish nurses have the autonomy to co-design their ministry according to local population health needs within both the vision of the church or Christian charity for whom they work and their scope of practice.

The role is focused on health promotion and education, supporting people in need, underpinned by intentional spiritual care and rooted in a biblical understanding of health as concerned with wholeness and balance, not simply the absence of disease or an isolated focus on the physical or psychological.

The impact of parish nursing is astonishing. We hear so many stories of lives saved and transformed. For example, one individual in treatment whose NHS support stopped during the pandemic became very depressed and, at times, suicidal. Regular contact with their parish nurse at a food distribution point resulted in them feeling much safer.

Another lady who attended a chair exercise class regained more movement in her shoulder than for many years after just a few weeks. 'She is thrilled she can now lift her arm above her head.' The same parish nurse

worked with someone who had never had a job to gain employment.

Another parish nurse supports people with healed leg ulcers discharged by the District Nurse so that tissue viability is sustained. This reduced both suffering and pressure on the NHS. Crucially, intentional spiritual care is present in each of these encounters.

Parish nursing operates according to the NMC Code and requires an RN with a minimum of three year experience (ideally more) to complete the Certificate in Parish Nursing. When setting up parish nursing, the church or charity comes into partnership with Parish Nursing Ministries UK to ensure that the necessary governance is developed, accreditation gained, and regular clinical supervision and support is provided.

If you are tempted by the prospect of using your Registration within a proven holistic model of practice within the vision of the church, contact us via enquiries@parishnursing.org.uk for an information pack and details of our next Explore Online event or visit parishnursing.org.uk 🌸

Anne Taylor is a qualified nurse and Director of Nursing for Parish Nursing Ministries UK



liturgy
toolbelt

lunch break liturgy

Victoria Hutchinson
adds to our liturgy toolbelt;
prayers crafted in the still
to equip us in the busy

Victoria Hutchinson recently retired
from midwifery in the Midlands and now
works as a school chaplain.

LITURGY FOR

lunch breaks

'For what I am about to eat
May my heart be truly thankful'

Lord, my heart is beating fast -
Please can you lead me beside still waters
In this heartbeat of 30 stolen minutes.

My mind is jumping and leaping through
all the tasks that need to be done
And I feel panic rising
Standing on the mid-day mountain
Ready for earthquake, wind, and fire
Father, calm my clamour and
let me hear your still, small voice.

I lift to you my patients today
(*Name them...*)

Thank you for the things that have been
achieved this morning.

Lord, there are still many things to resolve
(*Bring specific things to God*)

Please help me to complete and achieve
Without omission or error.

Wave your flag madly

If I'm on the brink of forgetting something

And flood me to overflowing

With all compassion and care

And time, where time is essential.

As I sit and replenish my body
And quench my eager thirst
Please water my soul with living waters
Season me with salt
And let me draw new energy
From the bread of life.

Amen



An in-person gathering for
Nurses & Midwives

CMF



namfest

**PRE-
CONFERENCE**

Thursday
20 April 5pm
– Friday
21 April 5pm

cmf.li/NAMfest23