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**Working Together
to Restore**

**Trans-Identifying Men
in Aged Care**

**Find your
Dream Team in
a Mixed Bag**

**Communication and
Connectedness**



Unity in Diversity

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May 2023 – Unity in Diversity



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Editorial – Unity in Diversity – Dr Eleasa Sieh

You are part of the embodiment of the spiritual reality of the ‘body of Christ’.



Image by the Author

If you're reading this publication, you've likely come across 'compassion fatigue', either as a healthcare professional or as a Christian.

At some point, each of us has faced the reality of our own creatureliness (ie. the limitations that have been placed on us by a Creator God) when faced with the countless needs in our world filled with the materially, relationally and spiritually poor. But, have you ever considered that our limitations are good because they affirm the truth and beauty of unity in diversity in the body?

Kelly M. Kopic explores this in his book *You're Only Human*.¹ The reality that we are created in the image of God as embodied beings and that Jesus dwelt among us in the flesh affirms the goodness of the limitations of a body in perfected creation. When the complexity and diversity of the body's various members work together in concert to support and sustain life, we see unity in diversity on an individual level. This is the embodiment of the spiritual reality of the 'body of Christ' metaphor from Paul's epistle to the Romans and the Corinthians.

So we, though many, are one body in Christ, and individually members one of another. (Romans 12:5)

Just as a body, though one, has many parts, but all its many parts form one body, so it is with Christ. For we were all baptised by one Spirit so as to form one body – whether Jews or Gentiles, slave or free – and we were all given the one Spirit to drink. Even so the body is not made up of one part but of many. (1 Corinthians 12:12-14)

Perhaps 'compassion fatigue' should cause us to consider whether we are pushing up against our God-given limitations, and help us to turn to dependence on the grace of God, as well as His grace through the body of Christ.

Kopic writes, *"It shouldn't surprise us [...] that those who are filled with the Spirit of God are inclined to help a hurting world in all kinds of creative ways, including words and deeds. [...] Bearing witness to this God, we do not pit the material against the spiritual, but recognise Him as the Lord of it all [...] Accepting our finitude and affirming our interdependence as the people of God moves us from guilt to liberty, from being overwhelmed to being energised, from passivity to activity. God never expected each of us to do everything – He is the one who gave us our limits, after all. He also uniquely gifted and called each of us to some form of service and love."*

Similarly, CMDFA is an expression of the body of Christ, composed of a multitude of members, each with their particular 'sphere of influence'. Whilst each individual can't be all things to all people, we can be the person to bring our individual presence – bodily skills, mind of knowledge and experiences, heart of compassion, posture of humility, and oneness with Christ – to another individual person.

And so this issue represents the different parts of the body that is CMDFA, a fellowship of members working in healthcare in its various forms and places, whether in the hospital, in the community, or in the church. As a part of CMDFA, we can be part of *"becoming all things to all people so that by all possible means" some are saved (1 Cor 9:12)*. But this unity must be grounded in Christ, as Dr Andrew Williams reminds us in the opening article, *"Unity in What?"*

A diversity of people groups exists at our very own doorstep, whether regional or urban, and this plurality of cultures requires a humility in collaborating with the other nations we find ourselves working amongst. We hear about the experience of [an immigrant doctor serving the Chinese immigrant population](#) in urban New South Wales, how [an international medical student's faith sustained her time in Australia](#) and now working back overseas, and how it's possible for [non-Christians and Christians from different nations to work together](#) for the common good of a neighbour. Our national chair, Dr Sneha Kirubakaran, raises our awareness of 'geographical narcissism' in her article *"Unity in Regional Diversity"* and calls for our fellowship to seek connection with our brothers and sisters working regionally but also for more inclusion of event locations on the western seaboard.

We see our members working amongst diverse people groups. Read about [an Indigenous doctor's lived and working experience with Indigenous peoples](#) in this country, warning us not to forget the diversity that exists across these lands we call Australia. There is unity in diversity working in [academic research](#), as a [nurse in Palliative Care](#), a [veterinarian doctor](#), a [speech pathologist](#), and we also see the [moral injuries sustained by a personal care worker](#) in aged care working with trans-identifying men.

As a fellowship, we also seek to invite more of the world's people groups into the body of Christ. To that end, a [CMDFA missionary member is choosing to pursue frontier missions](#) and shares their story of why they have recently moved to a remote place to reach an unreached people group in the mountains.

CMDFA is also part of the International Christian Medical and Dental Association (ICMDA), and you'll hear from ICMDA Oceania representative Theodorus Hedwin as he reflects on his experience as [a delegate at this year's VISION student leadership conference](#) in Burleigh Heads, which included delegates from New Zealand and Papua New Guinea.

Have a behind-the-scenes peek at how the [diversity that exists within the Luke's Journal editorial team](#) works together to publish an issue, and how a diversity of personalities can be understood and used by God in the global Church in a book review of [Naomi Reed's "Over My Shoulder."](#) Lastly, you will also find [a review of a memoir recently written by Dr Paul Mercer](#), co-founder of Luke's Journal, who grew up in remote Australia living and working amongst the Indigenous people to bring the same heart of compassion into the skills as an urban generalist. *"God created us for mutual dependence and delight within a life-giving community; that isn't merely a goal; it's how we are built."*¹

Would you consider becoming part of the CMDFA branch of the global Church as part of your sacrificial service to a world in need of grace and truth and life in Jesus? In that, may you be built up in mutual dependence and delight as part of this life-giving community

References:

1. Kopic, KM. *You're Only Human*. Michigan: Bazos Press; January 2022



Dr Eleasa Sieh

Dr Eleasa Sieh works as a GP in a Brisbane clinic that is aiming to expand its relative diversity of ethnicities for the good of the community it serves in. Lately, she's been enjoying exchanging recommendations for local Korean eateries with her Thai colleague – her latest favourite dish being naengmyeon (Korean cold noodles).

STOP PRESS: Jereth Kok Interview

Why was Jereth Kok's medical license suspended suddenly and indefinitely?

• STOP PRESS •



Watch the video of Jereth Kok's interview by Luke's Journal, produced 2 May, 2023.

Summary of events:

Dr Jereth Kok was working as a General Practitioner (GP) in Melbourne when his medical license was suspended suddenly and indefinitely in August 2019 by AHPRA (Australian Health Practitioner Regulation Agency), using emergency measures. The reason for this drastic measure was centred on several anonymous complaints made to AHPRA about Jereth's political views expressed on social media, some dating back to twelve years ago.

The suspension was made on the grounds of 'public interest' based on his views on abortion, gender, and sexuality – all views that were consistent with traditional Christian beliefs. Not once during his eleven years working as a GP did he receive any formal complaints from any of his patients.

We speak to Jereth now to hear what he has learned and would like to share with other Christian medicos.

Interview:

Luke's Journal (LJ): [Jereth, this whole saga started in August 2019 when your medical license was suspended. Give us an update on where your case is at with AHPRA.](#)

JERETH: I was suspended in 2019 under emergency powers, pending the outcome of an AHPRA investigation which began (without my knowledge) in early 2018. Things have continued moving very slowly. As part of their investigation, AHPRA obtained an expert opinion from an endocrinologist in April 2020, concerning the criticism I had expressed about transgender ideology and medical and surgical gender transitioning. (This included an article I wrote that was published by Eternity News in 2015, as well as several posts on my own personal Facebook page).

AHPRA completed its investigation in the second half of 2021, and the Medical Board referred me for a formal "trial" at the Victorian tribunal (VCAT). I am waiting for that to happen. The trial will determine whether I am guilty of professional misconduct, and what further penalty I would be subject to if found guilty- assuming I wish to regain my medical registration (which has long since lapsed).

We seem to be moving slowly towards that trial and it may finally happen in 2023. My legal team has submitted evidence, including a 24-page witness statement written by me. There might be further exchange of evidence and various other legal procedures in the lead-up to a hearing. The process is quite mysterious to me.

LJ: [Over the past 2.5 years, no doubt there would have been many difficult lows. What were the most difficult hardships that you've experienced?](#)

JERETH: The greatest difficulty at first was the sudden dislocation and uncertainty. Suddenly I had no job, no income, and was cut off from my patients and workplace. I experienced tremendous grief on many occasions, thinking about my many patients who I'd gotten to know so well over many years. I had to trust that they would end up in good care under my colleague GPs. A few of them wrote to me, which was very touching.

I am my family's breadwinner, so there was considerable anxiety about how I would continue to fulfill that role. We had a mortgage and bills to keep paying. Having studied and worked in medicine for more than two decades, I couldn't just go out and immediately get another job because I was not trained or experienced in anything else. However, once I set myself down a path of a new career, things worked out well in God's kindness.

I guess a major 'hardship' is the constant knowledge that I have been unjustly (and in some cases falsely) accused, with the prospect that the injustice will not be corrected any time soon. However, it is a great comfort to know that God sees all and knows all, and will sort it all out in the end – even if I have to wait beyond this life.

LJ: [Were there any moments of joy or hope in the past 2.5 years?](#)

JERETH: Of course. There is always joy in life. I have my wife and children, I have a great church, I have good friends, I have various interests that I pursue.

In some ways, the suspension was a blessing as it forced me to take an extended break from work which was badly needed (a bit like 'long service leave', which I've never experienced). I had worked hard and continuously for more than a decade in general practice, and being able to finally have some decent time out was great. While studying / re-training for a new career, I was able to spend a lot of time with my children as they grew up, and do things like school pick-ups and attend afternoon basketball games, which I would never have done if I'd continued working full-time.

LJ: What did you learn about God through these ups and downs?

JERETH: I've learned to rely more on his faithful and unchanging nature. When a massive and unexpected disruption happens in life, particularly one that involves great injustice, we have no option but to trust that God himself is unchanging, his Word is unchanging, and all his promises are still true.

LJ: I understand that you're now in a different area of work since your medical license remains suspended. Can you tell us what you've learned in this transition?

JERETH: I now work in Information Technology (IT) and software. It has always been an interest, so I've finally had an opportunity to pursue it properly. God has kindly 'opened the doors' for me. I think it has been very beneficial to have my horizons broadened. After twenty years, the medical world becomes quite insular and monotonous. It's good to see more of the world out there.

LJ: Do you have any regrets throughout this experience?

JERETH: I still feel terribly sad about my patients, and the people I used to work with at my practice. I sometimes wonder if I should have been more proactive in building a line of communication for my most loyal patients, at least to say proper farewells so that both they and I could have had some closure. I've only maintained contact with a small handful, who I knew were Christians and therefore would easily understand what has happened. The awful, prolonged lockdowns in 2020 and 2021 made it even harder to keep in touch with people. But it was also partly reluctance due to the stigma associated with being suspended, and partly laziness on my part.

LJ: What would you say to Christian medical students and doctors now, after your experiences?

JERETH: It's important to be aware that there is a minefield, and that the world is fiercely hostile to Christian belief and morality. Just look at what happened to Andrew Thorburn who resigned from the Essendon Football Club due to condemnation of his Christian beliefs. There are many other similar stories.

There is so much in medical practice – assisted suicide, abortion, gender transitioning, assisted reproductive technologies – that clashes with Biblical morality, and tolerance of dissent or even non-participation is declining as time goes on. Depending on what field you are in, you may not be able to avoid these issues, so you need to be prepared to confront them head-on and take a moral stand.

Be mindful of what you say or write in publicly-accessible places. I'm not saying to be afraid and silence yourself, but if you do say something, you need to be prepared to face the music if it ever gets 'discovered'. Amy Hamm, a Canadian nurse, is currently fighting for her registration in circumstances very similar to mine. Closer to home, I know a physician here in Melbourne who faced an AHPRA investigation for giving a speech against "Safe Schools" in a church. He was reported because unfriendly people infiltrated the event and recorded what he said. Another Christian doctor I know had to deal with AHPRA for speaking at a pro-life event. Yet another, a Christian psychiatrist, had his career ended by AHPRA after repudiating same-sex marriage on Twitter during the 2017 plebiscite. Even if you don't end up suspended like me, having to deal with an investigation and other punitive measures can be costly, stressful, and time consuming, so be prepared.

LJ: How can we as a Christian fellowship of medical and dental students, doctors, and dentists help you at this time?

JERETH: Besides praying for the outcome of my trial and remaining aware of what's happening, I really need to raise funds to cover my legal costs. My medical defense insurer was not prepared to defend me against the allegations, so I am now being assisted by the Human Rights Law Alliance (HRLA) and we are relying on crowd-funding. Good quality barristers are not cheap; I still need to raise at least a further \$100,000 at this stage. Having had to endure more than two years with minimal income while I re-trained, I'm not in a position to pay the costs myself.

If you are willing to contribute, please do so by visiting my fundraising site and sharing it with others who might also be willing to contribute. <https://www.givesendgo.com/GT59>

The decision that is made in my case is likely to have significant repercussions upon all Christian doctors and other AHPRA-regulated health workers. A negative outcome would confirm AHPRA's powers to police what you say about contentious moral issues, such as sexuality and gender, while you are not at work. This would embolden activists to make complaints about doctors and other health workers who are speaking against the popular narratives, and these complaints will result in unpleasant investigations and penalties.

LJ: Do you have any recommendations of where to go if you are in similar trouble?

JERETH: As with any medico-legal situation, get in touch with your medical defense insurer first. However, many of us have found that insurers are ultimately unwilling to assist with matters of religious conscience and free expression, so you would then have to look elsewhere. It is always worth getting on the phone to the Human Rights Law Alliance. They have been involved in a couple of other AHPRA cases, as well as numerous religious freedom cases more broadly. They exist to help people who get in trouble for their beliefs.

If you would like to help...

For those who want to assist financially and help to ensure that other Australians won't be treated the same way visit:
<https://www.givesendgo.com/GT59>

You can read Dr Jereth Kok's interview with Eternity News here: <https://www.eternitynews.com.au/australia/christian-doctor-jereth-kok-banned-for-social-media-gets-his-day-in-court/>

Unity in What? – Dr Andy Williams

Can the pursuit of unity undermine its own gospel foundation?



Image Tyler Nix, Unsplash

Every now and then you have one of those conversations that changes the way you think about the world. A few years ago I had one such conversation. It was one of those rare conversations that can only happen in the context of deep mutual respect and trust. It was high-stakes as it went to the core of our beliefs – the thinking behind major life decisions we had both made years before.

I was talking to a faithful brother who I deeply love and admire about why I had left full-time medical work (I still dabble to this day) in order to pursue full-time Word ministry.

My main reasoning was (and still is) that God grows His kingdom through the preaching of the Word. As a doctor, I was frustrated by the limited opportunities to do just that. I found my energy was used up caring for people's medical needs, and my chances to share my faith, even with colleagues, were few and far between.

"As a doctor I was frustrated by the limited opportunities to do just that. I found my energy was used up caring for people's medical needs, and my chances to share my faith, even with colleagues, were few and far between."

On the other hand, this brother had left a lucrative law firm and had spent the past decade in some of the poorest countries of the world, rescuing people from terrible injustice, all in Jesus' name. He had opportunities to share his faith in that context also, however, the bulk of his work was not evangelism or preaching of the Word, but being a voice for the voiceless, caring for some of the most vulnerable people on the planet.

There were many thoughts I had had prior to this conversation about this brother's work, about the dangers of a 'social gospel', that mission isn't 'mission' unless its primary aim is gospel proclamation, etc., etc.. I knew we had theological differences but as the conversation progressed, I came to realise that I had assumed certain things ungenerously. I wasn't expecting this brother to be so carefully thought out and biblically sound in his reasoning.

The conversation became tense and heated at times. At one point, another brother watching on felt the need to intervene in an attempt to shut down the conversation for the sake of maintaining the 'unity of peace'. But we persisted, and remained relatively calm and respectful throughout. We worked hard to make generous assumptions and not label the other or put them in a box or 'straw man' the other's arguments.

We both knew we had to tread carefully because of what was on the line for each of us, how invested we were in our position. There were decades of hard work and big sacrifices we had both made as a result of our position on these things.

So what did this conversation change in my thinking? Well, I didn't quit ministry and return to a medical career, or move overseas to offer my medical skills for those who desperately need them (all in Jesus' name, of course). What I realised was that God and His kingdom is bigger than gospel proclamation. There is a great diversity in the body of Christ, and God is using us all for His kingdom. Good works done for Jesus' sake, such as setting free the captives, caring for the practical needs of the poor, being a voice for the voiceless, bringing justice where there is injustice – far from being a replacement of the gospel or a distraction from the gospel, these can be an adornment of the gospel and an embodiment of the love of Christ for humanity, living out of gospel-shaped love. God doesn't need any of us, but He uses all of us – in a diversity of expressions of Christ-shaped love that exists globally, a diversity that He Himself ordains.

The body of Christ is diverse. And God will build His kingdom both through us and despite us. The Pharisees loved their theology. The blind man whom Jesus heals in John 9 was no theologian but still he puts them in their place, dwarfs their faith and exposes their error of constraining God to a box. Let us not make the same mistake. God is far more honoured by a heart that loves Jesus and seeks to share that love with others, than He is by a carefully argued case for justification by faith alone by a theologian with a heart of stone.

Having said all this, as we think about unity and diversity in Christ's body, let's also be clear what gospel unity actually is, and what it's for. We love the idea of unity. Bearing with one another. Avoiding conflict. Not getting caught up in petty differences. But we won't achieve unity by pursuing unity itself. We will only achieve true unity by pursuing Christ – or, more accurately, as *He* pursues and unites us.

"Christian unity is something far more profound than having a shared perspective, or trying to get along with each other. The unity of the body of Christ is unique."

Christian unity is something far more profound than having a shared perspective, or trying to get along with each other. The unity of the body of Christ is unique. In fact, the church is the only place on the planet where true Community can be found. Not because we're better than anyone else. Not because we're communities of shiny, perfect people. Definitely not because we agree on everything, or always get along. But because we're the only community that's united in the gospel of Jesus Christ. Because the gospel is the good news of relationships restored, beginning with our relationship with God.

Our relationship with God is broken. None of us treat God as He deserves. But Jesus restores that broken relationship. Rather than treat us as we treat each other – using us for His own selfish gain, Jesus instead gives Himself for our gain – so that we can be forgiven, reconciled to God. And as we receive this grace – this free gift of forgiveness from God, His Holy Spirit comes and dwells in us, and He completely transforms us, uniting us to Himself. This is the gospel – God reconciling us to Himself in Christ. Transforming us into a new people, united to Him, and united with one another in Him.



Image Aaron Burden, Unsplash

This is where our unity as the body of Christ comes from. Jesus saves us into a community of gospel-transformed people, united together as recipients of His grace. A community of saved sinners, forgiven by him. And so, as I've been forgiven, I can now forgive others. As I've received grace, I can now show grace to others. We love, because He first loved us. That's what unites us.

Many who bear the name of Christ around the world are moving on from unity in Christ and in the gospel to unity for unity's sake. And it's appealing. Tolerance, love, acceptance and peace rather than old-fashioned, fundamentalist, authoritarian bigotry. The call is strong for us to let go of our differences and focus on loving one another; searching until we can find something we can agree upon rather than highlighting differences. But unity for unity's sake is meaningless. Unity by mere association dishonours Jesus. Christian unity is only Christian if we are united *in Christ*. We first need Jesus to wash us clean and reunite us with God. Only then can we find true unity with the other broken sinners around us.

So let's not get carried away. Unity is not the gospel, any more than caring for the poor is the gospel. Like other good deeds can adorn the gospel, so too can unity.

As Jesus said – *"By this, everyone will know that you are my disciples, if you love one another."* (John 13:35)

But just as any good deed can distract or replace the gospel, the pursuit of unity as an ultimate goal can actually undermine its own gospel foundation. We must never pursue unity for unity's sake. We must never pursue unity at the cost of what it is that so miraculously unites us. The transcendent power of the unity of Christ's body is found in the one who unites us.

"And if it is not Christ, then, rather than feign some kind of superficial unity for unity's sake, we must take a stand, stand with Christ and His gospel, or risk losing the rock on which we stand."

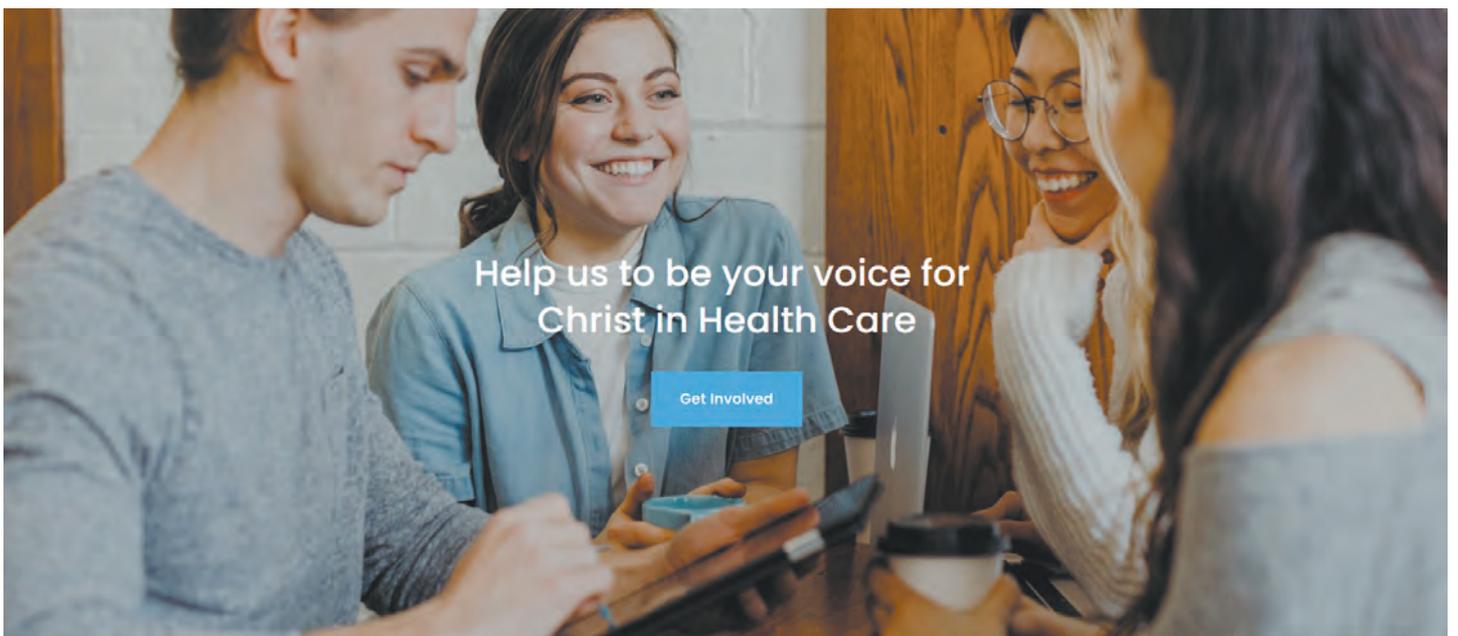
So we must always ask what is it that unites us? And if it is not Christ, then, rather than feign some kind of superficial unity for unity's sake, we must take a stand, stand with Christ and His gospel, or risk losing the rock on which we stand.

What was it that united me with the brother in the conversation I mentioned earlier? It was not our polite discourse, our respect for each others' point of view, or the accountability of others watching on nervously. What united us, in our diversity of opinions and in our place in the body of Christ, was our brotherhood in Christ. Our desire to see His kingdom come, His will be done on earth as it is in heaven, and our recognition that we were both sinners saved by grace. Unity in the gospel is our only hope.



Dr Andy Williams

Dr Andy Williams became a Christian at the University of Newcastle in NSW, whilst studying medicine. He and his wife Claire now live in Wellington, NZ with their two boys Jack (8) and Charlie (6). Together they job-share on the pastoral team at City on a Hill Evangelical Church. Andy also locums as a medical registrar at the local hospital.



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Christian Medical and
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of Australia

Working Together to Restore – A/Prof Adam Collison

How Christian faith encourages collaboration in research



Image Shutterstock

For all its faults and frustrations, contemporary healthcare in Australia is truly remarkable. Our health system is able to offer hope and relief from the ravages of disease and the harsh realities of life in a fallen world.

Our modern expectations of health and longevity would have been unthinkable just generations ago. The methods and scholarship that have underpinned such advances sit alongside the structures and practices that have made it broadly available across society.

Christian thought has contributed to these changed circumstances across a broad spectrum: from the rule of law through labour conditions; capitalist systems that have fostered the distribution and refinement of modern practice; to both public investment and philanthropic drivers of early discovery.

Here, we will focus on the changing shape of medical research, the increased need for collaborative engagement across interdisciplinary teams and how a Christian worldview informs our contribution. It is one practical expression of the CMFDA vision of what it means “to be transformed by Christ, transforming healthcare”.

At its core, medical research is driven by a desire to deliver better health outcomes. This is both directly to patients in particular, and also across society at large, with public health and prevention strategies integrated into government policy beyond the health system.

Investment in research has consistently been shown to deliver these better health outcomes – not just through new and improved therapeutic options, but also through clinical research activity, which is associated with improved patient outcomes across the board, even for patients not directly involved in clinical trials or new treatments.¹

“The improvement of inpatient experience overall appears to be linked to the research-active staff who drive better information provision across the service, particularly regarding medication management.”

Since clinical research activity is a minute fraction of hospital activities, these relationships are imperfectly understood. The improvement of inpatient experience overall appears to be linked to the research-active staff who drive better information provision across the service, particularly regarding medication management. Thus, these relationships have been found, not only in traditional academic medical settings, but also smaller district hospitals across the national health service.



Image Vecteezy

As emerging approaches are increasingly sophisticated, modern medical research frequently requires input from teams of professionals with intersecting skill sets. Internationally, funding bodies are increasingly recognising these requirements, with Australia’s Medical Research Future Fund and the National Health and Medical Research Council (NHMRC) both encouraging team contributions in their primary funding schemes. There are ongoing efforts to examine structures and facilitate more efficient access to both resources and expertise. There is significant scholarship identifying the optimal approaches necessary to contribute to interprofessional collaboration in both the clinical and research environments. Considerable progress is being made. But it takes significant time, energy and commitment to chase limited funding and see projects through the many day-to-day hurdles – energies that could easily be invested in more apparently urgent and often more gratifying pursuits.

“At a local level, one of the primary reasons research doesn’t happen is that other people are difficult to work with.”

At a local level, one of the primary reasons research doesn’t happen is that other people are difficult to work with. Our systems are poorly set up to facilitate research endeavours and often create additional challenges in navigating the unfamiliar processes required. However, the core failure is all too often that one of the individual relationships is not strong enough to work together to overcome these obstacles.

It is rare for a collective group to be able to come together amidst all of the other professional and personal pressures in life and work hard, especially with little hope of direct personal reward. Mixed agendas fail to align sufficiently well for contributions to be seen as worthwhile by the multiple parties required to pull off an impactful study. It is to these common challenges which the Christian worldview has perhaps the most to offer.

As Christians, we are called to emulate a Saviour who left the intimate presence of God to enter into our broken world. A Saviour who set aside His own glory to redeem and restore fallen creation. A Saviour who weighed His immediate difficulties and sufferings against their eternal significance.

When we Christians contribute to a research project, we are not primarily seeking our own reputation or the regard of our peers. Rather we are working to *restore* – in a small way, to turn back some of the consequences of the fall. We can choose to be content to spend our energies for the betterment of those whom we will never meet. Indeed, we can do so gladly,

for we have a Saviour who spent everything for our benefit and so it is a privilege to use our unique giftedness in His service. This larger truth ought to be a key motivator, enabling us to invest more of ourselves when otherwise we might be content with a path of lesser resistance.

Even with the proper motivation, we also need to be strategic in how we engage with others to develop the best chance of successfully seeing through meaningful projects together. Indeed, even in the context of a church family, we don't find it naturally easy to work as different parts of one body. These differences are only greater amongst the interprofessional teams required to conduct modern medical research.

"Indeed, even in the context of a church family, we don't find it naturally easy to work as different parts of one body."

Orchard et al. have done seminal work over the last decade² quantifying and describing what makes interprofessional teams successful in the clinical setting.

They summarise optimal contribution in three core domains: partnership, coordination and cooperation. These principles readily translate into the research setting and can be concrete expressions of our underlying motivations. It should not surprise us that they are very similar to biblical principles, exhorting us to relate to each other with love and respect.

It turns out that when we do so, even complex teams can flourish and enjoy their diversity as they work towards a common goal. Although there is increasing recognition and incorporation in our undergraduate teaching programs, these basic interpersonal skills have rarely been taught as part of our professional development. Nevertheless, they are the key competencies required to participate together and succeed in the research that will deliver better outcomes for those who need care into the future. It is here that the Christian researcher can model selfless service for the greater good, demonstrating a way forward to be incorporated in future training.



A/Prof Adam Collison

A/Prof Adam Collison is a discovery scientist working to understand how environmental exposures in utero and early life shape our immune system and set us on a trajectory to health or disease across the lifespan. His particular focus is on preventing the onset of asthma and allergy. Adam's teaching is focussed on equipping and enthusing our next generation of clinical researchers.

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Unity in Regional Diversity for CMDFA – Dr Sneha Kirubakaran

Let's move CMDFA activities around the whole country and celebrate our expansive diversity



Image Catarina Sousa, Pexels

Conversation with a friend in a regional town of Queensland who used to be very involved with CMDFA during our medical school days in South Australia:

Me: "So lovely to hear that you are in [Town-X]! Are you still involved with CMDFA?"

Regional friend: "There is no CMDFA in [Town-X]."

Conversation with a CMDFA member in a regional town of South Australia who has engaged with various events through Zoom:

Me: "Would you be interested in getting more involved with CMDFA? What do you know about the National Office and our national activities?"

Regional member: "Nothing. It is something that is over in Sydney and is quite irrelevant to me."

Conversation with a CMDFA member who leads a regular gathering of Christian health professionals in a large but distant location:

Me: "Would you and your team consider bringing your group under the banner of CMDFA? This will give your attendees access to our National Office and other resources that they may not currently be aware of."

Regional leader: "Not really."

When I commenced as the National Chair of CMDFA in January 2022, I was struck by the fact that I was the first person in this role to live outside a capital city.

I had moved to Rockhampton in regional Queensland eight months prior, after living in Adelaide for two decades. The move allowed me to pursue an academic role in a rural clinical school, to continue my work as a rural GP locum, and to complete my PhD research related to 'medically under-served areas'.

As I sought God for wisdom on what I should bring to my new role of CMDFA Chair, my regional positioning and 'under-served' emphasis seemed pointed – I had a unique lens with which to consider our Fellowship and its activities. It made sense that God might use these rural and regional perspectives in my new CMDFA responsibility. Uncle Mordecai's question resonated eerily, "*And who knows but that you have come to your [leadership] position for such a time as this?*" (Esther 4:14, NIV).

The pandemic had already broken down barriers for gatherings and human relationships across widespread locations in both personal and professional spheres. Through the simplified and ubiquitous use of videoconferencing technology, we had already successfully engaged more regional, rural, remote, or otherwise physically disparate CMDFA members and non-members.

Despite this progress, my above conversations with rural friends and members reveal that our Fellowship still has scope to improve with engaging Christian doctors, dentists, and students across the whole of Australia. Truth is, it is an on-going challenge to be relevant and interesting to our members in capital cities, let alone engaging our more far-flung brothers and sisters. Furthermore, there are many active groups of Christian health professionals meeting all over the nation who don't specifically align themselves with CMDFA.

"Furthermore, there are many active groups of Christian health professionals meeting all over the nation who don't specifically align themselves with CMDFA."

Historically, we have been quite an eastern-focused Fellowship, with most of our members, leaders, events, and activities centred around Sydney, Melbourne, and sometimes Brisbane. New South Wales and Victoria have the largest and most active state branches and student ministries.

Hey, what about Western Australia? They have been pretty active too! Oh yeah, them too ... Unfortunately, almost every other area – including expansive Western Australia – ends to be a bit of an after-thought! Nonetheless, CMDFA has a history of being better with moving meetings around the country regularly. Remember those IMPACT conferences in Adelaide and Perth? They were great, weren't they?!

Arguments in favour of frequently choosing eastern states for our national events and activities include those of critical mass and logistical simplicity. It is easier and more financially sensible to arrange things close to where we already have lots of leaders, resources, and potential attendees.

In fact, these arguments are not unique to CMDFA, but common to many other socio-political decisions regarding supplies and services. Yet, with His parable of leaving behind ninety-nine well-cared for sheep to look after an isolated loner, Jesus Himself encourages us not to think in terms of critical mass, but in terms of privileging the under-privileged (cf. Matthew 18:12 – 14; Luke 15:3 – 7).

With my 'under-served' lens on, counter-arguments also include better representation of the under-represented and more equitable access to all regions. After all we are a national fellowship, right?! Why should the burden of travel fall on the same shoulders every time? Even when our students are given generous subsidies to travel across the country, there is still the added cost to their time and energy to consider. The same goes for our graduates, leaders, and other members.

"At the risk of ruffling some feathers, I would like to introduce the term 'geographical narcissism'! It describes a power imbalance that geography can exert between urban and rural locations."

At the risk of ruffling some feathers, I would like to introduce the term 'geographical narcissism'^{1,2} It describes a power imbalance that geography can exert between urban and rural locations. It is a well-known topic amongst rural clinicians and medical educators because of its adverse impact on the rural medical workforce and education.

Geographical narcissism is defined as "a subtle, often unconscious, devaluation of rural knowledge, conventions, and subjectivity, and a belief that urban reality is definitive."¹ This unconscious bias can foster unwitting colonial mindsets by people in some geo-political locations towards people in other regions.^{1,2}

It is "narcissistic to believe geography is a key determinant of quality", caution Baker and Hess.² Yet, even in Biblical times, "Can anything good come from Nazareth?" (John 1:46 NLT) may have been the prevailing attitude!

At the risk of ruffling even more feathers, I have often observed our Fellowship to be geographically narcissistic – if not through urban versus rural attitudes, then through east versus 'the rest of Australia' mindsets. I experienced this when I lived in South Australia and had to frequently travel eastwards, with negligible reciprocal movement by eastern-based brothers and sisters.



Image Leah Kelley, Pexels

A few years ago (pre-pandemic, no less!), when I suggested hosting the next national conference in Adelaide, the response I got from a Sydneysider was, "Oh, that is too far!"

Geographic narcissism tempts us to think of ourselves and our region of residence as the centre of the universe or *axis mundi*.¹ This can, in turn, breed the attitude that it is 'too far' to travel elsewhere for a meeting, but not too far for others to travel in the opposite direction.²

"This can, in turn, breed the attitude that it is 'too far' to travel elsewhere for a meeting, but not too far for others to travel in the opposite direction."

I can imagine that to some, Darwin (the site of our July 2023 national conference) could seem almost as remote as the moon! I know my words may be confronting and challenging, but I speak out ... "for such a time as this!"

Let me, thus, encourage all of us to reflect on our own subtle bias and geographical narcissism and "to acknowledge that one's assumed center is not the navel of the world."¹ Let us 'consider the other as better than ourselves' (cf. Philippians 2:3) and work to even the balance of historic privilege. Let us individually and collectively plan how we can 'enlarge the place of our tent' (cf. Isaiah 54:2) in our personal and professional services and ministries.

Let's move CMDFA activities around the whole of our country and celebrate our expansive diversity. Let's provide more opportunities for our regional and rural members (and non-members) to share in our Fellowship's activities and resources and not expect the burden of travel to repeatedly fall on the same shoulders. And let's encourage all our members to organise CMDFA gatherings wherever they are, rather than saying, "There is no CMDFA here".



Dr Sneha Kirubakaran

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Aboriginal Culture and Health – Anonymous

A Christian Aboriginal Rural Doctor's Viewpoint



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Culture is complex. To quote the Cambridge Dictionary, culture is “the way of life, especially the general customs and beliefs, of a particular group of people at a particular time: the attitudes, behaviour, opinions, etc. of a particular group of people within society.”¹

Tom Verghese in his book *The Invisible Elephant* speaks about the broadness of culture, that it encompasses (amongst other things) attitudes, judgements, values, belief systems, morals, needs, wants and desires, identities, ideas about who ‘we’ are and about who ‘they’ are.²

Given this broadness and complexity I will not even attempt to dissect the whole of Aboriginal culture in this article. Traditional Australian Aboriginal culture is a well-refined, intricate and complex machine woven with different strands over thousands of years.

There are many (mostly unwritten) guidelines, rules, customs and behaviours – where your land is, whom you can marry, who grows up (raises) your children, where the paths to different places lie, how to catch food and find water. No few words can truly encompass these intricacies.

Furthermore, Aboriginal people are not one. There were and are many. Tribes and language groups in Australia and their cultures are not homogenous. Also, culture changes over time. The culture of the nomadic tribe 300 years ago and that of the Aboriginal teenager walking the streets of my town today listening to American rap music are not the same.

Cultures are not stagnant – they evolve and adapt over time. Certainly, Aboriginal people have experienced enough historically significant events to impact and change their culture. Different generations and subgroups definitely have different cultures. Senior Aboriginal people are different to their youth, with the academic Aboriginals being different again. Just like individual Christians in their theology and behaviour, Aboriginal people are individuals. However, there are commonalities. I ask the reader to consider the gross homogenisation and narrowing that has occurred so that some points can be drawn out.

As Christians whenever we look at culture we should do so through the lens of faith. Christians view culture differently from the secular world. 1 Corinthians 1:18-25 tells us that the wisdom of the world is foolishness and that Christ whom we preach is foolishness to the world.³

In John 17:14-18, Jesus, in his prayer, talks about his disciples being hated by the world for having God’s word, not being part of the world but being in the world.⁴ We, as Christians, “Do not conform to the pattern of this world,” and so when we analyse culture we do so in reference to God’s word.⁵

“Some aspects of culture are good, pure and right according to God’s standard; other parts are objectively evil and wrong; and most of it is neutral and may be performed in either a sinful or God-serving manner as most actions in life.”

Some aspects of culture are good, pure and right according to God’s standard; other parts are objectively evil and wrong; and most of it is neutral and may be performed in either a sinful or God-serving manner as most actions in life.^{6,7}

When all is said and done, in heaven we will be “a great multitude that no one could count, from every nation, tribe, people and language, standing before the throne and before the Lamb” crying out, “Salvation belongs to our God, who sits on the throne, and to the Lamb.”⁸ We will be unified in faith, while parts of our culture and identities will be melded and will create the heterogenous beauty that is the Christian people praising their God. This is important to understand when considering any culture.

Considering this, then, I will use a model of culture by Tom Varghese from *The Invisible Elephant* and we will look at Aboriginal culture in nine dimensions and then look at how these may interact with health.²

- Relationships versus Task.** This refers to the importance placed on relationships and social connections versus achieving specific goals and tasks.² In traditional Aboriginal culture relationships are important and it is important to develop relationship before trying to achieve a task.^{2,9,10} Traditional 'Western' culture, by comparison, tends to value task-orientated behaviour and achievement at the expense of building strong relationships.²
- Harmony vs. Control.** This refers to people's relationship to the external environment, including nature.² Aboriginal culture traditionally values harmony with nature.⁹⁻¹² This can be seen in traditional spiritual beliefs and traditional way of life, both of which are tied to the land.⁹⁻¹² Aboriginal Australians see themselves as caretakers of the land and believe that they have a responsibility to care for it.⁹⁻¹² Western culture, however, is more focused on control and domination of the natural environment by controlling it, damming waterways, planting specifically bred crops, and fighting death with medicine. The focus is more on development and progress than using natural resources and environmental degradation.^{2,9-12}
- Shame versus Guilt:** This refers to the degree to which a culture relies on external societal pressure to regulate behaviour (shame) versus an internal pressure compass (guilt).² In shame-based cultures such as Aboriginal culture, individuals are taught to have an acute social sensitivity towards others in their group, whilst in Western culture individuals are taught to be internally driven and therefore regulated by internal guilt.^{2,9-10}
- Collectivism versus Individualism.** Individualistic cultures views individuals by their personal characteristics, education, experiences and value free will, self-determination and individual welfare. By contrast, collectivist cultures view individuals based on family, relationships or social class and value sacrifice of personal interest and welfare for the collective interest and harmony of the group.² Aboriginal culture is collectivist and values both family and kinship relationships over the individual, whereas Western culture heavily values the independent individual.^{2,9-10} This collectivism can be seen in things like community child rearing and resource sharing.^{9,10,13}
- Religious versus Secular:** This refers to the degree to which a culture is influenced by religion and spiritual beliefs. Religious cultures have religious beliefs as part of everyday life, they discussed in every setting, there is no separation of church and state.² Aboriginal culture traditionally has a strong spiritual dimension, with a connection to the land and the natural world intertwined into everyday life.^{14,15} Due to the influence of missionaries and missions, a large percentage (54%) of Aboriginal people identify as Christians and less than 1% identify with traditional Aboriginal spiritual beliefs.¹⁶ Talking to most Aboriginal people about spirituality is very different from other Australians. There is no resistance to talking about the spiritual, and strong acknowledgement of the unseen power of God, the presence of other spirits and the role of both in terms of real-world events. In comparison, Western culture is largely secular and a majority of Australians state religious affiliation is more of a personal belief rather than something that impacts daily life.^{17,18}
- Hierarchical versus Equality:** This refers to the degree to which a culture values equality or authoritarian hierarchy.² Some cultures have titles, class and authority figures with assumed right to power and authority, where as others value minimising levels of power and status.² Aboriginal culture traditionally has both aspects of hierarchy and egalitarianism. Though groups do not have a single leader, elders hold a lot of power. Elders are respectfully addressed, given food and resources and cared for, though this is changing over time with the breakdown of respect for elders.¹⁹ Traditionally, if an elder was disrespected, punishment was dispensed.¹⁹ The hierarchy can be seen in traditional law which could be harsh and brutal, with punishment such as spearing occurring.²⁰ The authority is also seen in customary law governing social interactions such as marriage which were often arranged and had to be between specific skin groups.^{10,21,22} Men and women also have different areas of authority and obligations.^{10,22} Western culture values hierarchy less and tends toward egalitarianism with historical events such as the Magna Carta, the French Revolution, the American Revolutionary War showing the tenuous relationship with authority in the west.² It can also be seen with how society often aims for democracy and how elected leaders have limited respect in the population, how leaders in society and the workplace are often called by their first or nicknames rather than full name and/or title.²
- Polychronic vs Monochronic time orientation.** Monochronic time orientation refers to cultures that are linear, short-term orientated, with plans, appointments and strict schedules for achieving tasks that are seen as absolute.² Polychronic cultures with a more relaxed attitude to time with more value on relationships than task completion.² Time is seen as more circular and multiple unfinished tasks are worked on as the importance to the community and individual fluctuates.^{2,10,23} Western culture is largely monochronic, with a focus on punctuality, scheduling, and efficiency.² Time is seen as a limited resource to be managed and optimised.² Aboriginal culture traditionally has a more polychronic view of time, as activities and events are often organized around seasonal cycles and communal gatherings.^{10,23,24} Time is lived through rather than dictating life.^{10,23,24}
- High versus Low Context Form of Communication.** This refers to the degree to which a culture relies on non-verbal cues and shared cultural knowledge (high context) versus explicit verbal communication (low context) to convey meaning.² Low context cultures tend to be task focused.² Australian culture tends to be low, what is said is what is meant, and all the meaning is in the words.² Aboriginal culture traditionally relies heavily on non-verbal communication, including gestures, facial expressions, the direction of gaze, and storytelling, to communicate.^{10,24,25} Yes doesn't necessarily mean yes, meaning is found in between what is said.^{10,24,25}
- Femininity versus Masculinity.** Masculine cultures have strict gender roles and value aggression, decisiveness, and competitiveness.² Conflict is resolved by fighting (verbally or physically).² Feminine cultures are rare, they have overlapping gender roles and value nurturing and harmony. Conflict is settled by negotiation and compromise.² Western and traditional Aboriginal culture are mostly masculine in nature.^{2,9,26} Aboriginal culture has strict gender roles and the aggression of males in hunting large game with weapons and protection was valued and law and punishment was and is harsh.^{9,10,26,27} Feminine characteristics such as discussion and consultation, however, were and are also valued.^{9,10,26,27}

Collectivism, a focus on relationships, hierarchy, masculinity and shame interact in a way that again has strengths and weaknesses. The value of relationships and strong hierarchy mean that if a relationship exists between health providers and a community, then sometimes health interventions can be rapidly and successfully implemented. When one Aboriginal community got behind the local clinic in organising covid vaccination with the help of one of our trusted, long serving doctors, 76% of the community were vaccinated in a short period of time.²⁸ However this also means that if a health objective doesn't have community and elder support, either through lack of involvement by government or non-profit organisations or lack of engagement by the community and elders, projects fail and if the relationships are not pre-existing they can take a long time to develop.²⁹

Strong relationships, both in direct family and kinship relationships in the community are known to provide direct health benefits in terms of mortality.^{30,31} The complex law and relationships of traditional Aboriginal culture also provide meaning and purpose for individuals within the society, which also is significantly associated with lower mortality rates.^{32,33} Strong relationships, both familial, kinship and otherwise, can lead to strong resilience, especially in the face of trauma.³⁴ Reciprocity, resource and responsibility sharing seen in child rearing, food distribution, and housing can also directly provide for individuals, allowing for better wellbeing.^{9,10,13}

However, strong relationships and resource sharing can create obligations to share resources, time, money, housing, transport which can have flow on negative effects on health through overcrowding, malnutrition, poverty, loss of employment, loss of transport, missing health appointments, and discharging against medical advice amongst others.³⁵⁻³⁷

Stronger social networks can also create more pressure to engage in risky behaviour such as smoking, drinking, and drug use, and encourage family and sexual violence when these are normalised within certain social circles.³⁸⁻⁴¹

Across all of Australia, smoking, risky alcohol use (more than monthly), cannabis and amphetamine use occurs more in the Aboriginal vs non-Aboriginal population (27% vs 10.8%, 35% vs 26%, 15% vs 12%, 3.1 vs 1.3%).^{42,43} These rates are even higher in Aboriginal people in remote communities such as mine, with potentially 54% smoking and 56% undertaking risky alcohol consumption.⁴³

Through providing antenatal care locally, I gain unique insight into the normalisation of alcohol in my community. Anecdotally, up to 50% of the Aboriginal women I care for engage in alcohol use when knowingly pregnant. In one clinic, after the removal of the mandatory Basics card (Centrelink income management card) in October last year, all of the women who were to attend my antenatal clinic were intoxicated when the driver went to pick them up.



Image by Eleasa Sieh

"In the emergency department, as you take a history you will hear of the social activity of binge drinking of dozens of cartons of beer or numerous bottles of wine being undertaken by family groups."

In the emergency department, as you take a history you will hear of the social activity of binge drinking of dozens of cartons of beer or numerous bottles of wine being undertaken by family groups. Even outside of work, you can witness it in the street. The problems associated with alcohol, violence, child abuse and neglect and youth crime amongst others are the reason for restrictions being in place in these communities.⁴⁴⁻⁴⁶

Strong relationships, masculinity and strong hierarchy also create the potential for the normalisation of violence, which is often unmasked with alcohol.^{47,48} In the emergency department of my small town of only a few thousand people, not a day goes by without a presentation (or multiple) related to family or other violence by Aboriginal people against each other. Family violence occurs at much higher rates in the Aboriginal population in Australia with Aboriginal people being 32 times more likely to be hospitalised.⁴⁹

If an Aboriginal person is assaulted in the Northern Territory there is a 74% chance it was a family member, and a 30% chance it was associated with alcohol.⁴⁹ 33% of all Aboriginal incarcerations are due to acts intended to cause injury vs 17% in the non-Aboriginal prison population. Aboriginal people are vastly overrepresented in prison populations.⁵⁰

95% of young Aboriginal people report witnessing violence between Aboriginal people.⁵¹ 87% of all Aboriginal women report being a victim of sexual, physical or emotional abuse or combinations of them.⁵²

Aboriginal people are twice as likely to be sexually assaulted and eleven times more likely to be hospitalised for it with 64% of assaults occurring at home, and the perpetrators being known in the majority of cases.⁵³ As Jacinta Price stated *"If we can, in fact, reduce family violence, which I believe is possible if we take a unified approach, we will see fewer of our women dying, fewer of our men incarcerated, and more of our children educated."*⁴⁷

"If we can, in fact, reduce family violence, which I believe is possible if we take a unified approach, we will see fewer of our women dying, fewer of our men incarcerated, and more of our children educated."

The negative facets of the evolution of modern Aboriginal culture have devastating impacts on the health and well-being of the community. Unfortunately, it can't be discussed openly in this political climate without fear of repercussions such as job loss.⁴⁷ We can influence this issue if we talk about it and address the practical issues in front of us. A program for Aboriginal domestic violence in the Northern Territory called NO MORE focuses on the placement of responsibility for reducing domestic and family violence (including lateral violence) on Aboriginal men and elders. This has had outstanding successes.^{48,54} Uncle Alfred Men's Group Local Drug Action Team in Townsville utilises similar principles in delivering a 98% success rate with their Aboriginal attendees with alcohol, drug and domestic violence issues.⁵⁵ Culture can be utilised to harness strong relationships, masculinity, shame, and hierarchy for improvement.⁴⁸

Aboriginal culture is broad, complex and complicated and its interactions with health reflect this. Culture is neither outright good nor bad but can cause both good and bad effects on society and individuals. Discernment is required for teasing out the strands of influence in outcomes and behaviours stemming from culture. This is as true for Aboriginal culture as for any other. I hope that this exploration of problems facing the Aboriginal community, especially where I practice, have helped provoke thought. I trust that it has also motivated you as a Christian health professional to harness cultural strengths in order to improve Aboriginal health.



Anonymous

Dr Joseph is a Christian, Aboriginal, Husband, Father, and Rural Generalist Obstetrician, who grew up and works in remote Australia. Dr Joseph disagrees with the premise that only Aboriginal people should talk about Aboriginal issues and believes more open and honest discussion is required to bring healing to Aboriginal culture.*

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Lost in Transition – Dr. Andrew Hua

Impacts of diversity of culture, language and traditions among CALD migrants.



Image by Rodnae Productions, Pexels

When I first came to Australia in 1952, the population was largely Anglo-Saxon: meat pies and fish and chips were the main takeaway foods, and English and “Strine” were spoken.

There was no weekend shopping then. Meat could not be sold after 5pm. Evening shopping was only on Fridays. Many suburbs were DRY and alcohol could not be sold. Shelves were not replenished over holidays, so you had to stock up before Easter and Christmas.

At the market, you were not allowed to touch the fruit, and the fruit they gave you were often the smaller, imperfect ones from the back. If you jumped a queue, you were publicly humiliated.

When I migrated to Australia in 1973, it had become more ethnically diverse, with Greek, Italian and Chinese migrants introducing espresso coffee, pizza ‘pies’ and deep-fried dim sims to the menu. Since then, Australia has become one of the most ethnically diverse countries in the world. Melbourne’s cities of Greater Dandenong and Footscray have become some of the most culturally diverse centres in Victoria.

Language Diversity

In 1952, English, and its local version “Strine”, was the predominant language. Now, over 400 languages and dialects are spoken.

Conventions such as Yes and No, and body language, are often different in different cultures. “Yes” can mean affirmative, or “I agree with the statement”, or “I agree with the speaker”, or merely, “I hear what you are saying”.

Asking if you have eaten is a form of greeting and not necessary an invitation to a meal. This is said to be the origin of Chop Sui, which were assorted left-overs which were served up because an American guest of the first Chinese ambassador had answered truthfully that he had not yet eaten.

Many languages have different pronouns for different sex or age/seniority, and not using the proper pronoun is considered rude or insulting.

Body Language Diversity

Shaking the head can be a form of showing agreement in some cultures.

Strict rules for touching or even pointing exist in many cultures. In Australia, I learned that embracing and kissing on the cheek for ladies is a form of normal greeting and not a show of affection.

Diverse customs and practices in different cultures

In China under Mao, a cigarette used to be offered as a sign of friendship when you first met someone, and you were expected to let them light it for you and to smoke it. Over-ordering food in a restaurant is a form of courtesy as a host, and guests need to say that what has been ordered is more than sufficient. If you empty your teacup, the host is obliged to refill it for you until you leave some in your cup.

Picking up your bowl is seen as rude in Korean culture, while the Chinese shovel their rice into their mouths with the chopsticks instead of picking the rice up. At the end of the meal, you are meant to put up a fight to pay the bill in traditional Cantonese culture. You need to get an agreement to be host, or to go Dutch at the beginning of a meal.

Medical Situation Diversity

It is customary in Hong Kong to seek the opinion of several doctors before the patient or their relatives decide whose advice they will follow, and often a combination of several doctor’s advice and medicines. Politeness may result in patients accepting tests and prescriptions and then deciding not to follow through for whatever reason.

There is a diversity of value systems, and the decision-maker is different in different communities. Gifting is seen as a necessary protocol in many eastern cultures. The doctor may have to accept a gift out of courtesy and give a large Lai-see (Hong-bau, lucky red packet) with an appropriate cash repayment inside, for good fortune. Here, it is considered bribery and criminal corruption.



Image by Rodnae Productions, Pexels

Concepts of Health and Disease can be radically different

How patients describe their symptoms differ and their concepts of the origin of their illnesses can colour their confidence in what is offered as treatment.

There may be distrust of Western medicine which is seen to be 'too drastic, harmful to health, dispersing damage through the whole body'. So often patients reduce the dose secretly or omit drugs after a few doses – which is often the cause of resistant bacteria developing to antibiotics.

They may also store medicines for later use, or dispense their drugs for their spouse or friends with similar ailments.

Some cultures cannot accept the inevitability of dying

I have witnessed families go broke spending hundreds of thousands of dollars on life support for brain-dead relatives. In many cultures, the body must be kept intact as a mark of filial piety or to ensure a safe passage in the Underworld towards reincarnation. Surgery and organ donation have to work against such beliefs.

'Face' is all important to the Chinese

'Shameful' conditions such as domestic violence, incest, abortion, psychiatric illness, intellectual handicap, epilepsy, sexually transmitted infections, dementia, etc. must be quarantined within the family, to the extent of even withholding the information from doctors. In other cultures, 'family honour' must be protected at all costs, even to the extent of homicide of one's family member.

After migration, generational conflicts can be very significant

Parents who have made sacrifices to enable their children to have a good education and prospects, are disappointed when their expectations are not met. Their children can't wait to become independent from their influence. Yet, they are not shy to ask for ongoing financial support from their ageing parents.

Generational differences towards lifestyle and habits, such as sexual freedom, smoking, drinking, gambling and drug use are often points of conflict.

Elder abuse is real – financial, emotional, physical

One kind son with Enduring Power of Attorney bought a BMW sports car with the parents' money, "to take his elderly parent to the doctors."

Adjustments to the Australian way of life

Although they may be recipients of racist slurs, migrants can be just as racist against members of other races (foreign devil (番鬼), Goyim (גויים), Ajam (آچام)).

As migrants, we are minorities transplanted into another society. Prejudice, discrimination, and racism can be overt, covert, real or perceived. The expectations of migrants have changed over the years from assimilation to multiculturalism. Migrant families often 'import' prejudices from their own countries. Tensions can run deep between families from the same country, but holding different social or political perspectives.

In Australia, migrants have to learn new social norms and views. Gender equality, queuing for everything, having a fair-go, respecting personal space, not asking embarrassing questions, supporting the underdog, rules of mateship, and so on, are all lessons for survival. Bringing a plate to a meal is more than bringing a clean plate. Christmas Dinner is held at lunchtime.

"Depending on their experience, trust or mistrust of government agencies and officialdom can be extreme..."

Attitudes to social welfare can vary with different generations of migrants. Many elderly migrants shun social welfare and benefits since welfare was known as Almony (Alms, Almoner), and indicates penury. Others see it as a right. Depending on their experience, trust or mistrust of government agencies and officialdom can be extreme – information gathered can be used against you (eHealth debate). Chinese often do not like discussing 'bad omen' topics, believing that mentioning them brings them on. Death is a taboo topic and cancer must never be revealed to the sufferer.

Particular problems with Older migrants

The common theme is a progressive reduction in the ability to adapt to change.

As Shakespeare observed, all our senses fail with age. People put more salt on food because of reduced taste. My wife complains that I appear not to have heard what she said to me. I now hold out my hand when I close my eyes in the shower in case I fall. In winter, I have to apply moisturiser to my skin and eyedrops to my eyes, etc. I can no longer open bottle-tops like I used to. Righting reflexes are delayed. Falls are frequent, often complicated by fractures and hospitalisation. We gradually become frail – frailty is a new field of research in geriatrics. Healing of wounds is slower. We lose teeth and ability to eat hard foods.

Many elderly and their families are not aware of gradual declines in cognition, and make excuses that they are just forgetful, playful or clumsy. Cognitive and psychological disorders, cognitive changes, confusion and delirium, changes or accentuation of previous personality traits, mood disorders (depression, panic attacks), loss of insight, inability to self monitor, inability to multitask or make choices all take their toll. For the increasing number developing dementia, behavioural and psychological symptoms of dementia (BPSD) are a difficult complication which often leads to families giving up.

Against this backdrop, there are triggering events – external and internal. External events include death of a carer, moving house (tree change, downsizing, supportive accommodation), accidents (floods, fires, storms), financial crises, wars, etc. Internal events includes falls, infections, strokes, chronic diseases complications, cancer, pain syndromes, etc.

Cost of living – Financial, human, support systems

As we live longer, we can also outlive our resources. This is not helped by stubborn inflexibilities, fears, distrust and denial.

Moving into a new community, you lose your support systems – you have to adapt to a new environment, you have no friends. Having a sea change or tree change can be an isolating journey. Losing a spouse can be devastating.

"Moving into a new community, you lose your support systems – you have to adapt to a new environment, you have no friends."

Ageing can cause you to lose your identity and role, your routine, your self image. Hair loss, skin changes, incontinence and deteriorating looks can cause a loss of confidence and reluctance to socialise.

Problems facing Culturally and linguistically diverse (CALD) migrants

I will illustrate with some examples I have encountered.

Separated families. Taikonauting (TaiKongRen 太空 Chinese astronaut) is a phenomenon for businessmen who maintain their businesses in China while sending their wives and children overseas for security, financial independence, schooling, and securing a second home in a safe foreign country in case things go wrong at home.

You can often recognise Taikonaut families from the fact that the children follow their mothers' surnames. These families are generally poorly supported and children often have adjustment problems. Some families have come from rural backgrounds and are unused to city living. Many fire alarms have been set off in high rise apartment buildings due to smoking under a smoke alarm. By contrast, we have had Hong Kong apartment dwellers being resettled in rural towns where they miss the city conveniences and feel isolated.

Literacy among CALD elderly cannot be assumed. Many large cities have high English illiteracy rates. Numeracy cannot be assumed. Many migrants hide their problems cleverly, eg. by pretending they have left their reading glasses at home, and asking you what the sign means. This can make assessment of cognition difficult.

Difficulties communicating in English for children settling in schools is common. Maths in Australian schools is considered 'too elementary', and it is novel that creative thinking rather than rote learning is encouraged. Parent-teacher interactions can be a challenging experience.



Image Mikhail Nilov, Pexels

Some elderly migrants live in virtual ghettos surrounded by their own culture. They can face isolation and denial of services. There are many barriers that face migrants, finding a job with your overseas qualifications is hard. Renting a property without any prior rental history can involve payment of a year's rent in advance.

Working with colleagues from different backgrounds takes some adjusting. Sometimes barriers are perceived, and prejudices can go both ways. Without language and social contacts, it is easy for elderly migrants to get bored. There are many organisations and individuals that prey on this to lure them to spend time and money and investments in dubious products and schemes.

Coming from an authoritarian environment into a 'free' society can be both an opportunity and a challenge. Children of migrants often go to extremes with the liberty they experience, and experiment with illicit substances and relationships without parents who understand the dangers or have the ability to guide them.

Finally, there remains a lack of CALD-friendly Aged Care Services and facilities, and relying on Translation and Interpreting Services (TIS) have their limitations.

Nevertheless, many families choose to migrate.

Even back in the days of the Old Testament, Abraham, Jacob and their descendants left their native lands to venture into foreign ones, often out of necessity. I have been intrigued by the repeated narratives in Genesis 12, 20 and 26 of the patriarchs, Abraham (two accounts) and Jacob, deciding to pass off their respective wives as their sisters, in fear of being killed. In all these instances, misunderstanding of the local custom, values and practices, led to serious jeopardy for the integrity of their clan and the fulfillment of the promises of God. Nevertheless, God miraculously intervened and blessed His chosen people despite their stupidity.

Likewise, as God's children, we are often faced with unforeseen problems when we leave our own homes and cultures and encounter new concepts and challenges in a diverse world. Yet we can be assured that our Sovereign Lord is watching over us and will guide us through. When seeing patients from migrant backgrounds, we need to ensure a level playing field, provide the necessary language assistance, and double check that they truly comprehend what is being communicated.



Dr. Andrew Hua MBBS, FRACP

Dr. Andrew Hua is a recently retired physician and geriatrician who migrated to Australia from Hong Kong fifty years ago. He lives in Melbourne, Victoria with his wife. He is a guest academic with the University of Melbourne's Healthy Aging Project where he supervises postgraduate students.

The Most Excellent Way – Dr. Chara Quay

The benefits and difficulties of studying medicine in a different culture, and the effect of Christian faith on that experience



Image Zia Ulhaq, Pexels

“Do you mean The Pill?”

The store clerk at Big W looked at me bewildered. All I wanted was a pail for laundry.

Welcome to Oz – where words are shortened, everyone’s called ‘mate’ and events calling for a ‘gold coin donation’ don’t mean one has to rob a bank to be able to attend!

Growing up in a small town in a developing nation, an opportunity to study medicine in the first world was a dream come true. I was eager and excited to soak it all in. With English as my mother tongue (in the minority where I come from), I did not anticipate communication difficulties.

I am now a little wiser, having also witnessed both American exchange students and local Australian students struggle to understand each other occasionally.

I must say I felt very warmly welcomed in general – at uni, on placements, and of course by the church. There were many that opened their hearts and dining tables (and even pool!) to this international student. Some are still in touch today, and I know that some continued to pray for me after I returned to Malaysia.

After a good five years or so of learning medicine in Australia, and getting my fair share of magpie swoops, I started my first job across the South China Sea from my hometown. In many ways, returning to practise medicine was a greater shock than the initial adjustment into Australia:

- Language was certainly a challenge. I had difficulty understanding patients, and at times, colleagues. Medical repertoire that used to just roll off my tongue needed to find its way out in other languages.
- A suggestion of honey for a sore throat was met with the retort: “Where would one find honey in the city?!” (the usual source being to harvest honey in the wild.)
- Differences in work culture and availability of resources also needed some deciphering.

Almost thirteen years on, I am once again across the South China Sea, albeit in a different region. This is my fourth state/ territory since returning. Over the years, I have been mistaken for a Malay over the phone, asked if I’m of mixed heritage, and had someone say to me, “You sound like you are from here, but also from there”.

■ *“Perhaps some of my Australianess still comes through! I hope that even in my imperfection, God shines through more strongly.”*

Not too long ago, joking about the future, a yet-to-believe colleague commented: “X will be in private practice and Chara will be in rural Australia in the name of God!” Perhaps some of my Australianess still comes through! I hope that even in my imperfection, God shines through more strongly.

“But he said to me, ‘My grace is sufficient for you, for my power is made perfect in weakness.’ Therefore I will boast all the more gladly of my weaknesses, so that the power of Christ may rest upon me. For the sake of Christ, then, I am content with weaknesses, insults, hardships, persecutions, and calamities. For when I am weak, then I am strong.” 2 Cor 12: 9-10.

I still wrestle sometimes when things aren’t done the ‘Aussie way’ (although I am also aware that Australia has probably changed since I left).

I am also still learning – learning medicine and learning about the most excellent way – the way of love (1 Cor 13:13). Medicine, like everything else in life, is a tool in the hands of our loving Father, for Him to use (or not!) wherever He sees fit. On this journey, may we be drawn closer to Him and in the process, help others choose Him too. He promises to carry us (Is 46:4), and He is faithful



Dr. Chara Quay

Dr. Chara Quay currently works as an anaesthetist in Borneo. She is passionate about going on adventures with Jesus.

Unity in Diversity in Palliative Care – Wendy Harris

Working in a spiritually diverse team offers an opportunity to witness to both staff and patients



National Cancer Institute, Unsplash

We are called to be light and salt in the world, and this often means being in diverse workplaces and teams. In workplaces where we are often the only Christian, we are the representation of Christ through our every word and action.

Ephesians 6:5-7 says "Bondservants, obey your earthly masters with fear and trembling, with a sincere heart, as you would Christ, not by the way of eye-service, as people pleasers, but as bondservants of Christ, doing the will of God from the heart, rendering service with a good will as to the Lord and not to man." (ESV).

God has always placed me in secular workplaces throughout life. In each environment, he has built my capacity to understand and relate to people and the joys and struggles in their lives. He grows my ability to both work effectively in an earthly sense, and to simultaneously be His representation in each situation.

Working in palliative care has placed me in many different situations where strong opinions and beliefs were brought to the fore with many colleagues, patients and their families as we encountered the reality of life and death on a daily basis.

Within my small team of nurses, there might be atheists, agnostics, different forms of new age spiritualism, and Christians with varying theological stances. Then there were the patients that we were caring for, and their families, with their diverse belief systems represented, eg. different indigenous spiritual beliefs, the Bahai faith, varying forms of Hinduism, and different Christian denominations.

"The discussion topics of hope, suffering and the afterlife were more than just discussion topics. They were real and pressing issues that patients, their families and friends, and nursing and medical teams were dealing with daily."

The discussion topics of hope, suffering and the afterlife were more than just discussion topics. They were real and pressing issues that patients, their families and friends, and nursing and medical teams were dealing with daily.

In many general medical wards, the spiritual side to a patient is often not recognised to the same level as their physical, mental and emotional sides. In my palliative care team, there is a purpose in the best form of holistic care for the patient. A key aspect of this is recognising and addressing the spiritual component of the patient's well-being. This is an opportunity not always available within the workplace to bring the Christian truth to others around me.

The only good part of doing night shifts was when patients who were having trouble sleeping, wrestling with these issues, would ask me questions like, "What do you think there is next?" I loved being able to have these discussions that would sometimes be overheard by other nurses.

Thanks to the relationship and trust I had built with the other nurses through following Ephesians 6:5-7 (above), we were then able to have our own discussions in the nurses' station through the night. I not only had the opportunity to share Jesus and His hope with them, but to better understand their lives and the beliefs that influenced their thinking.

"I not only had the opportunity to share Jesus and His hope with them, but to better understand their lives and the beliefs that influenced their thinking."

Despite our diversity, we were united in providing the best care for our patients. This involved providing appropriate spiritual care, including visits from chaplains, *ngangkaries* (a word commonly used in Central Australia for "traditional healers" or "witchdoctors"), or spiritual leaders from different faiths/beliefs.

I was challenged when patients would have faiths or beliefs that were obviously contradictory to the Christian faith. However, the role of the palliative care nurse is to ensure that each patient receives the most appropriate form of comfort care, and so when this included calling the spiritual leader of a different faith group, then that is what we did.

Many Christians can relate to this challenge in their work environments – seeing colleagues, patients or clients holding and practising a belief in clear contradiction to who we know to be the Creator, Ruler and Saviour, and struggling to find the right way to witness within the constraints of our earthly employers and workplace policies. However, no earthly employer could stop me praying for each patient to come to Jesus and put their trust solely in Him.

God was able to use me in this way, gently demonstrating my faith in the true King and as a witness to surrounding colleagues. On reflection, it was through working in a spiritually diverse team that was unified in providing spiritual care for our patients, that I was given many opportunities to witness to both staff and patients. And for this, I am eternally grateful.



Wendy Harris RN

Wendy Harris has worked as a Palliative Care Registered Nurse in Alice Springs, NT after moving from Newcastle, NSW. She enjoys being creative, going for walks in the beautiful scenery, spending time with friends and sharing God's Word.

Trans-Identifying Men in Aged Care and Community Care

–*Ruth

Are transgender rights impinging on those of biological women?



The Luke's Journal editorial team is aware that this article has political implications and that, since publication, legislation may have changed nationally or in your state of residence and practice. Luke's Journal advises that you contact your State chair if you have any questions or concerns regarding implications for your clinical practice.

Full of Questions

Matrena revels in the day's weather. Although autumn, the air's still warm and sweet. White, blinding sunlight assaults her blinking eye. Blazing rays threaten her fair skin with blistering sunburn.

That's the way I like it, she thinks.

She scans the crowd around her.

I've heard most of the people attending this rally identify as feminist lesbians, she thinks. I've heard the organiser aligns with Atheism, and that some here favour Communism.

I'm a heterosexual Christian, born into a decade where women had every single right a man had. My Russian grandparents left Eastern Europe for Australia, deeply traumatised by its Communist violence and totalitarian oppression, so that's not a group I've had much experience associating with.

Matrena places her hands on her tummy, then rubs it.

Surprising. I feel calm. I'm not renowned for eloquence and not famous for bravery. Why do I feel so at peace while waiting my turn at speaking?

Although I do have some questions:

- *How will my speech unfold – with my voice trembling and my body shaking like when public speaking back in school?*
- *Will I even get an opportunity to speak at all? Most of my prior attempts at making this issue public have met with resistance.*
- *Will the crowd stop me from speaking about God – I mean, how much free speech can they really handle?*
- *And will anyone recognise me from my efforts when campaigning on the 'No' side of Australia's homosexual plebiscite, although that's a few years ago now?*

Matrena's mind mulls over these thoughts. Then the rally organiser places the microphone in her hand, sending the previously asleep butterflies in her stomach soaring.

Many Voices

Kellie-Jay Keen, a UK women's rights advocate, recently hosted several free speech rallies throughout Australia during our observance of International Women's Day. The rallies gave men and women the opportunity to voice their concerns about how the growing rights of transgender people impinge on the rights of biological women.

The speakers and audience came from diverse political persuasions, sexual orientations, cultural backgrounds, religious beliefs, personality types and age brackets. However, they were all united in the belief that only people born female truly are female.

Fetishes in the Workplace

I work in aged care and am grateful to have the opportunity to share my experiences of trans-identifying people in nursing home facilities and in community care.

Aged care workers must dress men in women's clothing, including women's underwear and make-up. If we don't, we could lose our jobs. That's despite knowing that some people experience transvestism, a paraphilia where dressing as a woman sexually arouses the man concerned.¹ It may also be a fetish (using an insensate object to achieve sexual pleasure²).

I have a few stories I could share, but I will limit myself to one:

While working in community care, I dressed a transgender man's wound at his home. I was always sent alone. The wound was on his back, right where your shirt and pants meet, but he was always more naked than necessary.

"Some trans widows say their transgender partners have a gleam in their eye when they cross-dress. I also noticed that gleam in this man's eyes."

When I arrived at his house, he was always wearing just a dressing gown, and the dressing gown was always open at the front. Because I had to pull his gown sideways to access the wound, his backside became exposed and also his vagina, when they didn't need to be. It was obvious he enjoyed having me see his surgically altered genitals. Some trans widows say

their transgender partners have a gleam in their eye when they cross-dress.³ I noticed a similar gleam in this man's eyes.

That particular patient had awards in his house for women's sports competitions that he had won. He would point them out and emphasise that they were women's events. He would say, "I won this in a women's sports competition. It was a women's sports competition." Then, he would laugh silently. Because of this, I gathered that he knew full well that he was a man and he cross-dressed to cause women distress.

I have seen him at the shops. He is aged in his fifties but wore very short skirts. Young women often wear short skirts, but older women have usually outgrown that. When he dressed like this in public, he appeared elated, but the parent he was with appeared very embarrassed. I thought it sad he didn't care if his family were embarrassed, although I noticed some family members found his behaviour amusing.



Closed Ears

I called a discrimination/human rights organisation asking if there's a way I can avoid dressing trans-identifying men in women's clothing. They said they couldn't help me and gave me the number to another organisation who gave me the number to another organisation until I received the number for the first organisation. I'm quite sure one of those organisations put me on fake hold while they pretended to be reviewing what could be done about my situation.

I sent an email to a nurses union about the situation asking if I joined their union, could they help me with this situation? They said they couldn't give me an answer until I had joined. So, I paid the couple of hundred dollars joining fee, then they said they couldn't help me. When my membership renewal came up the next year, I ticked that I didn't want to renew my membership. They sent me a perky email asking me why, and if they could improve their service in any way. I told them I wasn't renewing because they hadn't helped me with my transgender problem. They sent a short reply saying, "Okay, don't worry about renewing with us".

"I told them I wasn't renewing because they hadn't helped me with my transgender problem. They sent a short reply saying, "Okay, don't worry about renewing with us.""

At my state's election, the Labour politician was handing out how-to-vote cards. I told him my problem and that I feared losing my job if I refused to dress trans-identifying men in female underwear and make-up. He said I would not lose my job and to talk to my employer about it. It's clear, however, that people *have* lost their jobs, been cancelled and had derogatory things written about them when they have opposed LGBTQ issues. A human rights organisation told me it's still illegal to fire someone for their religious or political beliefs and that those people would have received their jobs back again. Even if that's true, those people still went through the sacking process and now work in an environment that mustn't feel very welcoming.

No Support

I emailed a federal politician. He passed my email onto another federal politician who passed it on to the department of health. His reply said, "Your discomfort is due to the fact that you have had little to do with diverse gender identities. Transgender people are entitled to high-quality health care and by law, you have to give it to this person. It must be respectful, kind and caring and **valued**." (emphasis mine)

The email I sent had a link to an article written by an academic at an American University called 'Transvestism (Transvestic disorder).' This article respectfully states that transvestism often has a sexual component, women are often coerced into the trans person's behaviour and this hurts the women involved.¹ In response to this article, I was told, "Transvestite is an outdated and derogatory term," so I shouldn't have used it. The response said: "Older people grew up in a time when they had limited choices for gender expression outside the male/female gender binary. They knew if they didn't, they could be imprisoned or undergo attempted 'cures'. Repression of gender diversity was one of the few safe options for personal safety.

Living out gender diversity late in life can be a liberation for older trans and gender diverse people. The late-life changes may also result in restrictions to gender expression by family members and service providers who hold binary views of gender and members of society who have difficulty adjusting to such changes.

You are encouraged to consider participating in diversity training that your agency provides and imagine how you would like to be treated if you were in a similar situation. Thank you for writing on this matter. I hope this letter provides food for thought."

With other politicians and organisations, I have tried to remove myself from this situation on religious grounds. In response, I was sent a copy of an anti-discrimination law and told I must:

"Act with respect for individual rights to freedom of expression, self-determination and decision-making in accordance with relevant laws and conventions."

I also contacted a number of conservative right-wing groups, politicians, political commentators and activists who agreed my situation is wrong but haven't done anything about it. They haven't written anything about it, not even a Facebook post.

They believe, as I do, that we can't leave transgender people to 'die in their own blood' (my words). Of course, we must give transgender people high-quality health care and treat them with care, kindness and respect. However, I have read trans-widow stories, and it doesn't sound like trans-identifying men treat their wives and children with care, kindness and respect.³ It needs to be a two-way street.

A Plea to Find a Solution

In my experience as a personal care worker in healthcare, I've seen many different situations:

- Sometimes female patients refuse to be showered by male carers/nurses because they find that embarrassing.
- Some male nurses ask female nurses to insert urinary catheters into their female patient's vaginas because getting urinary catheters into the correct position is difficult and often requires multiple attempts. These multiple attempts can be mistaken for molestation, so some male nurses refuse to insert urinary catheters into women.
- Some male gynaecologists ask female nurses to be present when examining their patients because it's a situation that can be misread.
- Once, a married, male patient was making sleazy comments to me. I asked a male nurse to shower this man for me because I felt uncomfortable with that kind of behaviour at work, especially if the man is married.

If patients and healthcare workers can opt out of these situations when they can find someone else to do it for them, why can't I opt out of participating in trans-identifying men's fetishes? Or, at the very least, opt out of dressing them alone?

Healthcare workers are paid to care for the unwell. If we must now participate in men's fetishes during work hours for pay, doesn't that make us glorified prostitutes? It was wonderful to see so many people from many backgrounds at the free speech rallies who agreed this situation is wrong. I hope other health care workers will speak out about this situation and help find a solution.



***Ruth (Name changed to protect privacy)**

Ruth is an aged care worker with thirteen years' experience in aged care and three years in community. She has won numerous sporting awards. Ruth has a strong concern for the safety of her fellow aged care and community co-workers and for preservation of female sports, for both its emotional and physical benefits.

You can find out more about *Ruth's story on YouTube:

Woman Up ep 13 Ruth
<https://www.youtube.com/watch?v=ZPDLcMwjvOM>

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HeartStart is an award of HSA for health-worker students in Australia to seed-fund travel to a developing country to immerse themselves in a safe, resource-poor setting, develop relationships and gather information. From this they may be able to develop a Concept Paper for a project that may transform health outcomes for the host beneficiary group. In 2016 and 2017 we had a medical student become part of healthcare in PNG and Uganda.

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A Cog in the Engine and a Shared Cup of Tea – Dr Eleasa Sieh

Loving your neighbour one cuppa at a time



Image Arian Fdez, Pexels

During the final group reflection time at VISION 2023 (CMDFA's annual student leadership conference), the metaphor of "being a cog in the engine of God's kingdom" was used by our current National Chair, Dr Sneha Kirubakaran. Her aim was to encourage both student leaders and mentors to see our individual role as Christian healthcare professionals as part of a Grand Design to build up the body of Christ and grow His kingdom of grace and truth with those we rub shoulders with in our places of study and work.

Being a cog in an engine bears similarities to the Biblical analogy in 1 Corinthians 12 of the human body, with its various and different members, each playing its unique part as part of one whole – diverse roles united in their purpose to build up the body into maturity in Christ (Eph 4:11-13).

One of the remarkable things about both an engine and the human body is that when they work well, we don't take notice! Similarly, when the body of Christ is working well together, things happen seamlessly, and we can forget the One who designed it all to work in the first place, for our good and for His glory.

Recently I was able to reflect on how I was able to play my part as a cog in the engine through loving our refugee neighbours.

HOST International is a non-faith-based non-profit organisation that works with refugees and host communities to "build hope and inclusion"¹ – an endeavour that fits well within a Christian ethic.

"Some in this group were doctors in Afghanistan and were now looking to train to become registered to work as medicos in Australia."

The CMDFA National Office received an email from the coordinator of a professional mentor project that HOST had set up to support Afghans who were recently evacuated to Australia after the Taliban takeover in 2021. Some in this group were doctors in Afghanistan and were now looking to train to become registered to work as medicos in Australia.

CMDFA members were offered an opportunity to connect with the Afghans with a medical background to offer support and advice for their journey back into the profession. Though HOST is not a faith-based organisation, most of their participants are Muslim and the project coordinator, being a Christian, saw this as a great opportunity for CMDFA members to be a blessing to others.

Here were the first two cogs of the wheel: the HOST project coordinator and the CMDFA National Office sharing this request to the National Board and then onto the membership.

Through HOST, I was put in touch with a young doctor, S, from Afghanistan. We met over Microsoft Teams. I heard that he had been the equivalent of a resident medical officer in Afghanistan before he decided to relocate to Australia in 2021. He had moved to Brisbane with his wife, and while, thankfully, she was able to secure work as a dental assistant, S was currently working at Woolworths. His wish was to be able to work again as a medical doctor, with aspirations of becoming a cardiologist.

"... S was currently working at Woolworths. His wish was to be able to work again as a medical doctor, with aspirations of becoming a cardiologist."

I was struck by the sincerity and clarity of S' hope – hope grounded in the reality of studying for the infamous Australian Medical Council (AMC) exams, first written and then oral, and preparing himself mentally through the HOST mentorship program. His manner was deferential but also direct, and I could also sense the presence of anxiety quickening the speed of his questions.

After our first meeting, my mind scrambled to think of how best to help him. Yes, we both shared a migrant story, but I had the privilege of graduating from an Australian medical school. I had never gone through the AMC exam process, and there was little concrete advice I could offer in this journey.

There was also the danger of mentorship slipping through the cracks of my schedule and mind, packed and pulled in all manner of different directions and plans as they often are. It dawned on me that helping S organise a clinical observership at my clinic would be a crucial opportunity for his future medical career prospects. However, I was at a point in my work where I was feeling overburdened by responsibilities already. I just didn't feel like I had the mental capacity to have S observe me for two to four weeks.

Here, thankfully, the Spirit reminded me of my role as a cog. The realisation hit me that I would be robbing S of many opportunities if I remained his only mentor. I remembered that I had two other colleagues at my practice who were international medical graduates, one from Iran and the other from Sri Lanka via Russia. Surely it was no random coincidence that we had all started regular work at this clinic within months of each other. I would ask these two colleagues whether they could each have S to sit in for a day of consultations, and diversify S' learning opportunities, since we each had our particular clinical strengths and interests.



Image Hasan Albari, Pexels

The next day, before I could tell my Iranian colleague about S and to ask for his help to co-mentor him with me, my colleague offered me a cup of Persian tea. Struck by his hospitality, I asked what type of tea it was, and to my surprise, the box included my home country's name on it, as well as his own! I was humbled by the hospitality, and also tickled to find that the tea linked both of our home countries.

When S came to visit our practice to meet both myself and my colleague, it was this same tea that was offered and shared amongst the three of us as we all met together for the first time. This shared cup of tea became a symbol of the shared bond we all had as fellow image-bearers, and a reminder to me of the common grace of neighbourly love and hospitality as a means of God's grace.

Here, in this tiny meeting of the nations over a cup of tea, came further affirmation of God's cogs turning well. It turned out that my Iranian colleague was able to speak the same mother tongue as S – Farsi². Not only this, but my colleague had also gone through the AMC process himself and was familiar with navigating the possible pathways to registration in order to work as a medical professional as an overseas-trained medical doctor.

Truly, this was a divine appointment. S was able to join our practice for four weeks of clinical observation overall, split between myself and the other two internationally-trained medical graduate GPs in my practice. He also applied for and did a clinical observership at a hospital in Canberra.



Image by the Author

In mid-March, S emailed me urgently asking for a video meeting because he had been offered two job interviews for a General Practice role, the first of which that very afternoon over Zoom. I was able to impart some last-minute advice and encouragement. Ten days later, he emailed me with the good news – he had been offered both jobs that he interviewed for and had decided to accept one near the south coast of New South Wales. A sense of joy and pride buoyed me that day, alongside a hope that matched the sincerity I first saw in his eyes at our first meeting.

Through this short encounter, I was satisfied to have played my small part in showing mercy for a refugee neighbour, while also humbled by the generosity and hospitality of my fellow colleague neighbours. It was also a blessing to be part of the wider CMDFA fellowship that allowed for the connection with an organisation like HOST International and to be offered this opportunity to serve within my time-poor limitations.

In Jesus' parable of the good Samaritan (Luke 10:25-37), it was the one who showed mercy who was held as the example of a good neighbour. May you be inspired to go and do likewise, doing your part as one cog in the Golden Rule of loving your neighbour. It could even start by offering someone a cup of tea...



Dr Eleasa Sieh

Dr Eleasa Sieh works as a GP in a Brisbane clinic that is aiming to expand its relative diversity of ethnicities for the good of the community it serves in. Lately, she's been enjoying exchanging recommendations for local Korean eateries with her Thai colleague – her latest favourite dish being naengmyeon (Korean cold noodles).

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History's End: every tribe and tongue gathered into one people –Anonymous

Fallen humankind will be rescued from every tribe on earth.



Image Unsplash

Have you ever wondered, like me, what reasons there could be for the many diverse ethnicities in the world? And do you wonder, if you have seen rivalry between ethnic tribes and the rise and fall of various tribes in history, to what end is all this striving? How can we discern what is truth among the cacophony of voices speaking about diversity and inclusivity?

The world may offer guesses, but Scripture reveals the knowledge that we creatures did not originate ourselves. Scripture also reveals that at the later end of history, all tribes, tongues (languages), and nations will be represented in worship around the throne of God and the Lamb who takes away the sin of the world (*Revelation 7*).

People from all tribes on earth will have been redeemed by God – a holy representative remnant “...out of every tribe and tongue and people and nation” (*Revelation 5:9 NKJV*). God has not promised that every person in every generation of one nation would be redeemed. He has promised that a representative holy remnant of humankind would be redeemed out of every nation and tribe and language.

“The vision that Scripture reveals is inclusive of the diversity throughout the world, but is not based on humanism which elevates humankind above its Creator.”

The vision that Scripture reveals is inclusive of the diversity throughout the world, but is not based on humanism which elevates humankind above its Creator. It is instead based on the surrender of all tribes of humankind to the Creator of the heavens and the earth.

Why should there be a redeemed humankind representing all the ethnic peoples of the earth? Adam was commissioned to fill the earth, as humankind created in the image of God. He was to be fruitful and multiply, to fill the earth with the image and thus glory of God (*Genesis 1:26-28; 1 Corinthians 11:7*). Then Adam's race was enslaved by the stronghold of Satan, resulting in fallen humankind, even as it scattered and divided into ethnic peoples across the earth. This is seen in *Genesis 10's* Table of Nations and in the events propelled from the tower of Babel.



Image Adolfo Fetix, Unsplash

Yet God's explicit plan to fill the earth with the divine image and glory is still echoed through the Scriptures (*Numbers 14:21; Psalm 72:19; Isaiah 11:9; Isaiah 40:5*) – “For the earth will be filled / With the knowledge of the glory of the LORD / As the waters cover the sea” (*Habakkuk 2:14 NKJV*). So, how will this be achieved in the sovereign plan of God?

In the biblical covenants and redemptive history, we see the unfolding plan of God to fill the earth He created with the glorious image of God in humankind.

- God's covenant with Adam involved this express plan.
- God's covenant with Noah involved the command to multiply and fill the earth, with God promising not to destroy humankind off the face of the earth by flooding.
- God's covenant with Abraham spoke of all the nations and families of the earth being blessed through Abraham and his descendants.
- God's covenant with Moses revealed the chosen ethnic people and nation of Israel as carrying responsibility for the filling of the earth with God's glory, such that those who were unfaithful to God's cause would forfeit entry into the Promised Land (*Numbers 14:21*).
- God's covenant with David revealed an everlasting throne with tributaries consisting of all surrounding nations and ethnolinguistic people groups.
- And all that the prophets said about the nations and ends of the earth being drawn into the kingdom of God, and the filling of the earth with God's glorious image, is fulfilled in the New Covenant of Christ. What does God say of this Messiah? “‘Indeed,’ He says, ‘It is too small a thing that You should be My Servant / To raise up the tribes of Jacob, / And to restore the preserved ones of Israel; / I will also give You as a light to the Gentiles, / That You should be My salvation to the ends of the earth.’” (*Isaiah 49:6 NKJV*).

Christ is the image and glory of God (2 Corinthians 4:4; Hebrews 1:3), and redeemed humankind is transformed into this image and glory (2 Corinthians 3:18). Scripture pictures fallen humankind rescued from throughout the earth, with a renewed image of God.

The mandate given to Adam is thus truly fulfilled, as all of Adam's kind – humankind – is represented across all the diversity of humankind. All the earth, all the ends of the earth, all kings and kingdoms, all nations, all peoples, all families of the peoples, all humankind will worship the LORD, the Creator who is above all the gods of the nations, which are idols (Psalm 22:27; 65:2; 66:4; 72:11; 86:8-10; 96:1-9; 102:22; Isaiah 66:23; Revelation 15:4). And there are many more Scripture texts also demonstrating this truth.

Do you believe it? Do you sincerely believe that what Scripture says is true – that fallen humankind will be reached and rescued from out of every tribe on earth?

Do you believe it? Do you sincerely believe that what Scripture says is true – that fallen humankind will be reached and rescued from out of every tribe on earth? If so, how do you reckon it will come to pass? Take into view the current state of the world, in which 42.3% of the world's ethnolinguistic people groups are 'unreached' (less than 2% evangelical/5% Christian adherent),¹ about 28.5% of the world's people groups are 'frontier' (less than 0.1% Christian), and very few mission agencies send even 1% of their missionaries to frontier people groups.² Will it be fulfilled without foreigners crossing boundaries to reach more people groups? Even though indigenous missionary movements are important where there are local Christian believers, what about when an ethnolinguistic group lacks any believers to be a witness, or where surrounding local believers are not mobilised to reach frontier and unreached people groups?

Scripture highlights in Psalm 87 that the tribes of humankind's family tree most remote from God are to be redeemed into the kingdom of God, including infamous enemies of God's people through history: Egypt, Babylon, Philistia, Tyre, Cush. Even as Israel might have been staggered by this scope of God's redemptive plan, we could similarly balk at this thought, if we were to forget something vital: We could easily forget that we ourselves are undeserving recipients of God's mission and thus enjoined into it as people who belong to Christ's cause.

Of the unreached and frontier people groups, the most remote ones have been captive to idolatry and the darkness of Satanic deception without relief for thousands of years. I had my vision opened to this in a visit years ago, realising how cut off the people were, and went to meet them again with my wife in subsequent years. We heard stories of children abandoned by their parents, whom themselves had been trapped in generational cycles of sin and death. They remain without hope after millennia, under Satan's deception, seeking to appease demonic objects of worship.



Image Faterme Alaie, Unsplash

These people may seem different to us, but they are merely other parts of our family tree of humankind. And rather than us being more deserving to be in the kingdom than they are, we too are rescued from the grip of idolatries. It is not that they are so deserving of Christ, any more than we deserve Christ, but Christ deserves them. He paid for their redemption. He is worthy of their worship.

This gathering of every tribe and tongue into one unified people set apart for God is no mere human creation. We do not belong to our own cause, striving to achieve something that we set up ourselves, but we belong to Christ's story and mission, "You are not your own" (1 Corinthians 6:19 NKJV). "But you are a chosen generation, a royal priesthood, a holy nation, His own special people, that you may proclaim the praises of Him who called you out of darkness into His marvelous light; who once were not a people but are now the people of God, who had not obtained mercy but now have obtained mercy" (1 Peter 2:9-10 NKJV).

We are called to follow our Lord Jesus, the primary missionary, who astonishingly left glory and comforts to reach into humankind, speaking people's heart languages and dwelling among them, confronting the reign of idolatrous sin and death over the nations and peoples on earth. In our Lord's confrontation of sin and death in the world, He demonstrated that the dominion of Satan would give way to the kingdom of the Messiah. "Jesus answered and said to them, 'Go and tell John the things you have seen and heard: that the blind see, the lame walk, the lepers are cleansed, the deaf hear, the dead are raised, the poor have the gospel preached to them'" (Luke 7:22 NKJV).

"For God to save the world He made, what did it take? For God to save the world He made, what will it take?"

Is there another way for Christ's mission to be completed than to cross ethnic barriers and to go to the destitute captives of sin and death? For God to save the world He made, what did it take? For God to save the world He made, what will it take? Can it really be that the diverse kaleidoscope of ethnic people groups on earth separated by language and cultural barriers, needs to be traversed for God's Word to be fulfilled? Can it really be that our sovereign God entrusts this task to His people, who He saves for this purpose of being part of His redemption plans? Can it be that the momentum of history, for all the many ethnolinguistic people groups across the earth, is towards a known outcome, to bring people of all tribes into the worship of God above all gods?

This is what we were made and saved by and for: Christ's mission, for all the diverse tribes across the earth to come to the knowledge of the glory of God. This is the end for which the nations and tribes were made, and the trajectory of history that will see Christ's kingdom ultimately established through all nations and ethnic people groups.

We praise God that He has revealed the scope of His creation and redemption purposes in Scripture, which is not the invention of creatures but the awe-inspiring purpose of history! Can you believe that this is true and will come to fruition throughout the earth, even to the most inaccessible regions of earth? We are not all so disconnected – Scripture promises that at the end of history we will see every tribe and tongue gathered into one people.



Anonymous

The author is a specialist physician who has done theological training, leaving Australia indefinitely for long-term missionary service in a restricted access nation.

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Find your Dream Team in a 'mixed bag' – Dr Annetta Tsang

A team is like the body – every member matters



"The quiet members, by not speaking up, will compromise the team."

"The quiet members of the team lack personal and academic confidence."

I felt disturbed.

The topic being discussed was 'problems in teams'. In my experience, these statements are biased views – common perspectives perhaps, but not necessarily accurate.

The topic being discussed was 'problems in teams'. In my experience, these statements are biased views – common perspectives perhaps, but not necessarily accurate.

Teams are important. In healthcare, effective and efficient teams are crucial to optimal patient care. No one would argue against that. In recent years, team and collaborative skills have received increasing attention as the most sought-after non-technical skills of a healthcare professional, especially in medicine.^{1,2} In the university setting, most health professional degrees are embracing collaborative learning, team-based learning, and small group learning.³⁻⁵ Very generally speaking, team skills in these settings seem to emphasize 'communication', 'contributions' and 'leadership'. Those who are more comfortable with externalizing their ideas seem to be praised, while others who are more introspective and less outspoken seem to be overlooked or disapproved.^{3,6}

Teams are embraced at church too. After all, ministry evolves around teams.⁷

I reflected on the many teams I have worked with over the years. Interestingly, the teams that I remembered as the best teams, were not the ones with the most knowledgeable and most experienced individuals, the ones with the most extroverted personalities, or the ones where everyone contributed equally. Rather, the best teams were often a 'mixed bag' of different personalities and abilities, each contributing their uniqueness to a common purpose.

"... the best teams were often a 'mixed bag' of different personalities and abilities, each contributing their uniqueness to a common purpose."

Effective vs. ineffective teams are most obvious to me when I work in the operating theatre to provide dental treatment to very young children or those with special needs under general anaesthesia. For example, I once worked with a team in which my scrub nurse and dental assistant were both new to their jobs and had never been part of a dental list. Despite their professionalism and intentions to collaborate and be of help, it was challenging and frustrating for them and for me. The list ran overtime as everything took longer and seemed harder. By the end, we were all exhausted. It made me realize how much I relied on my teammates to complement what I do. To complement each other in a team, requires time and deliberate effort – to build trust, develop understanding, and coordinate different strengths and weaknesses.

The Bible has quite a lot to say about teams and teamwork, although these terms are not used explicitly. We need to look no further than to God Himself. The Holy Trinity is the ultimate 'dream team', the perfect 'all-star' combination. The Father, the Son, and the Holy Spirit have unique characteristics and different responsibilities but work together seamlessly to fulfill God's purposes. Biblically, it would seem, working as a team trump working solo.

Open the Bible to its first book and we read in Genesis 1, that God created Adam and Eve to be the very first team on earth (Genesis 1:18). God made them, male and female. To most of us, that meant Adam and Eve had fundamental biological and psychological differences (If you are my age, you might remember the once popular book by John Gray, "Men are from Mars and Women are from Venus"?). If teamwork works best when all team members are alike, wouldn't God have made the first team more similar?

And what about Moses? Moses did not lead the Israelites by himself. In Exodus 4, Moses insisted he was “*slow of speech and tongue*” and asked God to “*Please send someone else*”. God teamed up Moses with the “*well-spoken*” Aaron, so that Aaron could tell the Israelites what God told Moses, on behalf of Moses. Later in Exodus 17, we read that Moses, Joshua, Aaron and Hur worked as a team to defeat the Amalekites. Joshua fought, while Moses held up his hands, and when Moses became tired, Aaron and Hur held up Moses’ hands because “*As long as Moses held up his hands, the Israelites were winning, but whenever he lowered his hands, the Amalekites were winning*” (Exodus 17:11 TNIV). The Amalekites were defeated by this ‘mixed bag’ team under the Lord’s guidance. Each person contributed their uniqueness to strengthen the team. The ability of one complemented the weakness of another on the team. They trusted each other and worked humbly together, for one purpose and for one God.

Solomon, as wise as he was, did not think being alone was a good idea either. In Ecclesiastes 4: 9-12 TNIV, Solomon wrote, “*Two are better than one, because they have a good return for their labor. If they fall down, they can help each other up. But pity those who fall and have no one to help them up!... A cord of three strands Is not quickly broken.*”

Then there’s Jesus, who called 12 disciplines to help Him with His ministry while on earth. They were a ‘mixed bag’ team with a common purpose. Each discipline had unique abilities and deficiencies. Jesus did not select the best looking, the richest, or the most intelligent. Nor did Jesus select one personality over another. Jesus chose 12 ordinary men to help him do extraordinary deeds, healing the sick, casting out demons, and reviving the dead (Matthew 10:1). Jesus sent the disciplines out to minister in pairs (Mark 6:7). The disciplines’ differences meant they had complementary skills and multiple perspectives to draw upon. To accomplish what Jesus asked of them, the disciples had to work together, trust each other, be adaptable, and in so doing, they also grew as individuals. As Proverbs 27:17 TNIV puts it, “*As iron sharpens iron, so one man sharpens another.*”

“To accomplish what Jesus asked of them, the disciples had to work together, trust each other, be adaptable, and in so doing, they also grew as individuals.”

In the book of Acts and Romans, the apostle Paul worked with many others to spread the gospel and grow the church. Of the many who Paul worked with, his relationship with Barnabas is probably among the most well-known. Barnabas trusted and accepted Paul despite his history of persecuting Christians (Acts 9:26-30) and they worked together for many years. At one point, when Peter went to Antioch, Paul confronted him and Barnabas for being hypocrites. They were eating with the Gentile Christians but separated themselves when some strict conservative Jews disapproved. Paul condemned the two of them saying, “*You are a Jew, yet you live like a Gentile and not like a Jew. How is it, then, that you force Gentiles to follow Jewish customs?*” (Galatians 2:11-21 TNIV). Paul was right to rebuke Peter and Barnabas. Later, Paul and Barnabas brought John Mark, Barnabas’ cousin, back from Antioch (Acts 12:25). The three of them became a team (Acts 13:5). When the team of three left Cyprus for Pamphylia, John Mark suddenly left and returned to Jerusalem (Acts 13:13). A couple of years later, Paul told Barnabas he wanted to go on a missionary journey again and Barnabas wanted to take John Mark, but Paul thought that would be unwise given what happened the first time (Acts 15:36). This created conflict within the team, leading to Barnabas and John Mark going to Cyprus and Paul and Silas going elsewhere. Barnabas, an encourager had wanted to give John Mark a second chance, but Paul, a stern man of principle, did not want someone like John Mark on his team. After some time, Paul and Barnabas reconciled (1 Corinthians 9:6) and continued to serve together. It seemed Paul and John Mark also later reconciled. Paul even referred to John Mark as being “*helpful to me in my ministry*” (2 Timothy 4:11 TNIV). These incidents highlight that even a ‘dream team’ is not without conflicts. Wholesome rebuke is important for building up each other, but so is a forgiving and encouraging attitude. Even in his writing, Paul emphasized the importance of unity amidst individual differences.

“Wholesome rebuke is important for building up each other, but so is a forgiving and encouraging attitude.”

For example, in 1 Corinthians 12: 12-27 TNIV, Paul wrote,

“There is one body, but it has many parts. But all its many parts make up one body... If the whole body were an eye, where would the sense of hearing be? If the whole body were an ear, where would the sense of smell be? But in fact, God has placed the parts in the body, every one of them, just as he wanted them to be. If they were all one part, where would the body be? As it is, there are many parts, but one body. The eye cannot say to the hand, ‘I don’t need you!’ And the head cannot say to the feet, ‘I don’t need you!’...If one part suffers, every part suffers with it. If one part is honoured, every part rejoices with it.”

When I read this passage, I am reminded of the Luke’s Journal editorial team. In the team are brothers and sisters in Christ working towards the common goal of engaging and encouraging Christian health professionals (and others in the helping professions) to integrate faith in practice through thoughtful reflections and discussions, and support CMDFA’s vision, “to be transformed by Christ, transforming healthcare.”

The team is certainly a ‘mixed bag’. We come from different areas of health, such as nursing, dentistry, and medicine, and work in various sectors including public and private, clinical and non-clinical. We range across the ages, from those in their 20s to those in their 50s and beyond. Some are just starting out, others are jumping the hoops towards specialisation, while still others are close to or have retired.

We are spread across Australia and come from very different backgrounds. Some of us are outspoken, while others are much more introspective. Some of us are visionary and enjoy figuring out the ‘big picture’ and some of us are organised and highly efficient, while others love details and are meticulous. The roles we take in the editorial team also vary greatly from brainstorming ideas, inviting authors, proofreading, reviewing, and editing, to engaging through social media, interviewing for vlogs, coordinating sponsorships, curating artwork and photos, and overseeing an entire publication.

In the LJ editorial team, no one is considered better than another. We all have unique abilities and gifts that strengthen the team and compensate for each other’s deficiencies. For example, I was trusted with coordinating a recent issue of Luke’s Journal. It was not too difficult to come up with ideas for the issue, but I needed help sourcing and inviting writers. Those with connections and the sociable members of the team quickly got to work and generated much interest from potential writers.

Along the way, we encouraged each other and prayed. After scrutinising several drafts of the issue, I got to a point when I was just glazing over copies and not making much progress with finalising them.

Thankfully, another member stepped in with 'fresh eyes' when I reached out. The technology-social media dynamites on our team digitised and promoted the issue, and someone else developed a vlog with one of the authors. That's our team – unity in diversity. But not always... We were blessed with so many articles in the end that one member of the team suggested cutting some out and publishing them in a future issue. This led to conflict. A normally quiet member pointed out that the writers have been kept waiting for longer than usual already. An experienced member highlighted how too many articles may mean some would not be read. A discerning member who was asked to take sides very wisely kept her silence. In the end, we were able to resolve the dilemma graciously.

I am so blessed to be part of this 'mixed bag' team! I see different teammates exemplifying different strengths in their character, which together, makes for a 'dream team':

- **Humility** Philippians 2:3-4 (TNIV), *"Do nothing out of selfish ambition or vain conceit. Rather in humility value others above yourselves, not looking to your own interests but each of you to the interests of the others"*.
- **Encouragement** 1 Thessalonians 5:11 (TNIV), *"Therefore encourage one another and build each other up, just as in fact you are doing"*.
- **Gentleness, Patience and Love** Ephesians 4:2 (TNIV), *"Be completely humble and gentle; be patient, bearing with one another in love"*.
- **Forgiveness** Proverbs 19:11 (The Message), *"Smart people know how to hold their tongue; their grandeur is to forgive and forget"*.

I am also reminded of how God created each of us in His image, but we are also uniquely individual. More than that, we are made for relationships. Humans need each other. The quiet members are not 'problems in teams'. They are indispensable, just as the outspoken members are also. A team is indeed like the body, every member matters and has a function. And, just as well-selected words can save a team, so can a well-executed moment of silence!

As Christians, our common purpose under one God, our love for God, together with our God-given diverse abilities and gifts, humility, trust, love for one another, and a forgiving, encouraging and thankful attitude, are the key elements in the 'mixed bag' that lead to team synergy and harmonious collaborative team dynamics. Unity in diversity is without a doubt fundamental to building up the body of Christ in healthcare. To integrate our faith into our practice, let's be the "spark that sets the fire going"⁸, be the first ones to put others before self and use our strengths to generously help others, while humbly accept help in our areas of weaknesses. Imagine the impact, if every Christian of every team, did that?



Dr Annetta Tsang

Dr Annetta Tsang is a member of the Luke's Journal editorial team and is involved in children's ministry at her church. She is a paediatric dentist and an academic editor. Annetta is also a sessional staff at Bond University. Spending time with her family, art, books, desserts and coffee are some of her favourite things.

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Unity in Diversity within Luke's Journal – Dr Annetta Tsang

Meet some of the Luke's Journal team

In the 2020 #CMDFAlyf issue of Luke's Journal, you would have met a few members of the Luke's Journal team. Let me introduce you to a couple more team members!

Catherine Hollier



Catherine has been part of the editorial team since 2015. She is a seasoned general medical practitioner. Catherine describes herself as, "a team-builder and an encourager with a wide network of connections" who aims to develop the strengths of each team member and find a 'sweet spot' for each. She describes the editorial team as "like family" as we meet online regularly, not only to progress the cause, but also to fellowship and pray for each other, to "share in people's lives, and encourage each other in their dreams and careers". Catherine is constantly curious and learning new things to help improve and progress Luke's Journal. Her energy is boundless, and although Catherine juggles many hats, she always has time to listen, uplift, or help. She not only makes sure we 'get the job done' but also finds ways to make the process stress-free and enjoyable for everyone on the team.

Koshy Mathew



Koshy is our sponsorship coordinator, reviewer, and vlog interviewer and developer. He is youthful and has great ideas. Koshy is fantastic at reaching out to missionaries and organisations that partner with CMDFA. Koshy thinks the best thing about being part of the Luke's Journal editorial team is, "the ability to create content that helps other Christian healthcare professionals think through how they can live out their faith in their work". Koshy is a willing and altruistic member. He regularly volunteers for tasks that are not so popular (such as taking the minutes when we have our monthly meetings!). Not only does Koshy have a 'can-do' attitude, but he brings with him a great sense of humour.

Melanie Battershell



Melanie is one of our faithful proofreaders. She is organised, meticulous, and pays great attention to detail. In her words, the best thing about being part of the Luke's Journal team is "getting to read articles about practical Christianity".

What about you?



The Luke's Journal editorial team is always on the lookout for suitable members to join our team. If you are interested in serving God in this way, or if you would like to know more about Luke's Journal or the editorial team, please contact Dr Catherine Hollier at lukesjournalcmdfa@gmail.com



Dr Annetta Tsang

Dr Annetta Tsang is a member of the Luke's Journal editorial team and is involved in children's ministry at her church. She is a paediatric dentist and an academic editor. Annetta is also a sessional staff at Bond University. Spending time with her family, art, books, desserts and coffee are some of her favourite things.

Reflections on VISION 2023 – Dr Theodorus Hedwin Kadrianto

Our ICMDA Oceania representative shares his experience at the recent student leadership conference



I first learned about the VISION Conference at the 2018 International Christian Medical and Dental Association (ICMDA) World Congress in Hyderabad, India from Dr Teem-Wing Yip. Teem-Wing was the previous regional representative of the student and junior doctors' ministry in the Oceania region.

At that time, the ministry was trying its best to send Southeast Asian students to the United Kingdom (UK) to attend the annual Sydenham Conference that equips young leaders with various ministry skills and experiences. Hearing about the VISION conference was exciting since this was a new opportunity to bring Southeast Asian students to Australia, which was much closer to us compared to the UK.

I attended VISION Conference for the first time in January 2020, just before the COVID-19 global pandemic. I still remember how meaningful it was for me. It was my first ever trip to Australia after being assigned to oversee the Oceania students and juniors' ministry in late 2019 by Dr Peter Saunders, CEO of ICMDA. I came with two Singaporean and three Indonesian students and joined with Australian student leaders from various backgrounds and different states. I still remember the lessons I learned from great speakers, and, of course, great friendships!

In 2021 and 2022, I was able to attend VISION Conferences virtually, but eagerly waited for the chance to attend in person again. Thanks be to God, it happened this year in January 2023. I was very excited to come and learn about "Rebuilding and Restoration" from the book of Nehemiah, and to meet many more new friends.

"I was very excited to come and learn about 'Rebuilding and Restoration' from the book of Nehemiah, and to meet many more new friends."

This time, we were pleased and grateful to bring Ledua Ravatu, a pharmacist from Fiji, who was recommended by Pacific Students for Christ (PSFS), a ministry of the International Fellowship of Evangelical Students (IFES). We had also planned to bring three medical students from Papua New Guinea and three friends from Southeast Asia. Unfortunately, various barriers prevented them from being at VISION 2023.

Apart from our new Fiji network, I was so grateful to meet two students from Otago University in New Zealand, Luke and George, who were very friendly. George, in particular, was a very funny guy with a long beard, a faithful heart, and wisdom as well! He kindly offered a piece of his beard for anyone who did not bring dental floss to the conference.

"He kindly offered a piece of his beard for anyone who did not bring dental floss to the conference."

Even apart from international friends from Fiji and New Zealand, the VISION Conference was like a mini-World Congress. There was a huge variety of international backgrounds of each of the Australian student leaders, including Chinese, Malaysian, Hongkongese, Egyptian, Romanian, Sri Lankan, and more. We were also joined by our experienced mentors. Praise the Lord for the wonderful diversity united in the love and vision to build His Kingdom.

"Here there is no Gentile or Jew, circumcised or uncircumcised, barbarian, Scythian, slave or free, but Christ is all, and is in all.

Therefore, as God's chosen people, holy and dearly loved, clothe yourselves with compassion, kindness, humility, gentleness and patience. Bear with each other and forgive one another if any of you has a grievance against someone. Forgive as the Lord forgave you. And over all these virtues put on love, which binds them all together in perfect unity." (Colossians 3:11-14)

As a non-Australian, I felt so welcomed and that there were no barriers in the diverse Christian community at VISION. Can we say that this is also a vision for the last days, where we will enjoy worshipping Christ with people from all tribes and tongues?

We were also united with a vision to build – or, rather, rebuild and restore – His Kingdom wherever He called us. During the three-day event, I heard repeatedly that many people felt lonely in the secular context of their daily lives either at university or the hospital.

"One roommate mentioned that sometimes it was very discouraging to work in a hospital with almost no visible Christians around!"

One roommate mentioned that sometimes it was very discouraging to work in a hospital with almost no visible Christians around! He shared how uncomfortable it was to have so many conflicting values and how at times it was hard to persevere in being the salt and light in such an environment. He shared with me how inspiring he had found the VISION Conference and was encouraged to be united in the zeal, love, and maturity in Christ with other believers. He felt refreshed by the teaching and the community and he felt ready to go back to trying his best to glorify God in the 'Babylon' of his workplace.

From the book of Nehemiah, we learned how important unity was. In his first talk, Professor Andrew Cole reminded us from Nehemiah 3, that Nehemiah mobilised people from many different occupations with a united vision to rebuild the wall of Jerusalem – from priests, goldsmiths and local administrators, to perfume-makers.

As doctors and dentists, we understand how important it is that all body parts function harmoniously in unity. In the same way, we can understand how it works for all of us as the body of Christ. We are different, not just by ethnicity or demographic background, but also different in our giftings, resources, experiences, and callings. But when we come together, we share one common unified vision – that of building His Kingdom.



Dr Theodorus Hedwin Kadrianto

Dr Theodorus Hedwin Kadrianto is currently an Associate Executive Officer for ICMDA East Asia, Southeast Asia, and Oceania. He is a dentist specialising in oral medicine, and based in Surabaya, Indonesia. His areas of interest are dentistry for HIV, medical missions, politics and advocacy.

Communication and Connectedness – Libby Wallace

Are we supporting access to the Word of God for all?



Image by Crystal Sing, Canva

When you think about communication, what do you think of?

Words? Sounds? Language? What we say? How to say it?

In my 12 years as a paediatric Speech Pathologist, my understanding of communication has changed dramatically. I have had the privilege of working with children who communicate in a variety of different ways – using words, signs, pictures, gestures, and devices to ‘speak’ with others. And yet at the end of the day, the goal for these children is the same, regardless of how they communicate – their parents just want to be able to talk to them. To understand their needs. To listen to their ideas. To hear them say “I love you”.

As human beings, we have been designed to crave connectedness with others. We know that at the creation of mankind, God said *“It is not good that the man should be alone; I will make him a helper fit for him.”* (Genesis 2:18). God knew right from the start that we needed community and connectedness. How, though, do we connect with others if we do not understand one another? If I use words to speak, but my child cannot, how do I connect with them? Learn who they are? Meet their needs?

“How, though, do we connect with others if we do not understand one another? If I use words to speak, but my child cannot, how do I connect with them? Learn who they are? Meet their needs?”

While initially a parent’s goal for their child is usually, “I want them to use words to talk,” much of what I do actually focuses on helping parents to understand that there is more to communication than using words. Perhaps their child does not speak, but they can write, draw, gesture, point to pictures, use sign language, or even use a device to communicate. These forms of communication are not ‘less than’- they are different, but can be equally powerful in helping a child to connect with others: to understand, and to be understood.

To me, understanding someone’s communication style is as important as knowing their name. If I take the time to really know the children I work with, I can then communicate with them in the way that makes sense for them, allowing them to fully express their thoughts and to understand mine. Only when a child feels heard and understood, will they trust me enough to allow me to teach them the skills that they need. Without first fostering a sense of connectedness, I cannot help them to become all that they were made to be.

“Only when a child feels heard and understood, will they trust me enough to allow me to teach them the skills that they need. Without first fostering a sense of connectedness, I cannot help them to become all that they were made to be.”

These same principles of communication apply to a child’s relationship with God. We know that God speaks to people in their heart language, their first language that gives them the greatest understanding of what He is saying. How beautiful is it that God can speak directly to a child, making them feel loved and known by Him?!

But if these children do not communicate in the same way as us, do they have the same access to God’s teaching as we do?

I volunteer for my church’s children’s ministry on Sunday mornings, and I have the immense privilege of teaching children about God’s love and goodness. Most of the children in our congregation communicate with words, and so I can speak to them in a way that is familiar and comfortable for both myself and them. However, we have had children attend who have difficulty communicating with spoken words, due to hearing difficulties, attention difficulties, or difficulties processing spoken information. In these instances, I have been able to draw on my professional skills and adapt the way that I communicate so that our lesson is easier for those children to understand.

“... what about children who communicate with pictures, sign language, or devices? Or children attending services where their leaders do not know how to communicate in different ways? Are we truly supporting their access to the Word of God?”

That’s gotten me thinking – what about children who communicate with pictures, sign language, or devices? Or children attending services where their leaders do not know how to communicate in different ways? Are we truly supporting their access to the Word of God? There are resources that exist, but are they being utilised? And are they sufficient to support these children to access God’s teachings to the same degree of children that communicate with words?

Much has been done to provide equitable access to information for those with different communication needs, but there is still a long way to go. If you have children in your life who communicate differently, I encourage you to make the effort to meet these children where they are, and communicate with them in a way that allows you to truly know and understand one another. I promise you will not regret it.



Libby Wallace

Libby Wallace is a Paediatric Speech Pathologist from Newcastle, NSW. She is passionate about instilling a sense of worth and value in every child she works with, helping them to grow in their skills and confidence and reach their God-given potential.

Every Living Thing – Dr Lynda Shaw

Wisdom from God's creatures, in their vast array



Image Swiss Media Vision, iStock

“So God created the great creatures of the sea and every living thing with which the water teems and that moves about in it, according to their kinds, and every winged bird according to its kind. And God saw that it was good.” (Genesis 1:21 NIV)

God's creativity and power are on full display here. With His word, He imagines, designs, and knits together an inconceivable array of swimming, walking, flying and crawling organisms. Immense diversity throughout the animal kingdom – currently 1.5 million species have been so far been described, with up to 8 million estimated species in total¹ – with each individual inhabiting their own unique phenotype, place and purpose.

And yet, as God brings order out of chaos, He creates each according to their kinds, and places man in a privileged position as caretaker over them all. In this role, as patterns and consistencies are observed, we have classified animals into class, order, family, genus, species.

This edition on *Unity in Diversity* is an opportunity to dwell on some of the wisdom we, the caretakers, can gain from God's creatures, in their vast array.

A desire for diversity and variety was a key driver in my pursuing a career in veterinary science, and it's a desire that has been fulfilled time and again.

“...my work days have included: a swan with botulism, a constipated bearded dragon with necrotic tongue tip (following a battle with a feisty cricket who wasn't going down without a fight), enucleation on a rabbit with a ruptured globe...”

As a sample, my work days have included: a swan with botulism, a constipated bearded dragon with necrotic tongue tip (following a battle with a feisty cricket who wasn't going down without a fight), enucleation on a rabbit with a ruptured globe, a Children's python with sepsis, along with many cats and dogs, ranging from pampered 'fur-children' to the neglected and abused.

“But ask the beasts, and they will teach you; the birds of the heavens, and they will tell you; or the bushes of the earth, and they will teach you; and the fish of the sea will declare to you. Who among all these does not know that the hand of the Lord has done this? In his hand is the life of every living thing and the breath of all mankind.” (Job 12:7-10 ESV)

As a Christian veterinarian, I've been humbled time and again by the thought of how God uses his creatures to teach us.

Starting in first year anatomy, when an atheist in my group looked into the abdomen of the greyhound we were dissecting and exclaimed, “I don't know how anyone could believe in a god when they look at this mess!” To me, I could only see evidence of the great design and wisdom with which He had placed the different organ systems in their positions, each working on their individual tasks, as well as relying on and contributing to the proper function of the others.

The same Hand who created all of this, firmly holds us too. Even when our lives can seem messy and random, it helps to remember God can create order out of apparent chaos.

“Praise the LORD from the earth, you great sea creatures and all ocean depths” (Psalm 148:7-12 NIV)

In the amazing diversity that's present in God's creation, I'm reminded of some of His various characteristics.

- God's sense of humour is clear in dolphins who 'giggle' when they are playing, rats who love to be tickled, the highly entertaining mating dance of the superb bird of paradise, and in Japanese macaques who have snowball fights just for the fun of it. God enjoys his creation (*Psalm 104:31b NIV*), and it's clear He wants to share His enjoyment and delight with us.
- You can see a God who values community in geese, who fly in V-formation, without which they would not be capable of flying such long distances (the Canadian goose can fly up to 2400 km in 24 hours); or honey bees serving their purpose through various roles working to serve the larger community to ensure survival; or in squirrels whose glorious bushy tails will flick to communicate danger to their conspecifics.
- A powerful Creator creating powerful animals: the African bush elephant who is able to lift up to 350 kg with its boneless trunk; the harpy eagle with a grip strength of 530 psi – (I'm no expert in psi, but let's just say I won't be 'shaking hands' with one anytime soon); the 30 metre long blue whale, weighing a cool 150 tons and with a heart the size of a Harley Davidson.
- There are endless examples of God's genius in creation: blue whale vocalisations can travel up to 800 km underwater in good conditions, with distinctive 'dialects' in different geographic regions; symbiotic relationships such as that between anemone and clownfish, trading protection from predators for parasite control and nourishment; yaks with specific adaptations such as massive lung capacity and smaller, more efficient red blood cells to enable survival in the Himalayas, 4000-6000 metres above sea level.

God's creatures, in all their heterogeneity, never cease to inspire awe and reverence to their Maker. And God in His wisdom loves to use His creatures to remind us of how He rules over and cares for us all.

"All creatures look to you to give them their food at the proper time. When you give it to them, they gather it up; when you open your hand, they are satisfied with good things." (Psalm 104:27-28 NIV)

The stork, the dove, the swift and the thrush obey the instincts which are their natural law (*Jeremiah 8:7*), yet through Jeremiah, God yearns for His people to obey the laws he has laid down. Ravens have no storeroom or barn and yet God provides for their needs, these birds who are not as valuable to God as His children (*Luke 12:24*). Animals join us in suffering in this fallen creation, yet also wait in eager expectation of their liberation (*Rom 8:20-21*).

"And he has raised up for his people a horn, the praise of all his faithful servants, of Israel, the people close to his heart." (Psalm 148:14 NIV)

Perhaps, though, one of the greatest lessons we can learn through God's animals can be found where we are most differentiated from them.

We, unlike them, are given that beautiful title of *Imago Dei*. It was for humans that God sent His own Son – the Sacrificial Lamb and Victorious Lion – into the world so that salvation and freedom are ours for the taking.

This thought inspires me to join in with that massive, breathtaking choir in Psalm 148; sea creatures, wild animals, cattle, flying birds, kings, princes, men, women and children, all singing in one voice. Praise the Lord!



Dr Lynda Shaw

Dr Lynda Shaw is a Veterinarian working at a private small animal veterinary hospital in Newcastle. She gained a Bachelor of Veterinary Science (Hons 1), along with a previous Bachelor of Science majoring in Molecular Biology and Genetics, from the University of Sydney. She is made in the image of God and, surprisingly, has only one cat.

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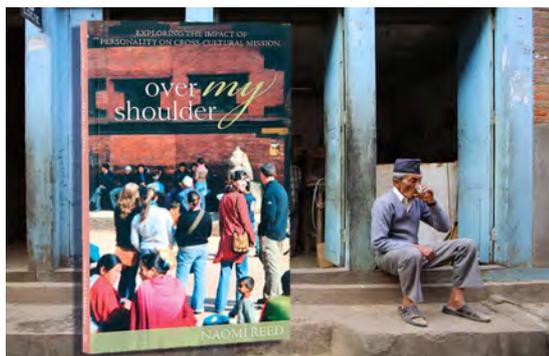
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Book Review: “Over My Shoulder” by Naomi Reed

Reviewed by Dr Catherine Hollier



I suspect that every Christian medical student, at some time or other, has wondered whether they should be a ‘missionary’ doctor.

Cross-cultural missionary work seems a natural fit for those who want to use their medical skills to benefit those with desperate health needs.

Combined with the mandate of the Great Commission, to make disciples of all nations, this is a compelling option. However, we wonder, do we have what it takes? Will we survive? What will that mean for us?

Naomi Reed spent six years as a physiotherapist working with her husband in Nepal. She developed an interest in personality types and is an accredited Myers-Briggs Type Indicator practitioner.

She also loves hearing people’s stories. (You may have read some of them in Eternity News.)

She came across a common theme in talking with other ex-patriate missionaries – *“They... seemed to be spending a lot of time looking over their shoulders and comparing themselves with someone else.”* So, she started listening to people’s stories against the backdrop of their personality types as they described their experiences cross-culturally.

She was fascinated to see patterns emerging that resonated with each personality type, and how much understanding each personality helped shape thinking and behaviour in the cross-cultural context.

Naomi starts her book with a summary of the Myers-Briggs Type Indicator (MBTI). This tool strives to identify our preferences in the way we:

- Direct or regain our energy – Extraversion (E) / Introversion (I)
- Receive information – Sensing (S) / Intuitive (N)
- Make decisions – Thinking (T) / Feeling (F) and
- Orient ourselves to the outer world – Judging (J) / Perceiving (P)

She stresses that each type is not a hard and fast ‘either/or’, but what our preference is – an indicator.

Naomi goes on to present a chapter for each of the sixteen different personality types. She heads each chapter with a descriptive title: “Connections”, “Finding New Solutions”, “Covering the Bases”, and so on. Then follows an introduction of how people with that MBTI preference might enjoy or have strengths in certain areas. Subheadings relevant to working in cross-cultural ministry outline the following:

- initial adjustments,
- frustrations,
- what I need,
- language,
- indigenous church,
- joys, and transition.

Each of these sections proposes a short explanation of how that personality type might experience each of these areas, richly illustrated with quotes from the 49 missionaries she interviewed. Finally, each section summarises the kind of areas where that personality type might thrive, what they might find difficult, and areas of growth that might be needed.

“... each section summarises the kind of areas where that personality type might thrive, what they might find difficult, and areas of growth that might be needed.”

Of course, I read the two descriptions closest to my personality type first, and felt the resonance of the experiences presented. Then I read the description opposite to those types and could recognise the dissonance there. Interestingly, the first was a description much closer to myself thirty years ago as a “youngster”. Since then, I have moved more centrally on many of the indicator questions (mellowing with age!), so that the opposite type description was not so foreign.

Naomi concludes that she is *“even more convinced that there’s no personality type that is more suited to cross-cultural ministry than another. We each bring strengths and gifts and ways of operating that are unique and are deeply needed by the missionary and national communities that we go to... We need to look over our shoulders and be thankful for the way God has made each of us uniquely and wonderfully... in order to serve him as a body.”*

As well as our differences, Naomi was struck by our similarities. At the end of each interview, she asked each what they had learnt from their years of cross-cultural service.



Image Volker Meyer, Pexels

“And the answers shifted. Suddenly, it became much less oriented to personality type and much more oriented to what we all had in common – a shared walk with God. A walk where he teaches us, prepares us, convicts us, moulds us, shows us about himself and uses every experience that we go through in order to make us more like him.”

The book concludes with quotes of heartfelt thankfulness as each describes how God has changed and taught them throughout their missionary experience.

If you are considering cross-cultural missionary work, I highly recommend this book as a reference. It will help you see where your strengths are, and also those things that are more likely to be difficult. It will give you an appreciation for the differences between you and your future colleagues. Most of all, it will inspire you with the variety of how God has made us, and the miracle of Trinitarian unity-in-diversity as we seek to fulfil His mandate: being fruitful and multiplying His children as we seek to make disciples of all nations.

Over My Shoulder: exploring the impact of personality on cross-cultural mission

by **Naomi Reed**

ISBN 1978-192-15-8901-0

2009 Ark House Press, Sydney Australia, Auckland New Zealand



Dr Catherine Hollier

Dr Catherine Hollier is a part-time GP in Newcastle who loves the richness of variety in the local church, and in patients in her practice. She enjoys being part of the Luke's Journal editorial team, encouraging brothers and sisters to demonstrate their Christian faith at work.



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Articles, letters, book reviews and lengthy news items should be submitted (preferably in electronic form) to the editors with a covering letter requesting their consideration for publication. Photos supplied should be high resolution JPEGs (minimum 500K).

Advertisements and short news items should be submitted directly to the editor: lukesjournalcmdfa@gmail.com

Book Review: Bringing Forth Life by Jodie McIver

Reviewed by Dr Kristen Dang



Image Anglican Deconess Ministries

Don't forget the mother!

The excitement of celebrating a coming newborn baby may thrust the momentous birth of a mother into the background.

In *Bringing Forth Life: God's Purposes in Pregnancy and Birth*, midwife and mother, Jodie McIver, shines light on the vulnerabilities, joys and different experiences we may have through motherhood and pregnancy. Combining spiritual, natural, emotional and medical aspects, McIver presents the journey into motherhood in a personal, educational and hope-filled way.

The book opens with a personal testimony from McIver. She shares her experiences of observing childbirth, and her revelation of its spiritual significance.

The subsequent chapters then explore womanhood, pregnancy and birth, motherhood and building a family. Educational information, including anatomical diagrams, are interspersed with brief insights into the different pregnancy, birth and motherhood experiences of various women. Each chapter ends with a series of questions, a prayer and resources which encourages self-reflection, faith and further discussion.

Purpose in everything

I was particularly encouraged by the way McIver drew everything back to purpose and identity. There are so many parts of pregnancy and parenthood that seem unseen, confusing and challenging, but McIver reminds us that none of this is in vain. Through it all, we are bringing forth life in the child we grow and raise, and we ourselves have the opportunity to reflect on what is and is not life-giving for us.

The first part of the book dives into the very core of our being. It is a reminder that we are made in the image of the life-giving God who physically created us, and spiritually saved us. In light of this, McIver further expands on the privilege of womanhood and the unique opportunity we, as women, have to "bring forth a new little life, in the footsteps of the one who gave [us] life." It is empowering to step into our identity as daughters of God.

Many options, many ways

McIver bravely and gently addresses sensitive issues throughout the pregnancy and parenthood journey. She walks us through the inevitability of a changing body shape and its effect on self-image, a review of social supports, pre-natal screening options, the role of pregnancy caregivers, difficulties with baby feeding and the importance of self-care. She encourages, empowers and challenges us to discover what choices we and our loved ones might make, and gives a number of examples to help us visualise possible scenarios.

I remember being overwhelmed by the cacophony of opinions as a first-time mum, trying to do everything suggested to me, and unsure of whether it was or was not appropriate to share some of my struggles and birthing experiences.

While it may not be possible to fully prepare for what lies ahead, *Bringing Forth Life* does give an excellent starting point, and the end-of-chapter questions often include opportunities to involve members of the wider "village" in this preparation as well.

Faith, not fear

Pregnancy, birth and motherhood have many unseen and unknown moments, but McIver's book is a companion to these.

Throughout my reading, I felt there was a strong sense of hope and encouragement to have faith and not fear. The prayers at the end of each chapter embody this faith and were a beautiful reminder to give everything to God.

In the uncertainty of screening tests and ultrasounds, we can have faith that God knows and cares. In the sleepless, repetitive cycles of newborn care, we can have faith that God sees and gives strength. In the ebb and flow of changing emotions and perspectives, we can have faith in God who is our rock and salvation.

Pregnancy and parenthood mark distinct chapters in our lives, and often come with great changes, both physically and emotionally. McIver's *Bringing Forth Life* gives us a base to prepare for this journey and share it with loved ones, while also reminding us that God is faithful throughout.

Bringing Forth Life

by Jodie McIver

ISBN: 978-1-922866-04-2

2023 Growing Faith/Youthworks Media



Dr Kristen Dang

Dr Kristen Dang is a family doctor who lives with her husband and two young children in South Australia. She enjoys the adventure of raising little people, and the joy of watching them experience the world.

Book Review:

“I’m Just Heidi! Living to the Full with Down’s Syndrome”

Reviewed by Tanya Tufanova



The Luke’s Journal editorial team is aware that this article has political implications and that, since publication, legislation may have changed nationally or in your state of residence and practice. Luke’s Journal advises that you contact your State chair if you have any questions or concerns regarding implications for your clinical practice.

“Then God said, “Let Us make mankind in Our image, according to Our likeness; and let them rule over the fish of the sea and over the birds of the sky and over the livestock and over all the earth, and over every crawling thing that crawls on the earth.” (Genesis 1:26)

“Don’t cry, love,” Jennifer says, sliding her arms around her daughter’s shoulders.

“I know I shouldn’t anymore,” Carolyn says, “but it still stings when people say my life’s not worth living.”

Jennifer smooths Carolyn’s hair with her hand. “Of course. Whose heart wouldn’t tear in two? Should I change the channel?”

Carolyn sighs. “No, leave it.”

“Women should have the right to terminate a pregnancy,” a voice emanating from the TV set says. “What about malformed fetuses? You expect them to live out their days in an asylum? That’s heartless.”

“It’s not heartless,” Carolyn says. “I live an amazing life, and I don’t live it in an institution. I live independently in my own home.”

I worry that this scenario plays out more often than we know. It seems these days there’s a multitude of opinions on how our country should run. Or perhaps it’s always been this way. Perhaps it only seems that way because some groups are more vocal now.

There’s a litany of opinions from what to do with boat arrivals, to whether we should celebrate Australia Day. This diversity of views also surrounds the issues of abortion and euthanasia. These are issues that even divide those who claim to follow Jesus. Nevertheless, as politicians and activists ‘debate’ if we should end the life of another human being, there are people listening who hear and understand a lot more than we often give them credit for.

“... as politicians and activists ‘debate’ if we should end the life of another human being, there are people listening who hear and understand a lot more than we often give them credit for.”

That’s what I found when I read Heidi Carter’s wonderful book, *I’m Just Heidi! Living Life to the Full with Down’s Syndrome*.

I know it certainly opened my eyes. Born in Coventry England, Heidi has fired an admirable campaign to change English laws which allow women to kill their unborn child if it’s deemed it has a severe disability, fearing it will impact the child’s quality of life. Heidi hasn’t won yet, but with her fighting spirit and God on her side, I can’t see how she won’t.

Heidi acknowledges life with Down’s Syndrome isn’t always plain sailing. She has suffered hospitalisations and cyber bullying, but who of us, whether we have a syndrome or not, can say that we have lived a life free of challenges? Heidi now has a paying job and has married a man whom she loves with all her heart.

I hope Heidi’s absorbing book will fall into the hands of expectant parents whose unborn baby has received a diagnosis of severe disability. It will allay their fears and fill them with excitement at what babies with congenital conditions can achieve with parental love and God’s providence.

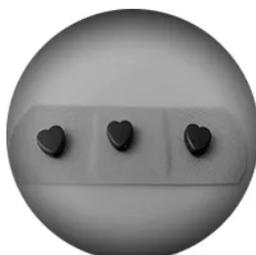
“Despite the diversity of views on an ever-growing number of issues, I hope that someday we’ll unite in the belief that all lives are precious, no matter what their stage of development or their level of sickness.”

I also hope politicians, voters, activists and healthcare providers of all categories, positions and political persuasions will read Heidi’s experience of living with a disability. It will remind them, or inform them for the first time, that we’re all made in God’s image for the purpose of reflecting God’s glory.

Despite the diversity of views on an ever-growing number of issues, I hope that someday we’ll unite in the belief that all lives are precious, no matter what their stage of development or their level of sickness. Instead of extinguishing their lives, let’s think of including them and helping them find their God-given purpose.

The Bible says God has given us all talents – some five and others one. Let’s benefit from the talents God has given all of us and enjoy the wonderful company people with disabilities can give.

I’m Just Heidi! Living to the Full with Down’s Syndrome.
by Heidi and James Carter with Steve and Liz Crowter
2022 Day One Publications, UK.



Tanya Tufanova

Tanya Tufanova is a personal care worker and aunt to one nephew and five nieces, one of which has a chromosome disorder and a learning disability. She enjoys sharing with others how valuable people with disabilities are and loves telling how God can forgive us of even the worst sins.

Book Review:

“Memories and Medicine in East Arnhem Land” by Dr Paul Mercer

Reviewed by Dr Owen Lewis



This is a little book of stories drawn from family photos and reports from Paul Mercer's father, John Mercer, a carpenter with polio affecting his legs, was called to mission in 1951.

He, and later his wife, Phyllis, served until 1964 in Numbulwar, Groote, and Darwin. Paul and his brother were born and raised during this time. Paul has returned several times and has reflected on his memories and his own call to General Practice in Brisbane.

Mercer parallels the heroic, pioneering, missionary history of not-that-long ago, with accounts of indigenous leaders and personalities that are dear to the Mercer family. These include Yulki, Paul's nanny, who later became the first indigenous priest in the Northern Territory in 2009.

It is also an account of how indigenous people in East Arnhem transitioned from traditional hunter-gatherer bark hut times towards modern mainstream life.

As a carpenter, John Mercer set up a sawmill and built houses that would withstand the wet season whilst Phyllis taught school. Both of them were instrumental in God's bringing people to faith.

The story of the building of the boat Yedikba is another illustration of salvation, bringing supplies to an extremely isolated location. There is a tragedy in the drowning of a missionary during an epileptic fit. There is wonder and rejoicing as the first airstrip is cleared and Phyllis makes the trip to Darwin bringing back baby Paul.

"The medicine aspect of the book recalls the early use of penicillin injections and polio vaccines. Malaria, leprosy, and yaws were issues the Mercer family experienced firsthand."

The medicine aspect of the book recalls the early use of penicillin injections and polio vaccines. Malaria, leprosy, and yaws were issues the Mercer family experienced firsthand. We are reminded just how vulnerable isolated communities with very limited health resources were back then.

However, although we have come a long way, there still remain huge health disparities. An interesting account of indigenous health beliefs is based on what Paul calls a porous worldview. Evidence for the causes of illness includes influences of God, spirits, and social and physical aspects.

While physical issues are the cause of simple illnesses, more serious conditions have very strong spiritual associations. When reflecting on Closing the Gap progress, Paul does not focus on clashing world views but on language preservation.

A focus on Closing the Gap targets deserves to be shared. Paul chooses some of them in which he observed positive impacts on his trips back to East Arnhem:

1. Life expectancy
2. Healthy birth weight
3. Pre-school programs
4. Children developmentally on track.
5. Employment
6. Appropriate housing
7. Adult incarcerations rates
8. Relationship with land and waters
9. Language preservation.

Both Paul's upbringing and coming to faith through the visit of the African evangelist Festo Kivengere, no doubt gave early shape to his GP career and leadership in the RACGP. He was instrumental in bringing an indigenous focus and producing resources.

The photographs in the book are like a slide show with the stories attached as commentary. They are extraordinary evidence of a remarkable history that has been well worth telling.

In some ways, this is a book of family recollections, but we are invited in to witness the much broader significance of what is being told. God's spirit has been doing remarkable things.

Memories and Medicine in East Arnhem Land
by Dr Paul Mercer
2021 Sue Kennedy Publishing Australia



Dr Owen Lewis

Dr Owen Lewis, a former CMS missionary in Nepal, now does GP locums in the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands and is on the board of HealthServe Australia.

VALE: Frank Garlick

Falling Upward – Frank Garlick’s unusual life (1929–2023)



Photo reproduced with permission from Dr MC Mathew (Blogspot 2023/01 Waymarksonajourney)

We sincerely apologise for inaccuracies in a previously published version of this article. Our editorial team strive to ensure each author's work is accurately reproduced, and we deeply regret any distress or confusion we may have caused.

Compiled together by Dr Joseph Thomas and Dr Anthony Herbert from many sources (family and friends from Australia, India and Nepal).

Frank Garlick was an ordinary man who lived an extraordinary life, one that spanned across several countries including India, Nepal and Australia. A teacher, a mentor, and a friend whose life was marked by an unusual way of seeing usual things, Frank was a humble man with a strong faith who lived to serve others. He was called to his eternal home on the 13th of Jan 2023 in Brisbane and leaves behind his wife, Val Garlick, and children Mike, Bruce and John and their extended families.

Unusual beginnings

Frank Hender Garlick was born on January 3rd 1929, in Newtown, New South Wales, the eldest of three children, to Salvation Army Officer parents George and Kathleen Garlick.

It was said that his aunt, who had been a missionary in Sri Lanka (then Ceylon), used to tell him as she walked him in his pram, “One day you’ll grow up to be a Missionary doctor”.

As his parents were Salvation Army officers, the family were transferred regularly. From 1929 to 1943 they lived in 10 homes within 14 years, throughout New South Wales and Southeast Queensland. Frank was schooled in Armidale till 1946, when he re-joined the family in Brisbane and entered Medical School. He graduated in 1951 and began work at the Royal Brisbane Hospital in 1952. He continued as a resident, senior resident, and University registrar for the next five years, during which time he passed the Surgical Fellowship and Master of Surgery exams.

In 1957, Frank was appointed Surgical Supervisor at the Princess Alexandra Hospital. In 1959, he took leave for 12 months travelling via India to the UK where he sat for the Fellowship in Surgery from the Royal College of Surgeons. In India, he visited the five Salvation Army hospitals as well as the two Christian Medical Colleges in Ludhiana and Vellore, as he considered the possibility of work in a medical mission hospital.

After his return to Princess Alexandra Hospital, he continued in correspondence with both medical colleges, and an invitation was extended for him to join the Christian Medical College in Vellore, India as a specialist surgeon.

In 1961, Frank married Val, the sister of Brian Smith who was a close friend from medical school days. Then in 1962, having initially expected to travel with a three-month-old baby, they left for India with five-month-old twins, John, and Michael. Bruce was born two years later. The Friends of Vellore in QLD was started primarily to support Frank and Val as missionaries to India.

Unusual way of teaching and interacting with medical students

Over the next eight years in Vellore, Frank was the Professor of Surgery and involved in teaching and training others in surgery.

He established a small surgical lab for students to develop surgical skills and developed an intern's manual for the care of surgical patients. He also became involved with students in the Evangelical Union and, on the side, began theological studies for a Bachelor of Divinity.

"Frank and Val opened their home to medical students and junior doctors and invited them to consider what faith in God did to medical practice. He challenged them to see their patients not as a case or a number but as individuals."

Frank and Val opened their home to medical students and junior doctors and invited them to consider what faith in God did to medical practice. He challenged them to see their patients not as a case or a number but as individuals.

After eight years in Vellore, he was challenged by the difficulties young doctors face as they work in Mission Hospitals in rural India. Senior students in Vellore told him he was playing it safe by teaching surgery in the confines of a tertiary hospital and that the real challenge was to perform surgery in ill-equipped remote mission hospitals in India.

Unusual way of responding to challenges as an opportunity to exercise faith in action

Frank decided to resign as Professor of Surgery in 1971 and took on the role of an itinerant surgeon and staff worker under the auspices of the Union of Evangelical Students of India (UESI). He travelled extensively throughout India, spending half his time visiting medical students and half his time assisting doctors in small hospitals with surgical training. Val stayed on in Kotagiri while the children went to an international boarding school in Ootacamund.

During these travels and time with UESI, Frank was instrumental in setting up the Evangelical Medical Fellowship of India (EMFI), with Dr MC Mathew and several others. Ethical medical practice, integrity in life and fellowship were to be the pillars of the EMFI. Frank always felt that his spiritual growth in early years was helped by two groups – the Evangelical Union at the University of Queensland, and Salvation Army Bible class.



Photo reproduced with permission from Dr MC Mathew (Blogspot 2023/01 Waymarksonajourney)

Unusual transitioning of a Professor of Surgery to become an Emergency Room Physician at the Royal Brisbane Hospital

Frank and Val returned to Brisbane in 1976, primarily for the ongoing education of the children, while Frank took up the position as Director of Casualty. In 1980, Frank visited several Accident and Emergency departments in the UK and brought his experience to the Royal Brisbane Hospital (RBH). Over twelve years, Frank worked through the changes of upgrading the Emergency Department, thus setting up the first emergency department at the RBH at a time when Emergency Medicine was a burgeoning medical speciality across Australia.

As he did in India, Frank provided support to doctors working in rural hospitals. Doctors working in rural hospitals (including missionaries) appreciated his calm presence, encouraging words and gentle spirit. Frank modelled to others how to be a caring and compassionate doctor, a wise and astute administrator and a wonderful mentor and friend.

Frank was active both with the Christian Medical Dental Fellowship at the state and the National level as well as with the Friends of Vellore, Queensland branch.

His interest in teaching and encouraging students was strong and continued with the same passion that he had while working in India. He was able to encourage medical students and colleagues in their medical and surgical careers, and in the parallel journey of spiritual growth.

"One enduring attribute of Frank was his ability to demonstrate a deep genuine personal interest and care to whoever he met."

One enduring attribute of Frank was his ability to demonstrate a deep genuine personal interest and care to whoever he met. In 1989, after Frank retired from the Royal Brisbane Hospital, Frank was invited to be the Medical Director in Nepal Patan Hospital providing another opportunity for Frank and Val to demonstrate their faith in action.

Frank made a tremendous difference to the services at the Hospital and training of doctors and surgeons in Nepal. He received several awards, including the Gorkha Dakshin Bahu Class IV medal from the King of Nepal for his work in Patan Hospital, the Inaugural International Medal from the College of Surgeons for his work in Surgical training for doctors in rural India and Nepal, and an Alumnus Award from the Christian Medical College in Vellore.

Unusual way of perceiving family dynamics

With the background of their own personal challenges, Frank and Val became involved in Marriage Enrichment Seminars and conducted these over the last 3 decades both here in Australia and in many places in India.

They were married for 61 years. Their relationship was not without challenges, but they always worked on making their marriage better. Their example and encouragement has been a beacon to countless marriages. Many families are still together thanks to Frank and Val's modelling and input into these sessions.

After Nepal, Frank and Val would make sure the family had a meal together on the weekend and spend time with the grandchildren. They were small but significant events and a way of drawing the family together in a time when busy lives drift apart all too easily

Unusual way of looking at faith and life

What truly defined Frank was his Christian commitment. He never wavered in his trust in Jesus, but he was always exploring and honest, seeking to grow and change. Frank had no time for a wishy-washy faith; integrity in faith and ethical practice was sacred to him. This enabled him to walk with others through their doubts and struggles. One example of his willingness to change was his decision to get baptised in his mid-forties, in a concrete water tank in India. He not only pursued further theological studies, obtaining his Bachelors and Masters, but he also read extensively and was open to discussing thorny issues in faith. One book of note was 'Falling Upward' by Richard Rohr from which Frank used to quote extensively in his discussions.

Within the CMDFA, especially in Queensland, he encouraged unity when there was diversity. He encouraged people to speak the truth, but to do it in a loving and listening way. He encouraged people to focus on the function of a committee or fellowship rather than its structure. He would say, "Physiology determines anatomy, not the other way around". He enjoyed encouraging and catching up with Christian medicos whether at the local Coffee Club, a conference or event and would also come and visit them at their hospital or clinic.

Frank was a person who was committed to life-long learning from the evangelical theological base that he had been grounded in. This was both in medicine, teaching and thinking through the Christian life of discipleship. He was a refreshingly open person to the new Christian vision of mission in the world.

Unusual humour that came through in conversations

Frank could laugh at himself and his own accent. A standing joke is how he shocked patients by telling them in an Australian accent, "I will discharge you home to die!" meaning, "I will discharge you home today"! He spoke of the many "litany of troubles he had" and the many more challenges of ageing he had to experience.

Frank taught us not only how to live well, but also to die with grace. Towards the end of 2022 Frank and Val decided that ongoing medical treatment was enough and Frank was able to celebrate Christmas with family and his 94th birthday on the 3rd of Jan 2023.

Frank's last diary entry was on the 31st January.

Sat 31st Dec 2022

"Probably the last entry
I am gratified
The family have rallied around... How blessed I am

(Funeral) Arrangements in place...

Thank you, Lord."

Thirteen days later, with Val by his side, he passed on to be with Jesus.

Frank taught us:

'To be fully alive',
'to be fully alive' to our God and His calling,
'to be fully alive' to each other, and
'to be fully alive' to the opportunities around us.

A teacher, a mentor and a friend, now safe in the arms of Jesus.



Dr Joseph Thomas

Dr Joseph Thomas trained at the Christian Medical College, Vellore. He worked in several charitable mission hospitals in India before moving to Adelaide and training in Maternal Fetal Medicine. He has been working at the Mater Mothers Hospital as a Specialist in Obstetrics and Maternal Fetal Medicine since 2008. Joseph knew Frank from his training days in Vellore and was privileged to spend time with Frank and Val when his family moved to Brisbane in 2008.



Dr Anthony Herbert

Dr Anthony Herbert is a paediatrician specialising in paediatric palliative care at the Queensland Children's Hospital. He was National Secretary of CMDFA from 2006 to 2012 and Chair of the Queensland Branch of CMDFA from 2016 to 2020. Anthony recalls a number of touchpoints of encouragement received from Frank from the time he was an Intern in 1997.



Thank you for making a difference in the lives of children and mothers in Africa.

Medical Mission Aid (MMA) is a Christian charity that supports health care in some of the poorest and most under-resourced communities. Pictured above is a remote health clinic run by one of MMA's partners. Over 300 women and children were there to receive pre and post natal care, including blood and urine tests, child checks and vaccinations. Ultrasound screening is now also available due to the generosity of MMA's supporters last year. This has already saved lives...

Please partner with us in our 2023 EOFY Appeal

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Deeper

SMBC's academic curriculum is founded on, and saturated in, the Bible – the inspired word of God. Study at SMBC will give you a deep and systematic understanding of the Bible, its theology and its application to all aspects of life. We offer academic rigour with flexibility – from undergraduate diplomas through to postgraduate research degrees – full-time and part-time.

Further

Cross-cultural mission is the very DNA of SMBC. With three missiologists on staff, weekly visiting missionaries, a missionary mentoring program, the SMBC Missions Conference, plus a broad range of missions units, SMBC excels in preparing its students for ministry across all kinds of cultural boundaries.

Wider

SMBC is interdenominational – lecturers, staff and students represent various denominational allegiances. There is mutual respect and understanding for differing viewpoints whilst holding to the heart of the gospel message. This, along with our international 'flavour' provides a diverse and healthy environment to study in.

Closer

It is a priority of SMBC that in addition to gaining a deep knowledge of the Bible, our students continue to grow in holiness with lives marked by prayer, love, humility and obedience to God. Time spent in the College community and being mentored by lecturers will help strengthen your Christian character and draw you closer into relationship with Jesus and his people.

"I've worked with a Christian GP who calls general practice the modern day confessional, because what people used to share with their priest, they now share with their doctor. I hoped studying at SMBC would help me make more of the frequent opportunities medicine offers to speak into people's lives. I'm currently in my second year studying at SMBC and I've found I've grown in confidence in sharing the gospel. My time at SMBC has also been so beneficial in growing in my understanding of the Bible and in my relationship with God, as well as a time of deep encouragement as I've made friendships with other students and staff. I know this time of learning will stand me in good stead wherever I end up in the future." SMBC student, Emma



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