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Godly Wisdom on Governance & Administration

Daring to be Progressive

To what extent have Professions and Business become more similar?

Leadership for Clinicians & Administrators

Administrative Affairs

The Influence of my Christian Faith on my Role in Health Service Management & Governance

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editorial

"The Gift of Administration" working together, working well

There has been a mixed response to the suggestion of the theme of this edition of *Luke's Journal*. Doctors and dentists are generally people of action. Administration and governance ask that risk is minimised, justice and compassion are part of the process of action and the best goals and outcomes are sought. The discipline governance can bring to action promotes sustainability.

The days of the early church recorded in Acts reflect a sense of passionate freedom and genuine community building. In Acts 6, the story of difficulties arising for the apostles in managing both the internal affairs of the new community of faith and their work of mission, forced the issue of administration into the open. A meeting was called and a group of seven deacons were chosen to administer the challenge of welfare in a 'common purse' society.

The case for good administration then is compelling. Putting together the science, compassion, technology, financing and communication of medical/dental practice, in a way that sustains the health of individuals and communities, requires good governance practice. Governance is beneficial at both grass roots and through to senior political decision making forums.

In Acts chapters 6 and 7 the character of Stephen spans the role of governance and representing Christ in the public space. Our hope is the contributions in this edition of Luke's Journal will inspire us to such a gift of administration in our own contexts; private practice, community health teams, hospital departments, university teaching or research roles and so on. Some authors have described the way the Spirit has empowered them with this gift. Some are opening new possibilities to us.

In a paper entitled *Staff perception of the impact of health care transformation on quality of care* the author Bengt Arnetz was able to identify the issues for staff subject to change. Good governance practice is likely to mirror these components of a health system transformation. They included :

1. Mental energy
2. Work climate
3. Work tempo
4. Performance management
5. Participatory management
6. Skills development
7. Quality of the internal communication process
8. Clarity of organisational goals
9. Organisational efficiency
10. Leadership[1]

I am sure we can identify with many of these components in our own work context. Whether you are involved in governance formally or informally we hope these articles both 'stretch' and 'sustain' you in your role.

Paul Mercer

[1] Arnetz, Bengt 1999. *Staff Perception of the Impact of Healthcare Transformation on Quality of Care*. International Journal of Quality in Healthcare 1999 Vol 11 No 4.

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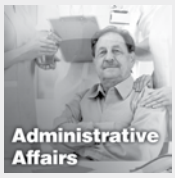

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LUKE's journal

Theme for next edition:

"Complementary Medicine"
— copy by 30th Jan 2013

Becoming an

In contemplating what to write for this article I started to wonder how I actually got to where I am.

I left medical school determined to be a clinician, medicine was a vocation and as a young Christian I believed working with people in a healing profession was my calling, it all made sense. I chose Paediatric Oncology as my specialty; there were opportunities for ministry at every turn with patients, parents and the staff. I loved my work it was rewarding and challenging intellectually, emotionally and spiritually.

Slowly over the years an idea grew that I could have an influence on the system, on the delivery of health care, on the education and training of the staff and on the culture of the organisation.

Seventeen years later I no longer work in Paediatric Oncology and 70% of my time is spent in 'administration'. And when I tell people this the common response is 'But don't you miss the medicine, the patients...'

"My work... involves 'seeing' the journey for each patient, understanding that all the little everyday details are important whilst at the same time keeping my eyes on the big picture, making sure all the pieces fit together."

The journey to 'here' has not been easy, often I feel as if I am travelling on my own and that my colleagues, the 'clinicians', are patiently waiting for me to come to my senses and return to full-time clinical medicine. My family and friends are a constant source of encouragement and support but I am not confident that they really understand my choices!

My journey started in earnest ten years ago when my CEO at the time asked me to undertake a project. I was dubious that I had the skills and experience to take on such a project however he was confident that I was the right person for the job. Several weeks into the project I met with him and expressed my ongoing concern that I didn't have the required skills. He listened to my concerns and agreed with me that I didn't have all the skills I needed for the job. Much to my surprise however, he didn't take me off the project but sent me out to get more skills.

So I did a Graduate Certificate in Change Management and a Masters in Business Administration. My eyes were opened to a whole new world, a new way of thinking and new ways to approach healthcare. I met and studied with people from different industries, other countries, with such rich diverse experience and backgrounds. I realised I had so much to learn but also that there were so many opportunities in health to improve the care of our patients.

Just over two years ago I knew it was time to make a decision, I could no longer continue with a heavy clinical load and also focus on administration. I felt like I was doing neither job well. It turned out that I had to make two decisions. The first, which turned out to be the easier decision was a decision to focus my work on administration. I knew I enjoyed the work and relished the challenge of working at a system level. The harder decision was whether to 'leave' clinical medicine. I struggled with many doubts and questions; this is what I had spent all those years training for, would I lose all my skills, what if it turned out I was no good at administration? However when I stopped and listened I knew in my heart that this is what God had been preparing me for. At the time this felt like one of the hardest decisions that I have ever made in my career, looking back I know it was a good decision, the right decisions and I have no regrets. And most surprisingly (mostly to myself) I am still a clinician, every day I am involved in patient care.

As clinicians the minutes of our day are counted by each patient we see in clinic, the patients we see on our ward rounds, the letters we write and the investigations we order. Now I have difficulty describing what I actually do each day so I asked my eight year old what I did at work, this was her description *'My mum signs paperwork, goes to meetings, gets annoying emails and gets heaps of unnecessary boring phone calls. I wish my mum worked at the snow so I could go skiing more often.'*

When I was a full-time clinician it was easy to describe my day; it was all about my patients. And now, it's not so different it is all about the patients, just not mine but patients in the care of others. If I were to describe the essence of my work I would say it involves 'seeing' the journey for each patient, understanding that all the little everyday details are important whilst at the same time keeping my eyes on the big picture, making sure all the pieces fit together.

This work takes on many forms; it may be working with individual clinicians supporting them both personally and professionally. This can be tough when they are struggling to perform their work, but rewarding when you can help turn things around

Administrator

by **Dr Emma McCahon**
Emma is a Paediatrician and is the Clinical Program Director of Critical Care for the Sydney Children's Hospitals Network.

for them. Often I work with teams, to help the team work better together and to interact with other teams for better patient outcomes. I spend much of my time refining systems to better support the clinicians. The favourite part of my job, which occurs almost on a daily basis is a request to assist with the care for a patient, not with my clinical skills but my ability to influence the system to make their journey easier.

So really administration is not about paperwork and meetings at all, it is about people, caring for people who care for patients and most importantly caring for patients.

"Often I work with teams, to help the team work better together and to interact with other teams for better patient outcomes."

Leadership for Administrators:

I've been fortunate to have been given leadership roles as a clinician, academic and administrator, at times simultaneously.

They have been great jobs, with times of joy and satisfaction, periods of anxiety and occasionally a touch of terror. At times there was a struggle with my own anxiety about whether I was doing the job well while at the same time trying to portray an external appearance of enthusiasm, calm, reassurance and control.

Has being a Christian helped? The truthful answer is that I can't be absolutely sure. I believe it has helped considerably, but I can't really prove it. I have been a Christian since I was nine years old, so I don't have a clear recollection of a period of life when I had no faith. It's just been an integral part of my existence. I've occasionally thought it would be good to have had a "before and after" experience so that I could be quite sure of the difference Christianity made by comparing it with my old life.

"In clinical roles the best team leaders regard the patient as an integral part of the team, knowing that patients and family members can be good observers with valuable insights."

Many of my colleagues and others where I've worked have known that I'm a Christian. This was a good thing but also quite challenging. I was on notice and didn't want my Master and the Christian faith to be let down by my own short-comings which were also on display.

I've really appreciated the wonderful support of other Christians in my various roles. The wonderful team of chaplains at the Children's Hospital at Westmead would often tell me that I was remembered in their prayers. I also prayed for them.

A deep source of support for over the years has been the "Paediatric Prayer Group". A group of us, (including several quite eminent paediatricians) from all over Australia, meets once each year for breakfast at the annual College meeting. The attraction is not the breakfast, which is quite modest and usually held in someone's room at the conference hotel. It's the fellowship, the prayer and the ongoing support which have been bringing us together over all these years. We share the ups and downs in our lives (and there have been many), we become aware of each other's frailties as well as our various strengths, we pray together and keep in touch by agreeing to correspond with the whole group twice each year by email. Here we share information about our work, our families and our Christian walk in the last six months. This has been enormously beneficial and encouraging for me including the development of firm friendships which have grown and been reinforced. New, younger members are added to the group and as well as the regular e-mails, we can let members of the group know of difficulties and concerns or points for praise at other times as needed.

When you are an administrator or department head you spend a lot of time chairing meetings. They can often be productive and can also be enjoyable but some of them aren't that easy. In contrast, to the Christian board or committee meeting, they don't open and close with prayer. At times Christian meetings can also be quite challenging, particularly when big issues are being discussed. I was privileged to serve as Board Chair of AFES, the Australian Fellowship of Evangelical Students. When we came to a difficult problem and were grappling to find a solution we would often pause for a time of prayer about the issue. I often had the feeling that these wonderful meetings were bathed in prayer. But when you're running a hospital, you can't really call a halt when a difficult or contentious issue is being discussed so that the assembled group can pray about it. However, I would often quietly breathe a silent prayer for guidance in these difficult situations.

What did I learn in these various clinical, academic and administrative roles and how may my faith have influenced what I learned? Some of what follows is a direct result of my experiences and learning on the job. Some has undoubtedly been influenced by my faith, but it is difficult to sort out where one starts and the other begins as both are intertwined.

Leadership can be lonely and the more senior the position, the more lonely it can be. Doctors working in leadership roles tend to occupy a "no man's land" between management and clinicians.[1] Leadership can be a delicate balancing act where clinical judgements, policies, responsible use of funds and personal loyalties all need to be considered. It often helps to clarify some of these conflicting issues if we remember that the best outcome for the patient is the focus to maintain when making decisions.

Clinicians and

A personal view

by **Kim Oates**
MD DSc MHP FRACP FRCP FRACMA FAFPHM

It's important to avoid showing favouritism. This can be difficult for some of your friends to understand but it is essential to ensure that everyone is treated equally and that there is no perception of favoured staff members. It follows that positions of leadership have the potential to interfere with friendships and make fellowship more difficult. This is where the paediatric prayer group, comprising people not directly involved in my day-to-day work, was a great support. My local church home study group was also a very good source of support. In particular, I've been blessed by meeting a lovely girl when I was 17. Six years later we married and ever since she has tolerated, supported and encouraged me, as well as keeping my feet firmly planted on the ground.

Leadership, particularly senior leadership, is not about "me". It is not about rank or privileges. It involves serving the people for whom we have been given responsibility. It helps to keep the example of Jesus, the ultimate servant leader, firmly in mind. Paul also emphasises the servant nature of leadership in several places. Eugene Peterson's translation and paraphrase *The Message* puts Romans 15:2 like this: "Strength is for service, not status. Each of us needs to look after the good of the people around us, asking ourselves 'how can I help.' "

Leadership is not about pushing our way to the forefront. Often we do have to be highly visible and up front, it's part of the job. While leaders need to be visible and be the external representative of the group they lead, it's worth remembering that in senior positions, whether clinical, administrative or academic, there is a temptation to be seduced by one's own importance, to believe all of the compliments, (obviously given by such perceptive people) and to ignore the criticisms, (clearly made by people who are whingers and don't understand). It's a trap to be aware of. Don't let the plaudits go to your head.

People are mostly respectful of those who are in charge. It is appropriate to respect the position but that's not quite the same as respecting the person. The person in the senior position has to earn respect.

I was appointed Director of Medical Services and Deputy Chief Executive in a teaching hospital when I was 36. The senior surgeon, amongst others, would respectfully come to my office to ask for my opinion or permission about something. Me? I'd been their residents not that long ago! And then it sank in. It wasn't me. The respect was for the seniority of the position and the established chain of command, a different thing. I still had to earn the respect.

A senior position does give many opportunities which may otherwise not be there. Opportunities to identify and nurture talent and future leaders, opportunities to support staff at every level, opportunities to create a culture of fairness and openness rather than one of fear and blame, (which sadly does exist in some clinical and administrative environments) and opportunities to encourage people in the organisation, not just the talented, but also the vulnerable.

Leading an organisation, or any team, includes helping to lead the members towards an agreed vision, seeking their views on further developing and refining that vision and being a team player as well as team leader. Good team leaders value the opinions of others. They teach, coach and mentor.

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In clinical roles the best team leaders regard the patient as an integral part of the team, knowing that patients and family members can be good observers with valuable insights.

A wise, former CEO from a non health related organisation gave me some valuable advice soon after I became CEO at the Children's Hospital. He pointed out that the Chief Executive doesn't have to have all of the good ideas but does have the power to help the good ideas of others become a reality.

In line with this most useful advice, it's good to appoint people smarter than yourself, or with complementary skills. This greatly helped me in building up an academic department when I was a new, young professor and also helped in writing research grants where I'd collaborate with someone who had skills which complemented my own.

Good clinical leaders should not be satisfied with the status quo. They want to bring about reform. A good way to do this is to lead reform by putting the patient first. This sounds so obvious but it is quite a revolutionary concept in some areas of clinical medicine and administration. Putting the patient first means that clinical decisions should always have the patient's best interests at heart. It also means that the patients should have some control over and input into how we care for them. They should be involved in all decisions about how they are cared for.[2] After all, their goal is the same as ours, to have the best possible outcome and to have no complications due to error. But their goals may be broader and also important: to avoid unnecessary pain and suffering, to be respected, to be listened to as well as talked to. Good leaders see services from the patient's point of view.

One way to be a champion for improving patient care is to gather data to produce evidence-based challenges to some current practices which we accept, but which could be done better.

Creating a culture of safety is one of these areas. Health professionals can be reluctant to admit errors because of embarrassment or fear of reprisal. Good leaders understand the balance between individual and system accountability. They know that the knee-jerk reaction of blaming the individual is short sighted as most errors are due to problems in the system. To reduce error and improve quality means encouraging a culture of honesty and openness with both patients and colleagues. In such a culture errors are always seen as opportunities for improvement.

It has been estimated that up to 22% of health care expenditure is related to potentially avoidable complications.[3] The Quality in Australian Health Care Study[4] found that at least 8% of admissions to Australian hospitals are associated with a reportable adverse event which could have been prevented. This figure is consistent across a range of international studies of error in sophisticated health services.[5] Good leaders don't accept the status quo. Patient safety is an area where substantial improvements can be made.

Good leaders motivate and inspire others, stimulate their team, develop the skills of others and give credit where it is due. They show integrity in all dealings and encourage others instead of wanting to control. They delegate widely and wisely and think about succession planning from an early time in their leadership. This type of role modelling helps build future leaders.

They also know how to communicate upwards to senior management and administrators as well as to patients, team members and staff at all levels. Communication should be respectful. It involves publically acknowledging the strengths and ideas of others. Good team leaders value the opinions of others, they teach, coach and mentor. The best team leaders regard the patient as an integral part of the team, knowing that patients and family members can be good observers with valuable insights.

It's useful to remember that clinicians do not respond well to changes which mean tighter control over their actions. However, they do respond to change which can be shown to improve care and outcome for their patients.[6] So it's important to engage colleagues in change, rather than decree change. It also helps to be aware that hospitals have an inverted power structure with clinicians and others often having more influence over decision-making than those nominally in control. To get effective change there is a need to negotiate rather than impose new policies and practices.[7]

Clinical leaders should develop trusting and respectful relationships with management. And administrators should develop trusting and respectful relationships with clinicians. Antagonism between clinicians and managers is destructive and not good for improving patient care.

What has my experience taught me? Well, I've often learned some of the things I've set out here as a result of mistakes I've made. I've learnt other things from experience and from good role models. In the process I've been blessed with good professional colleagues, a caring Christian fellowship, both professional and lay, been girded by my faith and supported by a wonderful family. LJ

(Some of this material on leadership has been adapted with permission from Oates K (2012), The new clinical leader, *Journal of Paediatrics and Child Health* 48: 473-476)

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The Evidence-Based **Life...**

by ***Dr Andrew Knight***
Clinical advisor to the Australian Primary Care Collaboratives Program.; GP in Katoomba,and staff specialist in general practice at the GP Unit Fairfield Hospital; Chair of the Blue Mountains GP Network and on the board of the Nepean Blue Mountains Medicare Local and NPS Ltd. Andrew holds academic appointments at the University of Sydney, UNSW and the University of Western Sydney. He attends Holy Trinity Anglican Church Wentworth Falls.

As a GP registrar in the late eighties I was captured by the promise of the evidence-based medicine movement. I loved the idea that once we knew the "truth" as the literature pronounced it we would all base our clinical behaviour on the best evidence available. Perhaps the idea appealed to my evangelical perspective.

I still try to base my clinical decisions on best evidence particularly using secondary sources such the Therapeutic Guidelines series and Dynamed which is available through the RACGP library on line. However it is clear from multiple research papers over the years that just knowing is not enough in clinical practice. The recent CareTrack study shows that not withstanding some of the best outcomes in the world we GPs have some way to go before we are providing best evidence care.

The most exciting thing I have done in medicine has been using quality improvement and implementation science to help general practices build best evidence into their practice systems. Since 2005 I have been part of the team implementing the Australian Primary Care Collaboratives Program funded by the Department of Health and Ageing and provided by the Improvement Foundation Australia. We have worked with over 1200 practices and Aboriginal Medical Services across the country focussing on areas such as diabetes, coronary artery disease, access, COPD, closing the gap, patient self management and chronic disease care. It has been wonderful to interact with many practices and see their commitment and enthusiasm for improving the care they provide for their patients. The results have been impressive and you can read about them in two recent open access publications in *BMJ Quality and Safety* (http://qualitysafety.bmj.com/content/early/2012/07/17/bmjqs-2011-000460.full?rss=1 and http://qualitysafety.bmj.com/content/early/2012/07/17/bmjqs-2011-000165.long)

The methodology for improvement has helped me in many contexts. Langley and Nolan suggest asking three questions. **What are we trying to achieve?** (set a goal) **How will I know the changes are an improvement?** (measure) **What ideas do I have about what may make a difference?** Once you have identified some ideas you test them in small steps often called plan/do/study/act (PDSA) cycles. By doing multiple small cycles building on successes and rejecting failed blind alleys you can move quickly and safely to changes which can then be built into your practice systems.

After the first workshop of the first wave of the APCC, practices came to us with a problem. They knew the evidence and understood the quality improvement methodology. How were they to motivate the practice team to make changes to the way they worked for the sake of their patients? Practice team health emerged as a major problem and a major barrier to improved care in Australian general practices.

Our response was to convene an expert panel and devise some principles to help practices improve their team health. In summary we proposed that effective practice teams

- Agree on their goals
- Communicate with other team members
- Engage their team
- Assign roles and responsibilities
- Reflect on and review what they are doing

We saw some practice teams have their first team meeting ever. We also saw the emergence of a sense that the whole team rather than the individual doctor is responsible for delivering best care. Time and again the best ideas for improvement would emerge from unexpected sources.

These principles are universal for helping humans work together though they have taken years of research to articulate. As is so often the case they can readily be found in God's word because our Maker understands us as only He can. The disciples had an **agreed goal** of "making disciples" of Jesus (Mt28:19). We read in Acts 6 that they had a team problem in that they were so weighed down with tasks they couldn't fulfil their unique role – preaching the word of God (v2). They decided to increase their team effectiveness by appointing administrators in the fledgling church (v2,3). The disciples called a meeting (v2) and **communicated** and **engaged the group** in the project. They **assigned roles and responsibilities** (v3). They made sure they chose the right people distinguished by their personal attributes and their administrative gifts (v5). These "deacons" freed the apostles to speak and pray (v4). A **review** shows their team under God was hugely effective (v7).

We all have roles in teams at work, at church and elsewhere. We can learn a lot about practice management and people management by reading our Bibles. Now that really is Evidence-Based practice… ▯

Godly Wisdom on G

For many years I was guilty of taking God's admonition to "Give to Caesar what is Caesar's and to God what is God's" (Matt 22:21) too literally. Like many before me, I compartmentalised my life into the secular and the Christian, seeking worldly wisdom on how to operate in the world and Godly wisdom in living my life beyond the marketplace.

Sources of worldly wisdom are not hard to find when it comes to corporate governance. Financial corruption and lack of transparency and accountability have rocked universally known and well respected corporations, resulting in shareholders, employees and other stakeholders losing billions of dollars. In the fallout from these losses, man's cries for good corporate governance as a panacea for public failure have given rise to libraries of worldly wisdom on administration and governance.

"Good governance concerns integrity, efficiency and effectiveness – but first and foremost it's about people."

But one day I had an epiphany (how often is failure their catalyst!) As an inexperienced manager, I stumbled into a pit of my own making. I contradicted the advice one of my senior staff was giving in good faith to the head of our government department, such that my staff member "lost face". I reaped the fruit of this action – my staff member lost trust in me to stand up for him and I eroded his confidence to move forward in his role. Praying to God for help in resolving this dilemma, God led me to Matthew 18:18:

> *I tell you the truth, whatever you bind on earth will be bound in heaven, and whatever you loose on earth will be loosed in heaven."*

This was to be an important lesson about empowerment and respect. I apologised to my officer and going forward respectful discussions were held behind closed doors and we would go to the chief executive as one.

So I became more attuned to the wisdom in God's Word, not just on how we should live our lives, but also on how we should manage our workplaces. Gradually, I came to realise that the bible was best textbook on management and administration. Experience became my best teacher.

overnance & Administration

by **Norelle Deeth**

... has held a number of senior positions within the Queensland government, including Director General of the Department of Child Safety, Deputy Director General of Queensland Health, Acting Director General of Arts Queensland and Assistant Under Treasurer within Queensland Treasury. She has also held significant Board positions, including: Director of QSuper (the Queensland government superannuation fund); Chair of QSuper's Audit and Risk Committee; Member of the Sunshine Coast University Council; Director of the Queensland Rural Adjustment Authority; and Director of the Pyjama Foundation

As a member of a number of national ministerial advisory committees in the fields of health, child protection and finance, Norelle has provided policy and finance advice to State and Federal ministers over a number of years. In 2001 Norelle was named Queensland's Telstra Business Woman of the Year for leading a major financial reform program across the Queensland public sector.

Norelle commenced her career as a high school teacher and administrator and has four adult daughters. Norelle retired from her last Board position at the end of May this year to spend more time with family, travelling and undertaking volunteer work.

During my Treasury career, I led a whole of government reform agenda that transformed government's cash accounting system to an accruals based one. But this reform was not simply about accounting for resources spent but also about accounting for outcomes achieved. It is hard to live within a finite budget – just ask sovereign governments around the world today! It is even harder to ensure that the outcomes being achieved with these funds are really worthwhile. But both are essential elements of sound administration and governance.

In my Treasury years I collated financial and performance information from many government departments. This data gave us insight into how well agencies were managing their budget. It also gave us insight into how effectively they were delivering public services. In this role, I came to realise the importance of focusing on outcomes and building trust. If an agency managed its funds efficiently and could account for wise use of these funds, the Cabinet budget committee was more ready to allocate additional resources to high priority initiatives within these agencies. I experienced, first hand, the principles within Jesus' Parable of the Talents played out in government.

The concept of finite resources can be a particularly tough one in environments such as health and child protection where lives are at stake. It is interesting to seek God's wisdom on financial planning, though this may seem a moot point, given He owns "the cattle on a thousand hills" (Psalm 50:10). Our God has unlimited means. But delving deeper, perhaps man's budgets are a tad generous. After all, Jesus fed 5,000 with five loaves and two fish – with food to spare! When Jesus sent out the twelve disciples to fulfill their mission, His instructions were clear: "Take nothing for the journey – no staff, no bag, no bread, no money, no extra tunic." A journey of faith and trust is a difficult one, but our God can take a little and use it for much. I trust my prayers for God's protection of abused Queensland children augmented our departmental budget in cost effective ways I couldn't see with my natural eyes.

In many organisations, resources are in the hands of managers working on behalf of the resource owner (such as shareholders or taxpayers). A common element of sound corporate governance is the independent oversight of management actions to ensure the rights of company owners are clearly recognised and upheld. Boards, with the right balance of skills, experience and independence, provide one such oversight mechanism. However, the existence of a board, *per se*, is certainly no guarantee of effective corporate governance. Stories of board failures are not hard to find. Having participated on a number of boards, I recognised that there was no such thing as a free ride. The duty of care responsibilities were too great. I truly valued organisations that provided high quality Board information to ensure Board members were fully informed on strategy, performance, budgets, risk and audit perspectives. I was also thankful for Chairs who were clearly independent and had the best interests of the owners at heart. Robust, well-informed discussion and respect for divergent views were other signs of a healthy board.

But the aforementioned components of a sound corporate governance system miss the most important factor. HIH insurance had an award winning oversight and monitoring model but it was clearly ineffective. Why is this so? In the final analysis, people are far more important than policies, processes and structures. Good governance concerns integrity, efficiency and effectiveness – but first and foremost it's about people.

Trite but true, effective workplaces have vision and passion. Clarity of role and business objectives give staff focus and direction. They are committed to the greater good. Personal agendas give way to public service. God's wisdom endorses the importance of a clearly articulated strategy focused on achieving outcomes for others. After all, some of the last words Jesus spoke on earth set out a clear strategy for mankind in administering the resources God entrusted to us: "Go and make disciples of all nations, baptising them in the name of the Father and of the Son and of the Holy Spirit and teaching them everything I have commanded you."

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God taught me lessons, not only out of my own failure, but the failure of others. I find myself reminiscing on one of the most soul destroying work environments I experienced in order to identify my most powerful lessons in leadership and management. While I have had the privilege to work with amazing leaders who taught me wonderful skills, in this case the organisation was led by an executive who was power hungry, plotted to achieve personal agendas rather than planned to promote the public good and pitted his "yes men" against ethical hard-working staff. Intrigue and subterfuge was rife. Trust was non-existent. It was a disempowering workplace where staff were more concerned at not being caught in the crossfire than in delivering quality outcomes for the public.

"Effective leaders build co-operation not division. They value and affirm each staff member. They don't play favourites."

The culture of an organisation and the integrity of its leadership and staff are critical. Firms that adopt a theoretically sound model of corporate governance and then pay lip service to it, viewing it as a legal ritual, are like the man who sits in church on a Sunday but has a cold heart, seeks no personal relationship with our God and ignores His commandments and teachings for the other six days of the week. For what gain? If the God of our universe cares much more about who we are than what we do, then how important is it for us to heed this aspect.

Effective leaders build co-operation not division. They value and affirm each staff member. They don't play favourites. They are inclusive and involve staff in shaping strategic directions to build shared passion and commitment – two well-known characteristics found in high performing teams. Effective communication ensures all staff are informed and empowered.

The marketplace calls for codes of conduct in recognition of the importance of the "people" factor. But ethics and integrity demand more than mere compliance with a code of conduct, helpful though this may be. It requires people to exercise judgment and accept personal responsibility for

the decisions they make. A sense of personal responsibility can only develop in an environment where choice is a genuine option. How wise is our God! He has given us commandments, leadership examples, teaching … but ultimately He has given us free will. Where all or most matters are decided in advance by legislature or regulators or senior executive, individual officers and boards are (somewhat paradoxically) relieved of their sense of responsibility. All manner of wrongs can be committed by otherwise decent people who have suspended their judgment in deference to the authorities.

Having worked closely with, as well as in, a number of government departments in my career, I have experienced many different cultures. Leadership is key in creating and sustaining the culture of an organisation. The character of those who lead the organisation is more often than not reflected in the values and culture of the organisation they lead. This is true of both strong and weak leaders. Strong leaders shape organisational culture and values, while weak leaders succumb to the prevailing ones. Leaders of courage, righteousness and wisdom are jewels in the corporate governance crown. Those that act in the spirit of public service rather than in the spirit of self-interest. Those that build trust and respect in their staff. Those that have the courage and moral fortitude to discipline inappropriate behaviour or work ethics, hard though this may be. Such leaders are excellent insurance policies against the worst excesses of corporate governance failures. High trust correlates with low cost. This is especially so when ethical commitments are reinforced so that they become part of the deep structure of organisations. Far less supervision is required. And where rules are silent or ambiguous, there is still a basis for proper action. Now that sounds like the Kingdom culture to me!

Daring to be **Progressive**

by ***Dr Peter Keith***

As a Christian doctor and GP near the end of a long career, I have been asked to reflect on my experience of choosing to be part of the General Practice reform process since the early 1990s.

I want to highlight what values and attitudes shaped my choices, and to reflect on the journey – highs, lows, challenges and lessons learned.

I became a committed Christian at age 15 through a strongly evangelical Sydney Anglican church. My faith was shaped through Bible teaching, EU, IVF conferences and reading.

I remember in my second year of Medicine at the UNSW doing a mandatory humanities subject. I chose something like "Revolutions and Reformations". I remember being impressed by John Calvin and the Reformed tradition's deep commitment to vocational excellence and the strong application of Christian faith to social action and engagement with society.

Six years of medical missionary service in Tanzania in the 1970s challenged me to committed professional service alongside evangelism.

Back in Australia in the 1980s saw me experience the then largely cottage-industry style of general practice, that was increasingly under scrutiny. It seemed disconnected from the broader health and hospital system. It had no effective broad infrastructure support.

Around 1990 a significant "General Practice in Crisis" summit was held in Canberra. These were the days before vocational registration, before Accreditation, and before Divisions of General Practice.

To his enduring credit, Health Minister Mr Brian Howe spearheaded Government initiatives to set up and fund ten Demonstration Divisions of General Practice in 1992.

In 1993 I put up my hand to kick start, from a second round of Divisions, one for Wagga Wagga and District. For me it meant taking 2 days a week off normal GP work. I managed to find a Christian colleague, semi-retired, to cover me. It was entirely new to me. There was a steep learning curve. I had a few supportive colleagues of moderate disposition who were prepared to support this new venture which would provide much needed infrastructure, and project support to general practice. There were some vocal opponents and detractors, even within my own Christian-based practice!

I remember a certain GP colleague publicly in a hospital ward name-calling me, and saying "Watch out for this fellow – he is torpedoing general practice". I pressed on! I did get helpful support from key academic professors, and like-minded colleagues.

I remember the very vitriolic debate in "GP land" over the mooted introduction of accreditation in 1994-95. I was fortunate to be on an exploratory group from various divisions that visited every state in Australia meeting GPs. I discovered a few brave souls who had thought progressively through the issues, but ever so many more who were very conservative, and unwilling to change. It made me think through how even conservative Christians who want to progress their faith, can be stuck in excessive conservatism. Even the three big groups. AMA, RACGP, and Divisions Network were poles apart!!! Again it was Government to the rescue, after money was laid on the table! I smiled! I knew where I stood.

At one stage when there seemed a complete stalemate likely, four of us Division leaders conspired together voluntarily to set up an "Accreditation Company" for $1000. One witty medical magazine discovered our "plot" and published a gorgeous cartoon with four bunnies in a sports car, holding "Accreditation" placards, and the heading was "GPs A Credit to Themselves"! I was happy to be a bunny! Accreditation came in and is now an important part of quality assurance in contemporary general practice. Again an interesting "parable"!

I have witnessed the transition from smaller Divisions of General Practice to larger Medicare Locals. I have again witnessed, to a small degree, the old spectacle of power plays, ego trips, entrenched conservatism, and unwillingness to do team work well. I am impressed with quite a number who are professional and progressive, attempting to meet real community needs. Big picture stuff!

From an organisation that started on my front verandah with one person in 1993 to a very large organisation nearly twenty years later, I can only thank God that my Christian faith was sufficiently robust and progressive to allow me to be part of a significant reform movement in primary health care. May it continue!

To what extent have **Business** become

In this article we review in some detail some of the developments in both business and professions and their interrelationship in recent decades. Aspects of these developments raise important further questions which we can only touch on in this article, but which are beyond the scope of this article.

Professions – Origins, Developments and Questions

The origins of professions lie in the concept of vocation – a calling to which the professional committed him or herself, to serve the needs of the community beyond personal (including economic) advantage. The religious roots of the call to service, as well as to priesthood and other forms of religious life, are deep, and embedded in the origins of the three great professions of church, medicine and law. The disciplined lifestyle and commitment to learning and service that characterised the development of these original professions have led to significant community respect and, in time, the ability of professional bodies to codify their activity and in particular limit who may practice the profession and how they do so.[1] In more modern times this recognition of professions, and the resultant power accorded to them, has led those in other areas of activity and with other bodies of knowledge to aspire to recognition as professions also.

"Ethics in business has never been needed more than now."

An important area where professional groupings have exercised influence or control over those practicing in the particular discipline has been the ethics with which those practitioners conduct themselves. For example, in the medical profession, issues of patient confidentiality, the extent to which the practitioner explains the options and risks to the patient, and who makes the choice of treatment, are all the subject of professional codes of ethical practice.[2] These influences or controls typically focus on protecting the interests of the client or patient, but also on the interests of the profession, and sometimes the public interest (however defined).

Particularly as business has globalised, professions serving it directly (such as accounting, law, and the growing array of management consulting services) have increasingly functioned more like businesses than traditional professional practices.[3] And as more professional services (particularly in health-related areas) are funded – and increasingly managed, or at least circumscribed – by government, the nature of the traditional relationship between professional and patient or client has changed.

Factors illustrating these and other changes in the ways in which professions have increasingly functioned in recent decades include:

- Employment of professionals, particularly when funded directly by government, versus the traditional self-employment;
- Ownership of professional service firms by other entities;
- Increased commercialisation and competition of professions, and other more business-like elements, versus the traditional cooperation between professionals;
- The growth of multi-disciplinary practice, particularly in professions serving business.

These developments suggest that in a number of areas of practice and in various respects, professions have become, or are in the process of becoming, more like businesses than was the case a few decades ago. If so, does it matter? But is there anything more than snobbery separating professions and businesses? In an increasingly corporatised professional world, are there aspects of traditional professions which are worth preserving? Without considering these questions rigorously, we argue that there are differences between professions and business which should be preserved, whilst agreeing that professions can learn from business as regards such aspects as efficient management and organisational structures. We do not have space to address these questions in more detail here.

Business – Confidence, Challenges and Questions

Mention of business ethics often evokes the response – "That's an oxymoron!", or more thoughtfully, "Ethics in business has never been needed more than now". The truth is that ethics in business is needed all the time (but particularly when it has the lowest priority, during a boom), and not just when it's most talked about (e.g. during crises, especially when ethical failure is most evident). Business cannot function satisfactorily without ethics.

Appropriate legal, regulatory and property ownership structures are essential, but for

Professions and more similar?

by ***Chris White*** *&* ***Gordon Preece***

"In a number of areas of practice and in various respects, professions have become, or are in the process of becoming, more like businesses than was the case a few decades ago."

business to thrive there also needs to be an underlying ethical framework, a core of accepted ethical behaviour. If there is insufficient trust between parties to a potential transaction, it is very difficult for it to be agreed and successfully concluded. (e.g. in constructed "nations" made up of rival tribal groups, a truly national business environment can be almost impossible). Even in countries where structures are broadly appropriate to an effective business environment, unethical behaviour, particularly if there is collusion or corruption by significant commercial, political and/or regulatory entities (e.g. the devastating impact of Enron's collapse, which while primarily due to disgraceful behaviour by the executives and board, also involved collusion by the auditor, and inadequate exercise of – admittedly inadequate – regulatory powers).[4]

Encouraging or enforcing agreed ethical business behaviour is made more difficult as business has globalised. The impact of legal, regulatory and property ownership structures, still largely specified at a national level, is weakened considerably in these structures' application to transnational businesses and transactions. (It is true that globally, and in some regions – Europe especially – there are transnational agreements and regulations impacting business, but these developments remain a minority.) And the rise of the internet, particularly in retail businesses, has exacerbated the difficulty of regulation (but has also enabled consumers to bypass inefficient retailing structures).

There is widespread scepticism of the morality of business, and while there is plenty of evidence of bad business conduct (corrupt and otherwise), it is not clear that business leaders as a group are greedier or otherwise less ethical than people generally. Suspicions about business morality, or rather the lack of it, are aggravated by the disruptive nature of business, especially in its constant need for innovation, as new approaches are sought and tried in the never-ending search for new markets or preservation of old ones, and aptly described as "creative destruction".[5]

Business management and/or governance have traditionally not been seen as professions in quite the same way as law or accounting, albeit similar skill levels may be required in employees or directors specialising in say IT, marketing, or business strategy.[6] But these distinctions are breaking down, and so the corresponding questions to those raised above in relation to professions are: Is there any aspect of the older notion of the profession which could usefully be imported into business management and governance? Or does the creative destruction inherent in business put it in a fundamentally different space to professions? Again, we can only address these questions in a limited way in this article.

"Lack of transparency and misalignment of product/service and/or remuneration structures with stated or implied stakeholder goals, have often served to blur the former distinctions between business and professions."

Specific Factors Blurring Distinctions Between Professional and Business Environments

As well as the background principles and particular developments in professions and business reviewed above, there are three factors where analogous (and in some cases, related) changes have been occurring in both professions and business which, while impacting each in differing ways, in our view are having the overall effect of blurring many of the former distinctions between business and professions.

Service/Product and Advice Packaging, Employment & Remuneration

Whilst high-skill/low-supply professionals have always charged substantial fees (often related to such factors as degree of difficulty, capacity to pay, or size of transaction), in recent years business-related professional firms have started structuring fees with a substantial "performance-related" component (such as a "success fee" in advice on a takeover bid, or a "no-win-no-fee" basis, now often used in class actions). Further, provision of these professional services in conjunction with other (often financial) services or products, in some cases involving complete "package" arrangements, with rewards to the professionals involved extending well beyond the specific professional services provided and in some cases including ownership positions in the client activity, means professional services in some areas are increasingly part of larger business arrangements. The professionals involved are often in actual or potential conflict of interest situations (e.g. working for the deal not the client, or constrained as to services or products to recommend).

These conflicts and constraints on professional advice extend beyond business-related professions. For example, advice and services provided by medical and related health professionals are often constrained by limitations of government funding (e.g. of the Pharmaceutical Benefits Scheme), and in some cases by the terms of employment of the practitioner (e.g. in a hospital, whether public or private). Sometimes the conflicts and constraints are more implicit than overt, e.g. in the case of medical practitioner/researchers whose work is funded by pharmaceutical companies.

The traditional professional, self-employed or in partnership with similar professionals, charging a fee for service, carrying or insuring professional liability risk, and with no other associations leading to actual or potential conflicts of interest vis-à-vis the client, arguably provides the most transparent relationship. The scope for compromised advice and abuses is greatly increased where this transparency is compromised. Many of the worst examples arise in relation to fees and remuneration, which if not transparent and related directly to the service provided can lead to bad advice, or inappropriate services and products being sold. A contemporary example is individual financial planning, which aspires to professional status, but which has a history of commission-based remuneration (paid by the successful product provider, and often undisclosed to the client or prospect), and resultant selling of expensive or otherwise unsuitable products. Counter to the development outlined in the prior two paragraphs, this "industry" is now moving to fee for service, with no commissions, prodded by greater public exposure and government pressure, but also due to its aspiration to be regarded as a profession.

Turning now to business management and governance, a significant difference from the practice of earlier decades, emerging relatively recently, is the vastly increased willingness of companies apparently to pay whatever it takes to hire CEOs and other senior executives who promise "outperformance" – and even to negotiate remuneration arrangements which reward well when performance is anything but exceptional (or even poor), probably in the expectation (or hope) that such circumstances are unlikely to arise. Whereas directors or senior employees of a business were once paid a fixed fee or salary, very frequently they now effectively have substantial "equity" interests in the business, often with "downside protection", interests which arguably transcend the equity interests of shareholders.[7]

Particularly when these corporate remuneration arrangements are badly aligned with the frequently long term interests of other stakeholders in the business (which can arise when significant short term incentives are provided to executives), the scope for conflicts of interest in the management of the business is obvious.

The overall point here is that lack of transparency and misalignment of product/service and/or

remuneration structures with stated or implied stakeholder goals, have often served to blur the former distinctions between business and professions. They have also led to reduced public confidence, and have often been a major cause of increased regulation, which has not always been either effective or efficient.

The Agency Problem

Whether individuals in professional practice, or employees or owners of a business, people in professions and business are frequently confronted with the clash of their own ethical principles (or lack of them!) with those of their client or employer. In some situations, a third party can also impact upon issues with an ethical dimension (e.g. medical practitioners using the facilities of an Australian Roman Catholic hospital, where government and regulatory policy can bear upon the provision of abortions).

Whose interests do employees or professionals serve and whose ethical principles are they to follow when they act as agents of another?

The minimum requirement is (usually) what is legally required in the situation – whether of the employee or professional on the one hand, or the employer or client on the other. This might be expressed in statute or common law, contract (e.g. employment or service contract), or professional code of conduct. But even here, there can be contentious areas where the law, contract or code is not clear, or where new circumstances raise doubt as to how it applies.

The difficulties arise more broadly when we consider the conscience or ethical reflections of either party to the relationship, suggesting or requiring conduct which goes beyond the "legal". Legal theory accepts that law will not always go as far as society's generally accepted ethical norms might suggest, not least on the grounds of effective enforceability, but also recognising the diversity of public opinion and the desirability of personal freedom (subject to protecting the rights and interests of others). Thus the question arises as to how far individual conscience and ethical values, beyond the requirements of law, can determine conduct in employment or professional relationships.

While most of the discussion and case studies on the agency problem deal with examples where the employee or professional has ethical concerns about what the employer or client is requesting or requiring of them, the reverse can also occur (e.g. where an employer has ethical concerns about how a salesman is meeting his targets, or where a family has concerns about the treatment being provided to a terminally ill parent).

Christian ethical discussion of the agency issue deals with scriptural and other ethical principles, and recognises the ambiguity involved. For example, in dealing with agency ethical dilemmas for employees, Hill distinguishes two approaches – the submissive (in which the employee complies with any legal demand of the employer), and the purist (in which the employee is unilaterally guided in acceptable actions by his or her own conscience): Hill has more criticisms of the first than the second.[8] However in discussing the resolution of ethical situations involving ambiguity he recommends that employees

- accommodate their employers as neighbours (*inter alia* citing Paul's recommendation to the Roman church that they avoid eating meat offered to idols, not because it was wrong, but because it might offend others (Rom 14:1-4));
- are tolerant in morally ambiguous situations (*inter alia* citing group charitable giving which is mostly used in ways ethically acceptable to the employee, but where a small percentage is used to advocate, but not perform, abortions);
- are not paternalistic (relying on scriptural depiction of God as valuing free will so highly that sinful behaviour is tolerated);
- facilitate positive solutions to ethical dilemmas (prioritising ethical issues, maintaining open and constructive dialogue, etc).[9]

These principles seem sound, and mitigate against taking extremist or single-issue ethical positions, to which some Christians can be prone. Conscientious application of Hill's recommended approach will not always resolve the issue, however, and resignation by the employee or professional, or termination of the contract by the employer or client, may sometimes be the least undesirable outcome.

But it is also true that, in the public mind (no doubt influenced by more aggressive media reporting and commentary on high profile cases), agency problems and the responses to them of the parties involved are evidence of ethical failures in both business and, increasingly, professions.[10] While it is no doubt true that business has always exhibited cases of failure to deal adequately with agency problems, it does seem that the apparent incidence of such failures involving professionals have increased over time, perhaps due primarily to the impact of increased reporting. Whether or not the underlying level of such failures involving professionals has increased in fact, the impression that it has has been created, and hence a further area of distinction between business and professions has been blurred, at least in the public mind.

Knowledge and/or Power Differential

An employment or professional/client relationship usually involves disparities of knowledge and/or power; these have changed noticeably in recent decades.

In the case of employment, the last few decades have witnessed the decline of the coverage and power of unions, and with it the decline of centralised determination of wages and conditions (witness the Howard government's *Work Choices*, modified by Labor to *Fair Work*, but still a long

way from the situation under the former Arbitration Commission). Consequent of these changes have been the increasing use of alternatives by employers such as contractors rather than employees, and other forms of outsourcing (often to cheaper or otherwise preferred arrangements overseas). Businesses in high wage economies such as Australia are increasingly moving out of lower skilled industries, or are outsourcing lower skilled work segments, and hence are concentrating increasingly on service rather than manufacturing industries. It is not our purpose to assess the rights and wrongs of these changes, but rather to point out that the power balance has generally shifted in favour of business, and arguably also in favour of the more highly skilled and mobile employee, particularly if he or she has technical knowledge which is in high demand. In such cases the differential is more one of knowledge than power, but the two are intimately related.

"...the formerly terrified, intimidated and ignorant patient recently diagnosed with cancer will often now have acquired much internet information about their condition and treatment options."

In many situations the professional/client relationship has also changed concerning the differential between the parties, primarily as regards knowledge. Increases in the level of education in business and community generally, and particularly the internet's impact, have meant that many users (or in some cases, former users) of professional services are now much better informed about the subjects on which they are seeking (or previously sought) professional advice. For example, the formerly terrified, intimidated and ignorant patient recently diagnosed with cancer will often now have acquired much internet information about their condition and treatment options. While it may be true that "a little knowledge is a dangerous thing", the patient is at least much better equipped than previously to ask intelligent questions of the professional, and to probe what were once described as "doctor's orders". Particularly in medical and related professions, the impact of professional liability claims and the requirements of insurers has also made it essential for practitioners to explain alternatives and risks in reasonable detail, leaving the decision to the patient/client (albeit the practitioner will usually make a recommendation, which in many cases will prevail).

As well as greater levels of public, or at least client, education reducing the differential between the parties, scandals have led to a reduction in professional esteem, and have increased the willingness of clients to question professional advice, especially if it is packaged (as mentioned above) or if there are other suggestions of conflict of interest.

Thus changes in the relative knowledge and/or power differentials in both business and professions have further blurred the former distinctions between both, especially in the broader public perception.

Conclusion

Our conclusion from the foregoing discussion of separate influences on business and professions, and of the three specific factors outlined above (which, we argue, have often influenced both business and professions in related ways) is that the former, more distinct differences between the two areas of activity have become more blurred, at least in the wider public perception. In broad terms, the reputation of professions has been "dragged down", nearer to that of business. LJ

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Adventures of a **Lifetime**

Volunteer experiences that will help others, and in the meantime, change your life.

"Our goal is to work ourselves out of a job", said Medical Coordinator, Hannah Peart, RN.

A medical ship sailing from Townsville to Papua New Guinea has captured the imagination and hearts of many over the past three years. YWAM Medical Ships (YWAM MSA) is seeking to actively develop communities by addressing the health care and training needs in Papua New Guinea (PNG). It works in conjunction with AusAID's commitment to the UN's Millennium Development Goals and the PNG National Health Plan.

Peart said, "the communities we visit are extremely isolated with very limited resources and services available to them,"

John Phillips on board the YWAM Medical Ship. Photo: www.wywamshipos.org.au

Since 2010, YWAM MSA has provided 93,354 training and health outcomes in PNG; including primary health care, childhood immunisations, dentistry, optometry, ophthalmology, and education in association with key stakeholders and partners.

YWAM MSA volunteer and former Australian Army Medic, Wayne McMurtie, said of his time with the medical ship, "the experience both personally and professionally was just amazing. It is an opportunity to go and see places that you would not normally get to see if you were going to go and travel somewhere as a tourist, but the impact you make on people's lives is amazing".

McMurtie says he recalls volunteering in the primary health care clinic and seeing a young boy walk in with a wound the size of a machete knife across his leg. So deep and wide was the gash that his little leg looked as if it might fall off. The young boy's condition was critical; if he had waited a few more days without treatment, he would have most likely lost his leg.

The medic and trained nurse provided immediate treatment until the boy stabilised. After a few days, McMurtie and others in the medical team returned to review the boy's condition and found him healing well.

McMurtie says the experience changed his life. After his time volunteering in May 2012, he says he hopes to return to Papua New Guinea at least once a year with YWAM MSA. He also says he would recommend the experience to anyone.

Dentist, John Phillips, from Ballina, New South Wales, travelled to Papua New Guinea (PNG) to add to the thirty two PNG National dentists working in the country.

The dental needs in Papua New Guinea are extreme. Thirty two national dentists practice in a country of roughly seven million people. This means communities in remote areas will live and die without having ever seen a dentist. This has huge implications, as expressed in the story Phillips shared.

Of his time with YWAM MSA, Phillips shares a memorable anecdote, "Near the end of the trip, one PNG lady with good English skills who was helping us asked me to look in her mouth. She had paddled down the creek for two days and brought everyone from her village to see us. All her teeth were snapped off at the gum and she told us that two months ago she had a toothache and didn't know which tooth the pain was coming from. She had snapped off her teeth one by one until she found the abscess so it could drain. By the time she saw me, there was pus dripping everywhere and we had to take out 17 of her teeth."

Phillips has been on three outreaches with YWAM MSA and during his last outreach, Phillips gave 530 dental fillings and extractions. The Ballina dentist often returns home feeling inspired from his adventures in PNG and would recommend the experience to anyone.

YWAM MSA will be conducting six 18-day outreaches and one one week outreach in 2013 and is now accepting registrations for doctors, nurses, midwives, physiotherapists, dentists, dental assistants, optometrists, ophthalmologists, scrub nurses, orthoptists and general volunteers. To find out more information about volunteering, visit www.ywamships.org.au or phone YWAM MSA's headquarters in Townsville, (07) 4771 2123.

The Clothes of **Good**

On one level it seems a little farfetched to even make the comparison. We live in a modern state, governed by a parliament, democratically elected. Most of the Bible was written under the control of various empires, themselves headed by kings or emperors. Can books written in such a context have anything to say to our world?

When we look at specific examples it doesn't get any easier. Take Colossians, for instance. In Colossians 1:15-20, Paul makes a whole bunch of grand sweeping statements about Jesus. Listen to the text:

> *He is the image of the invisible God,*
> *he firstborn of all creation;*
> *for in him all things in heaven*
> *and on earth were created,*
> *things visible and things invisible,*
> *whether thrones or dominions or rulers*
> *or powers –*
> *all things have been created through him*
> *and for him.*

In a world where the image of the gods was seen in the emperor, Paul makes the audacious claim that it is in Jesus – a failed Jewish messiah – that God can be seen. In fact, this Jesus, who was killed at the hands of Roman authorities, is the one through whom and in whom all *thrones and dominions and rulers and powers* have been created. This means that the throne of Caesar, his dominion over the nations, his rule and his power over so many peoples – all of that exists only through and for this failed messiah. That would certainly put the pretensions of the empire in their place.

"What does this rule of Jesus look like in the lives of Christians who want to be involved in governing?"

In fact, this Jesus also holds all things together (1:18), just as Caesar was supposed to. In fact, he makes peace, just as the empire does, through the blood of the cross (1:20). There is an enormous difference here, however, for whereas Rome made peace by *inflicting* violence through the blood of the cross, Jesus made peace by *bearing* violence and shedding his own blood on the cross.

Paul is contrasting two kinds of rule in this passage. One is the loving rule of a creator who holds all things together, reconciles all things that are broken and brings peace by offering his life in love. The other is the rule of a dominion that extends its power over the world by inflicting violence in the name of peace.

It seems that not only is there a vast chasm between the political structures of the first century and our context, there is also a vast chasm between the political rule of Jesus and that of any empire, be it Rome or one that is rooted in modern democracy.

The difficult question for us, then, is this: What does this rule of Jesus look like in the lives of Christians who want to be involved in governing? What does this self-sacrificial rule look like in the political arena?

Perhaps a clue can be found later in Colossians. Paul returns to the language of image in Colossians 3:10. Those who follow Jesus have stripped off the old self with its practices, Paul says, and have clothed themselves with the new self, which is being renewed in knowledge according to the image of its creator. This creator Jesus, who holds all things together, is providing new clothes for us, clothes that enable us to image him. What do they look like?

Paul describes them in Colossians 3:11. "As God's chosen ones, holy and beloved, clothe yourselves with compassion, kindness, humility, meekness and patience." These are the new clothes that are given to us as image-bearers of the one who demonstrated a different kind of rule. What kind of a political community is shaped by this clothing? What might this look like in our political life?

What might it look like to govern with compassion, with the ability to enter into the hurt and heartache of another? What if the laws we shaped for the immigrant, the offender, or the homeless, revealed our desire to bear hurt alongside and with the other?

What might it look like to govern with kindness, to infuse our actions with care and concern for the other's needs? What if our laws regarding wages and work weeks, unemployment and social assistance reflected a concern not for the bottom line but for the real needs of those who are disadvantaged?

What would it look like to govern with humility, with an awareness that, even though it seems as though we have it all figured out, perhaps we don't? What would it look like if our elected officials listened with humility not only to each other but also to the voices of those who never have had power and are unlikely to get it?

What would it look like to govern with gentleness? Is it possible to overcome the urge to push our own point of view, our own agendas, and slowly allow the needs of others to take shape?

And what would it look like to govern with patience? Patience underlies all the others: the patience to

Governance

listen when you want to talk; the patience to admit that you are wrong; the patience to wait and act slowly. The patience to implement plans that will come to fruition over time, rather than the quick fix.

Of course, what elected official can live up to this? None of us manage to wear this clothing all or even most of the time. And that is why Paul goes on to say that we also need to forgive. He says it three times. Because all of those who govern will fail at this. And then it is necessary to remember Paul's repeated reminder: forgive, forgive, forgive. There is always a lot to forgive inside political life and outside of it. Those who govern will need to forgive each other. And they will need to be forgiven.

by ***Sylvia Keesmaat***

Sylvia is a biblical scholar who lives with her husband and two daughters on a farm in Ontario, Canada, practising animal husbandry and organic gardening. Here, they offer occasional educational programs, retreats, and conferences on sustainable living. Sylvia also teaches part-time at the Toronto School of Theology.

Sylvia and her husband, Brian Walsh, together wrote 'Colossians Remixed: Subverting the Empire', and are working on 'Romans Disarmed'. She has also written or edited several other theological texts.

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"What would it look like if our elected officials listened with humility not only to each other but also to the voices of those who never have had power and are unlikely to get it?"

Paul has three more virtues that are important in this passage. The first is a cloak that goes over all of this clothing. It is the cloak of love. Not the sentimental love of a Hallmark card. Not the romantic love of the movie screen and pop song. No, this is a gritty and tangible love, the hard work that enables forgiveness in the face of political one-upmanship, compassion in the face of suspicion, kindness in the face of pressing economic need, gentleness when we feel pushed to the wall again and again, and patience when the temptation is to force things through.

The second virtue isn't an article of clothing. It is something that lives inside. "Let the peace of Christ rule in your hearts" (Colossians 3:15). This peace is the shalom of God; it refers to everything working in right relationship. Our political life is about the whole picture: our cities living in harmony with our countryside; those with too little, those with just enough and those with too much finding a way to live together so that all have enough; those who have offended being reconciled with those who have been so deeply hurt; our neighbourhoods being places of healing and our cities being places of refuge. This larger vision of shalom makes possible all of the other pieces of clothing, because compassion, kindness, humility, meekness, patience, forgiveness and love can only find a home that makes sense in that larger vision of God's shalom: God's peace for the earth.

The last thing Paul calls these image bearers to be is thankful (3:15, 17). Such a life of virtue can only be lived out of gratitude to this creator God who brings peace and reconciliation for all. If we live out of such gratitude then these virtues become not a burden, not a goal to be achieved, but an overflowing gift to others arising out of the gifts that God has given us.

It really is an unrealistic vision, isn't it? What kind of politician campaigns on this platform? What kind of politician wins?

We have in the city of Toronto a city councillor who talks a lot about the health of the community. He envisions a city where there is a place for everyone. He promotes policies that offer kind assistance to those at the bottom of the social ladder. He works hard for public transport, and healthy public spaces. He listens with compassion to those who are in need and trouble and advocates on their behalf. He works with humility on tough issues. His is a voice of gentleness in the harsh discordance of city hall. Although he is a Christian, he doesn't talk about Jesus that often. But the vision of the peace of Christ permeates all that he does. And that vision is so compelling that he gets elected again and again.

Do these ancient words have anything of relevance for our political life today? On the surface of it, maybe not. But look beyond those superficial rags. Try on some new clothing. Let us see if we can image the One who provided a new vision of peace and died to make it so.

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A Vision of Shalom

This larger vision of shalom makes possible all of the other pieces of clothing, because compassion, kindness, humility, meekness, patience, forgiveness and love can only find a home that makes sense in that larger vision of God's shalom, God's peace for the earth.

The Role of **Clinical Governance** in Prescribing

by **Dr Janette Randall**
Chair, NPS Board
Practising GP, Brisbane

Who is NPS?

NPS, originally known as the National Prescribing Service, was established in 1998 to support Australia's National Medicines Policy. NPS has a strong focus on the Quality Use of Medicines – this means deciding if and when a medicine should be used, and if so, using that medicine in a way that is safe and effective. Now called NPS Medicinewise, the work of NPS has expanded to include diagnostic tests, ehealth applications, and broad consumer engagement including mass media campaigns on medicines issues.

What is Clinical Governance?

Clinical Governance involves processes and systems that improve the standard of clinical practice.

Clinical governance can be defined as:

> *"A systematic and integrated approach to assurance and review of clinical responsibility and accountability that improves quality and safety resulting in optimal patient outcomes."*

An important aspect of clinical governance is the involvement of health professionals and consumers to improve the systems and processes that support patient care.

What is prescribing?

In its simplest expression, prescribing is the decision making process undertaken by a health professional when a medicine forms part of the treatment plan for an individual. Prescribing is represented by a prescription – a written recipe for a medicine if you like – but prescribing is much more than just 'writing a script'. It is a very complex process of information gathering, decision making, communicating, reviewing and reassessing. Prescribing medicines for another person is a privilege, and prescribing has a powerful influence on the quality use of medicines and the ultimate health outcomes for that person.

NPS recently launched a document entitled *Competencies Required to Prescribe Medicines.* This framework was developed to fill a gap in our country – despite the fact that many thousands of prescribing decisions are made every day in Australia, there was no agreed and endorsed documentation of the competencies required by health professionals to undertake this complex process. Up until recently, the vast majority of prescribing has been done by medical doctors – GPs and specialists. While dentists and optometrists have also had prescribing rights for some years, this accounts for a very small number of prescriptions. The training courses for these health professionals have provided their graduates with the requisite skills to prescribe medicines, but decisions regarding these 'requisite skills' were made by individual institutions or learned colleges. There was no consensus document or agreed standard for training institutions to aspire to. In the future, many more health professionals are likely to be granted prescribing rights. There was an urgent need to develop an agreed set of competencies that all prescribers needed to meet, no matter their clinical discipline or source of training. And most importantly, as with all of our work at NPS, the framework needed to deliver an improved experience and outcome for health care consumers.

"...prescribing is much more than just 'writing a script'. It is a very complex process of information gathering, decision making, communicating, reviewing and reassessing."

The development of a Prescribing Competencies Framework is a practical example of clinical governance at work as it married the expert knowledge of practicing clinicians with the body of existing evidence both from Australia and internationally to achieve improved clinical practice.

The work commenced with a review of the current evidence and literature on prescribing. Where existing frameworks or standards existed, these were reviewed to determine their applicability to the Australian setting. The Australian framework draws heavily on the World Health Organisation's *Guide to good prescribing*, a document that is recognised around the world as the ultimate authority on prescribing competence.

Clinician and consumer input was achieved at multiple entry points. The project itself was overseen by a reference group which represented the interests of consumers and a range of health care professionals. This reference group was chaired by Australia's Chief Medical Officer, Professor Chris Baggoley. The project was also informed by an expert panel which provided essential knowledge and experience of the prescribing process within multiple work settings, with varied patient groups, and for a wide range of anticipated outcomes.

Perhaps most critically, however, the project engaged with practicing health professionals to

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develop the competency framework from first principles.

NPS worked with 10 nationally regulated health professions to develop the initial draft of the framework, including:

- chiropractors
- dentists
- medical practitioners
- nurses (including nurse practitioners) and midwives
- optometrists
- osteopaths
- pharmacists
- physiotherapists
- podiatrists
- psychologists

"All clinicians have a personal responsibility to engage with these processes of clinical governance and to contribute where appropriate."

Overall, 46 stakeholder organisations attended consultation meetings, 33 organisations provided written feedback on the draft framework, and 164 individuals contributed via a survey instrument.

While this process was exhaustive and took 15 months to complete, the result is a nationally developed and agreed set of competencies to guide the training and assessment of all prescribers in Australia. The desired outcome is safe, effective and appropriate prescribing across all health disciplines in all care settings for all consumers. This is the essence of clinical governance – processes and systems that improve the standard of clinical practice.

Clinical Governance beyond the Competencies Framework:

Like other competency frameworks, this document describes the knowledge, skills, and behaviours of practitioners who perform their work to an acceptable standard across the range of contexts in which they are reasonably expected to practice.

However the framework will remain simply a document on a shelf or in a computer unless put into action. There are many parts of the health system that need to adopt the framework and incorporate it into their processes and systems. This begins with the learning institutions who train our health professionals. The development of curriculum, learning opportunities, and assessment processes need to ensure that all prescribers can meet the competencies outlined in the framework.

Similarly workplaces need to ensure that their new and existing prescribers can continue to demonstrate the competencies required to safely prescribe. This will involve incorporating the framework into employment and credentialing processes, and supporting ongoing learning that enables prescribers to maintain their competency to prescribe. Clearly the maintenance of clinical competency is reliant on good systems of clinical governance which ensure that agreed standards and frameworks inform the way our health systems are staffed and operated.

Clinical governance is also an individual responsibility. All clinicians have a personal responsibility to engage with these processes of clinical governance and to contribute where appropriate. For some this will be in a leadership or oversight capacity, others will be involved in the implementation of systems and processes, while all clinicians need to meet the expectations that such systems ask of us – to practice competently, and in this case to prescribe competently.

The Framework at a glance:

The Prescribing Competencies Framework outlines five key competency areas that must be considered in order to prescribe in a safe and effective way.

Competency Area 1 – Understands the person and their clinical needs

When a patient presents with a clinical problem, the first step is to make an assessment of all the available information in order to reach a conclusion or diagnosis. By forming a therapeutic relationship with that person, information about the presenting problem as well as past history can be considered in the context of the person's social situation. Physical examination and investigations may be required to fully understand the clinical needs.

Competency Area 2 – Understands the treatment options and how they support the person's clinical needs

For each clinical problem there may be a range of treatment options that can be considered. This always includes the important question of whether a medicine is needed, as there may be other more appropriate interventions including reassurance and monitoring where a problem can be expected to resolve. Where a medicine is indicated, the options need to be considered in the context of the person – including such issues as other medicines they may be taking, other illnesses or conditions they may have, affordability, accessibility, and safety of the medicine. It is also important to consider the impact of that medicine on others including the wider community – for example the use of medicines with potentially sedative effects, and the use of antibiotics which may increase problems of resistance in the wider community.

Competency Area 3 – Works in partnership with the person to develop and implement a treatment plan

This is perhaps the most easily overlooked aspect as busy health professionals fall into the trap of telling the person what to do rather than providing balanced information and assisting the person to make a decision that is right for them. The art and

practice of patient centred care has not been well addressed in health professional training in the past but in my view is one of the most important skills for clinicians. At this point, competencies of communication, negotiation, and empowerment of the person become critical. Providing information that supports decision making is essential, and taking the time to explore the risks and benefits of treatment options helps people to feel confident in their decisions. Treatment plans are best documented in some way, and this can include a prescription and specific advice about medicines such as Consumer Medicine Information leaflets.

Competency Area 4 – Communicates the plan clearly to other health professionals

When a medicine is prescribed, that information needs to be clearly conveyed to a number of other health professionals – the pharmacist who will dispense the medicine, the person who will administer the medicine where this is not the patient e.g. a nurse in a hospital or residential care facility, other health professionals who are involved in the care of the patient e.g. specialists, dentists, allied health providers. To achieve this competency, health professionals need to be cognisant of all of the person's care needs and to respect the contribution that all health professionals make to ensure that the person's health care is safe and effective.

Competency Area 5 – Monitors and reviews the person's response to treatment

Responsibility for prescribing does not end when the person leaves with a prescription. The safety and effectiveness of that prescribing decision and the broader treatment plan must be confirmed by some mechanism of follow up which is agreed with the person before they leave. This may be as simple as – please contact me if your symptoms don't resolve as in the case of a urinary tract infection for example, through to an arranged appointment for reassessment. Review may also involve gathering additional information from others involved in the person's care, or undertaking investigations. It may also involve the patient or their carer undertaking some monitoring in order to assess the effectiveness of treatment e.g. home blood pressure monitoring.

In summary, *Competencies Required to Prescribe Medicines* is a contemporary example of clinical governance in practice – both in its development and now more importantly in its implementation. While engaging health systems and health professionals in these processes of improving patient care is essential, our ongoing and perhaps more important challenge is to involve consumers in clinical governance processes. NPS has a strong reputation in consumer engagement, and is recognised as an organisation truly committed to consumer participation at every level. The health system exists to deliver quality health care and improved health care outcomes for consumers, and so it should be consumers that are the final arbiters on what constitutes quality health care and desired health outcomes. As you participate in clinical governance processes, I would encourage you to always facilitate and value the participation of consumers in those processes.

If you would like to learn more about the Prescribing Competencies Framework, please visit the NPS Medicinewise website at www.nps.org.au. You can also link to information on Australia's National Medicines Policy as well as find a host of other useful information and resources for health professionals and consumers.

For clinicians interested in learning more about patient centred care, I would refer you to the work of Ian McWhinney and others. An excellent article entitled *Patient-Centred Care: The Family Practice Model* by Eric C. McCracken, Moira A. Stewart, Judith B. Brown and Ian R. McWhinney can be accessed via the following link: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2153697/pdf/canfamphys00238-0065.pdf

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The Influence of my **Chri** my Role in Health Service

A great form of relaxation for me is when I'm out on the golf course. 'Do you think my game is improving?' I once asked my golfing partner. 'Sure is', he replied, and added, 'You miss the ball much closer now.' While he had a laugh at my expense, I like to think that I have sufficient insight to learn from my experiences in life. This led me to consider my experiences in administration, management and governance. Has my management style been at times a bit of 'hit and miss'? What has God taught me after forty-eight years?

I worked in various administrative positions at Royal Brisbane Hospital, most other Brisbane public hospitals and for a short time with Queensland Health. In 1988, I accepted a senior appointment at the Mater Misericordiae Hospitals at South Brisbane. At the time of my retirement from full-time work in 2000, I held the position of Chief Operations Officer and Deputy CEO and was responsible for the three public and two private hospitals and the associated central clinical and corporate services. Since 2000, I have worked as a consultant in health service and risk management. I hold undergraduate and post graduate qualifications in health services management, finance and computing and am a Fellow of the Australian College of Health Service Executives. I have been active as a College Councillor at State and Federal levels and a State President. Since 1992, I have been involved in health service accreditation with the ACHS as a surveyor, Councillor and member of the Board.

"Preach the Gospel every day – sometimes use words!"

I was raised in a Christian family and God has been the greatest influence in my life. How reassuring it has been to put my trust in God and to know He is there, when having to make the tough decisions. To be a leader, you need followers. One phrase about proclaiming God's word is fundamental to my being – 'Preach the Gospel every day – sometimes use words!' I have found that listening rather than responding to emotions and knowing when to speak have served me well. I lead by example and ensure I have clearly identified expectations and clarify how these can be fulfilled in exchange for satisfactory performance. It is in this context that I have built my management 'style'. Little did I know years ago, that God was even then preparing me for my current role in the Democratic Republic of Congo (DRC).

'Faithful is He that calls you, who also will do it' (1 Thessalonians 5:24).

The Gospels make it clear that Jesus showed His love and concern for people by healing them of their physical, psychological and spiritual ills. I see the need to respond by imitating Christ who went about doing good, healing the sick and bringing His father's love to all without exception. I have always seen my role in healthcare management as a 'go-between or facilitator'. I found in my early career the benefit of establishing mentor relationships. In my case I found two wonderful but different men who mentored me and helped shape my professional life. One was an experienced health management professional while the other centred his life on the importance of faith and trust in God. This background encouraged me among other tasks, to be actively involved in mentoring undergraduate and postgraduate health service management students. It is this grounding that led me to appreciate the importance of mission, leadership, culture, values and multi-disciplinary team processes to ensure that the supporting systems, resources (capital, human and material) are available in a timely manner so that those involved in the direct/indirect healing roles can devote their skill, knowledge and energy where it will make a difference.

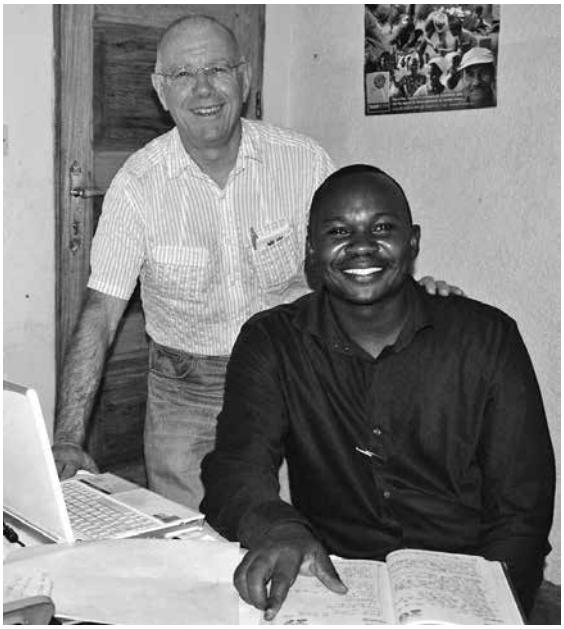
My wife and I felt God's call to HEAL Africa – a Christian organisation established in the early 1990s in Goma DRC, as a teaching Hospital (now about 170 beds) covering general surgery, orthopaedics, internal and emergency medicine, ophthalmology, paediatrics, O&G, family medicine, together with pathology, radiology and physiotherapy and later a broad range of community development initiatives aimed at overcoming the effects of poverty, violence, disease, insecurity and war. Our initial visit in 2008 was for four months. The warm welcome we received then and which grows with subsequent visits twice a year, is something that remains with us. The fact that we return means so much to our brothers and sisters in Christ.

Since 2008, I have been working with the hospital and HEAL Africa central administration to help them implement clinical and administrative systems to support Hospital and community development program management. In 2009, I was appointed to the HEAL Africa Board. My work has centred on the development of systems and process across four key areas:

- Mentorship and developmental support for the hospital administrator;

by **David Kelly**

stian Faith on Management & Governance



David with Patrice Mufabule
HEAL Africa Hospital Administrator

- Implementation of systems and support for HEAL Africa's programs – hospital and community development;
- Strengthening the HEAL Africa (DRC) Board's governance framework;
- Strengthening the alliance between HEAL Africa and HEAL Africa's international partners and donors.

HEAL Africa's Vision and Mission centres on key themes – to train medical/clinical professionals and community leaders, treat the medical needs of the local and regional population and provide holistic outreach programmes for individuals, families and communities. It is recognised as a centre of excellence in the region. The action plans to address the four priority areas above, centre not on my needs but the needs and priorities of the hospital and community development program leaders. It is not my intention to dictate policy or direction but rather to be a listener, mentor and facilitator just as I did in my own professional life. My primary task is to work alongside the hospital's administrator (Patrice). He is currently completing an English intensive and in 2013 will commence an international Masters in Health Service Management. I see in Patrice, a strength of character that is centred on his faith in God and love for his family, of which we are now part. He is a team player and leader who has the respect of his medical, nursing and other colleagues. We meet each day at Chapel and pray for God's guiding hand on what has to be done. He asked me during our most recent visit about the basis for success in our marriage. After a few minutes I responded that it was because there were three in our marriage partnership. That troubled him but I clarified it by saying it was God, my wife and myself.

Our senior medical staff numbers and scope of practice have been expanded and we now have a more structured approach to teaching, research and day to day clinical care of our patients. Safety and quality of care remains a board priority. The current strategies, developed collaboratively with HEAL Africa, USA and Australia, remain central to the long term progress of the hospital and associated programs. The board has strengthened its strategic focus on demonstrating the Gospels in action.

Readers will be aware of the problems in Rwanda following the 1994 genocide and the flow-on effects since that time in eastern DRC (Goma). The presence of 20,000 UN troops and recent news reports of the current wave of unrest and rebel fighting north of Goma are again creating instability in the region.

HEAL Africa and its staff, the majority of whom are in Goma, are safe and secure as the current fighting is north of the city. Nevertheless, the population is suffering a great deal through regular displacement. HEAL Africa continues to do its best to deliver services in Goma and the surrounding region. The UN has indicated that eastern DRC is perhaps the worst area in the world to be a woman. One dreadful feature of the conflict is that women/children are being used as victims and weapons of war. The hospital's vaginal fistula service is one of the largest in eastern DRC, due to both violence and prolonged labour (85% of births occur in the bush without professional assistance). Village communities in these rural areas often flee into the forest where they have little protection and lack even the most basic needs for survival. Many young boys are forced to join armed groups, while many others hide to avoid being conscripted. Death is often an outcome from village raids by armed rebels.

HEAL Africa receives financial and other support from the USA, Canada, UK, some parts of the EU and Australia. The clinical support is primarily Australian based though we have an international clinical agreement (USA/Australia) that, since 2009

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provides much improved coordination of volunteers. Skilled people (clinical and non-clinical) can make a difference to lives at HEAL Africa. Being involved is a decision we never regret. Yes – we have been affected by the violence against civilians, dust, poverty, jostled by the beggars (as well as the rough roads), and yet we are totally overcome by the warm hearts of the people, despite what we regard as their insurmountable difficulties. It certainly has made a lasting impact on our lives.

'You have come back!!' They say. We always receive a great welcome and it is LOVE for the people that keeps pulling us back. 'This is the kind of love we are talking about – not that we once loved God but that He loved us and sent His Son as a sacrifice to clear away our sins and the damage they've done to our relationship with God.' (The Message, 1 John 4:10). Because God has blessed us with His great LOVE, we desire to share that love by being His hands and feet in the world.

We go to help those in Congo because God has made our hearts heavy for the Congolese, but they have made such a difference in our lives. They have so little yet they share it willingly expecting nothing in return. The treasures in our life have thus taken on a different meaning. We have learnt that:

- People are more important than Tasks;
- People come before Possessions;
- Time for People, to really Communicate not just lip service;
- Blessings from God far outweigh our earthly Possessions.

'Whenever you failed to do one of these things to someone who was being over-looked or ignored, that was me – you failed to do it to me' (The Message, Matthew 25:45).

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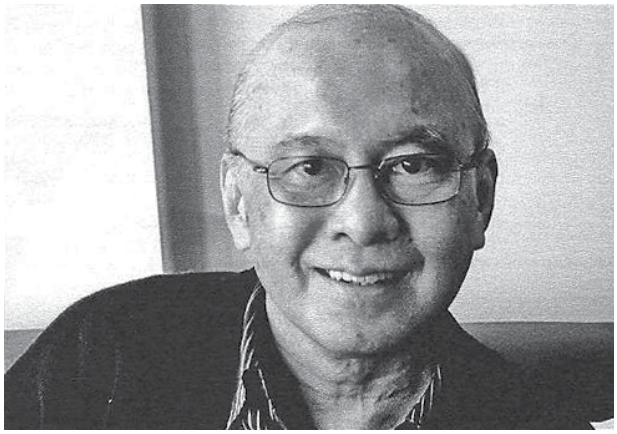
29/12/1946 – 2/10/2012



Graeme's life-journey from Bandung Indonesia (just as Japanese occupation ended) to Australia to start Grade 11 at St Paul's School Brisbane at the age of 16, would have been an immense culture shock. He had no parents here and the White Australia Policy was still in place.

Graeme mastered English and entered the medical course studying hard and driving a taxi at night to reduce the financial burden on his family. He also fitted in time to teach himself music and attain competency to play the organ for worship. Graeme began his life of following Jesus through the Overseas Christian Fellowship, a lively and friendly group of overseas students who met for friendship, fellowship and mutual support. During professional life Graeme was active in CMDFA taking positions on the Queensland Committee. His family joined other families in conferences and camps. These were precious times of fellowship and are remembered by many.

Graeme began his professional life as a Resident Medical Officer at Princess Alexandra Hospital (1972-1974). All through his life, professional and private, he demonstrated two qualities, thousands of times over – Graciousness and Patience. It was a privilege to witness both these 'gifts of the Spirit' in his life, and an example to all who came in touch with Graeme. In 1975 Graeme was registrar at Ipswich General Hospital and in 1976 he sat for the Primary examination of the Royal Australasian College of Surgeons. His careful note-taking and orderly analysis of the subjects made him a successful student. While a registrar Graeme set up a home in a suburb of Brisbane to support his younger brother Yano, while he attended high school. In this way Graeme was a practical *'in loco parentis'.*

Then followed Registrarships at Greenslopes and the Royal Brisbane Hospital until 1980 when he completed the FRACS and began serving the people of Ipswich from 1981 as their first full-time resident ENT surgeon. He was on call 24/7 for public as well as private patients.

Graeme gave generously, at the expense (as many surgeons know) of their families. However Graeme gave his family maximum quality time as they remember with deep joy. Such activities were with homework. music, sport, learning to drive and family worship. Another responsibility Graeme willingly shouldered was eldership in his faith-community.

Even when he was struggling with ill health, Graeme visited his minister and told of his desire to serve one more time as an Elder. In the end, he ran a marathon race with his health struggles and indeed fought the good fight of faith. Even when severe, chronic disease stripped most things out of Graeme's life he remained joyful and gave glory to God.

Graeme married Coby Van Wyk, a registered nurse, in 1975 and their beautiful loyalty to each other was seen in raising their five children and the whole family's dedication to the care of Graeme when in 2004 he suffered a devastating CVA. Previously (1996) Graeme had a myocardial infarction and as the years progressed other medical complications of SLE lead to years of home and hospital haemodialysis. Throughout Graeme's characteristic uncomplaining cheerfulness and patience marked his faith, which was grounded in the Lord Jesus Christ. Though Graeme's heart and flesh did fail him on the 2nd of October 2012, he rejoiced with the Psalmist.

> *"My flesh and my heart may fail. but God is the strength of my heart and my portion forever."*
> *Psalm 73:26*

Standing room only was available at Graeme's Thanksgiving Service at the Reformed Christian Church Inala – witness to a life lived to honour his Lord and Saviour... "And the trumpets sounded on the other side".

Graeme is survived by his loving wife Coby, their children, Esther, Andrew, Stephen, Rachel and Aleisha, their spouses and 5 grandchildren.

by ***John Norris***

Hope for Central

Hope, it would seem, is a psychological necessity, if man is to envisage the future at all. (Douglas et al. 1962)

In the spring of 2011, I spent three months working as a doctor in remote Aboriginal communities in central Australia. Although I'd visited Aboriginal communities on many previous occasions, this was my first experience of working with Aboriginal patients.

The poor state of Aboriginal health has been repeatedly well documented. "Unfortunately these reports have not to date led to an adequate response for the known disease burden." (Brady et al. 2008) "It is the 21st century and we are still seeing health conditions and health outcomes from a bygone era." (Haikerwal quoted in AMA 2007) During my three months, I witnessed first-hand this tragic state of health.

In almost all of my Aboriginal patients, I perceived apathy towards their own health and, more importantly, a lack of hope. I wrote in my diary at the time: "It seems that many Aboriginal people are without hope. In mainstream society, people put hope in many things: religion, a fulfilling career, wealth, status, a comfortable life, etc. I sense (and maybe wrongly) that many Aboriginal people have no hope for the future, and I can see little reason why it would be otherwise. If I don't have hope for the future, then I don't care about tomorrow even if I survive today. With this sort of mindset, why does health matter?"

I acknowledge that my perception of hopelessness may have been wrong, especially given that I am an outsider to Aboriginal cultures. However, my perception of hopelessness in my patients was keen and persistent.

In this paper, I ask the question, "What is hope?", and contrast the secular answer with the Christian answer. In doing so, I consider the importance of hope to health and well-being. I then consider evidence of hopelessness amongst Aboriginal people. Finally, I conclude that there is reason for both my patients and myself to be hopeful.

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1 *All bible quotes in this essay are from the English Standard Version (© 2000).*

2 *For the sake of readability, masculine pronouns are used in this paper, but are to be interpreted as gender neutral.*

What is Hope?

The word, "hope," has a broad definition: "Hope is the anticipation of a desirable future."

hope — noun

1. a feeling of desire for something and confidence in the possibility of its fulfilment
2. a reasonable ground for this feeling
3. a person or thing that gives cause for hope
4. a thing, situation, or event that is desired —

vb (often followed by "for")

5. to desire (something) with some possibility of fulfilment
6. to have a wish (for a future event, situation, etc)
7. to trust, expect, or believe

(Harper Collins 2012)

Hope has both a goal (i.e. the desirable future) and an agent that achieves that goal. Both secular and Christian authors agree that hope is necessary for purposeful living (e.g. Snyder 2000 and Douglas et al. 1962, respectively). Where hope is absent, despair and apathy develop, as an individual senses the futility of life (Snyder). However, whilst Christians have a hope that "does not disappoint" (Rom 5:51), secular thinkers have often considered hope to be "a temporary illusion". Secular poets have often qualified hope "by such epithets as 'faint', 'trembling', 'feeble', 'desperate', 'phantom'" (Douglas et al.).

Christian and secular hope differ in both their goals and agents. These differences are highlighted in the following discussion.

Secular Hope. Modern psychology has a lot to say about hope where the individual is the agent of hope. It does so in various theories of motivation. Where the individual is the agent of his own hope, 'motivation' is the goal directed energy that is borne (Reeve 2009). In contrast, it is surprisingly silent on hope based on external agents, such as friends/family, community, government, etc. However, an exploration of motivation theories helps us to understand all secular hope.

Hope requires a goal. "A goal is an ideal state that does not yet exist except in the performer's mind" (Reeve, p. 211). In other words, there must be a discrepancy between a desirable future state and the current state. Whilst a person may be able to envisage a goal, hope is borne only when he believes he can achieve the goal. A person must be convinced that he "has what it takes" to influence his environment (i.e. "Can I do it?"),referred to as self-efficacy, and that the environment will be responsive to his attempts to influence it (i.e. "Will my efforts make any difference?"), referred to herein as outcomes efficacy. In other words, does the person believe that he has the capacity to influence the outcome? Self efficacy is influenced by personal experience, vicarious experience (observation of the success or failures of others), and verbal persuasion by others (both positive and negative). The response isn't static and it can be improved through the acquisition of knowledge, skills, and beliefs. Even in the presence of self efficacy, if outcomes efficacy is absent, learned helplessness develops – "I can do it, but it won't make any difference" (Snyder). According to Snyder, the difference between a high-hope person

and a low-hope person is not the number of barriers the person faces. A high-hope person has high self efficacy; is skilled in finding alternative pathways to his goals; is prepared to modify goals when necessary; and pursues multiple goals in each role of his life. The last of these attributes enables a high-hope person to switch to the pursuit of another goal when the pathway to the first is blocked. However, even a high-hope person can descend into despair and apathy if he continually fails to realise his hopes. In this state, says Snyder, motivated living ceases.

Motivational Interviewing

A large proportion of the work of medical professionals is 'health promotion'. Through this work, doctors seek to orientate their patients towards the pursuit of health. However, an externally-defined goal, e.g. as suggested by a doctor, only becomes motivating once an individual has accepted it (Reeve). Factors that influence goal acceptance include the perceived difficulty of the goal; the person's participation in the goalsetting process; the perception of whether the person assigning the goal has the well-being of the other person in mind; and extrinsic incentives. Consistent with this, 'motivational interviewing' is becoming an increasingly popular technique used by doctors (and taught to medical students) to promote behaviour change, especially in addiction medicine (Levounis & Arnaout 2010).

'Motivational interviewing' recognises that neither patient knowledge nor "expert advice" lead to behaviour change. In fact, if a patient feels that his/her autonomy has been undermined, he may resist change.

Motivational interviewing gently encourages the patient to identify the discrepancy between the current and the ideal state. Throughout the process, efforts are made to bolster the patient's belief that "I can do it!".

Cultural Considerations

Many authors are beginning to recognise that the foundations of motivation differ between cultures. A review of these differences is important, given the context of this essay.

The first difference is where cultures sit on an individualistic/collectivistic spectrum. Mainstream Australian culture is individualistic, whereas Aboriginal cultures are collectivist (Turner 2010).

Western civilisation typically emphasises independence in terms of individuality, self-expression, personal sufficiency, and an independently oriented conceptual self that is separated from others by emphasising differences rather than commonalities between one's own and others' needs and values. In contrast, eastern cultures lean towards interdependence as described by interpersonal harmony, social hierarchy, and humility giving rise to an interdependently oriented self that shares its values and preferences with the immediate social environment. (Kuhl & Keller 2008, p.20)

by ***Jeremy Jones***

This difference influences what goals are desirable: For instance, people in individualist cultures prefer to pursue goals that are directed at achieving personal success, seeking social independence, and influencing and persuading others, whereas people in collectivist cultures prefer to pursue goals that are directed at achieving success of one's group, seeking social interdependence, fitting in, and finding social harmony. (Oettingen et al. 2008, p. 192)

Interestingly, the cognitive style of individualistic cultures tends to be much more analytical than that of collectivist cultures (Kuhl & Keller). This analytical style allows for the development of highly rational arguments and goals that ignore emotional perspectives. Kuhl & Keller claim that such arguments can be difficult to understand and even emotionally unbearable for a person from a collectivist culture.

Another difference is how a culture handles uncertainty: Eastern cultures tend to view uncertainty negatively and emphasise the use of rules and regulations in order to maintain predictability in the social environment… In contrast, Western cultures are generally tolerant of ambiguity and uncertainty… Less emphasis is placed on rules and regulations in these societies. (Sorrentino et al. 2008, p. 50)

Therefore, members of uncertainty-avoidant cultures have little need, and in fact have little "space of free movement", to establish their own goals (Sorrentino et al.).

Finally, in collectivist and uncertainty-avoidant cultures, an individual's "Can I do it?" beliefs are significantly influenced by authority figures and other in-group members (Oettingen et al.).

Christian Hope: Hoping in God

God is central to Christian hope. The goals of Christian hope are God's promises and the agent is God Himself. The questions of "What are my goals?" and "Can I achieve them?" become "What are God's promises?" and "Will He fulfil them?". When a person appropriates the promises of God and comes to believe He will fulfil them, Christian hope is born.

An Old-Testament Heritage

The hope of Christians is a fuller expression of the hope of God's people (the Israelites) in the Old Testament. It is therefore necessary to briefly review the hope of the Israelites. For Israelites (and Christians), hope is the confident expectation that God will fulfil his promises. This patient hope is firmly anchored in the history and narrative of Scripture. The God who has fulfilled his promises to Israel in the past will continue to be faithful in the present and future. (Everts 1993)

In the Old Testament, hope is "referred to most frequently when man is in trouble and hopes that God will deliver

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and help him" (Bultmann 1964). But hopeful trust in God is demanded even in good times because "even the present which man thinks he can control is uncertain and incalculable". The only factor in the present state that a person can count on remaining constant is God. Where hope is in anything but God, "such confidence is irresponsible security which God will suddenly overthrow and change into fear and anxiety".

Biblical hope is not a matter of temperament, nor is it conditioned by prevailing circumstances or any human possibilities. It does not depend upon what a man possesses, upon what he may be able to do for himself, nor upon what any other human being may do for him. … Instead, it has its basis in the living God, who acts and intervenes in human life and who can be trusted to implement his promises. (Douglas et al.)

It is no wonder that Paul describes unbelievers as being without hope because they were 'without God' (Eph. 2:12; 1 Thes. 4:13). Nor is it any wonder, as I noted earlier, that secular thinkers so often have a scornful attitude towards the God-less hope they know.

What were the promises held to by the Israelites? The first promise is to Abraham, the patriarch of Israel: God promises a home-land to him and that he will become a great nation, through which the whole earth will be blessed (Gen 12:1-3). The promise of a land is reaffirmed to Moses and the Israelites (Ex 6:8) within the context of a covenant: "I will take you to be my people, and I will be your God" (Ex 6:7). Once the promised land has been subdued by the Israelites, God refocuses the Abrahamic promise of blessing on to Israel's second king, King David: God will establish a permanent kingdom for one of King David's descendants. Even when the Israelites go into captivity in Babylon because they have broken the Mosaic covenant, God remains committed to His existing promises and foreshadows a new covenant which Israel will never be able to break (Jer 31:31-34). "... For I will forgive their iniquity, and I will remember their sin no more." (Jer 31:34). Around the time of Israel's exile in Babylon, God also promises the defeat of death (Isa 24-27) and the establishment of a new heaven and a new earth (Isa 65:17). At the end of the Old Testament period, most of these promises were yet to be fulfilled.

Hope in Jesus Christ

God, in the person of Jesus Christ, has begun to fulfil these promises in the ultimate way. The resurrection of Jesus is the source of Christian hope (Wright 2008). The apostle Peter says: "Blessed be the God and Father of our Lord Jesus Christ! According to his great mercy, he has caused us to be born again to a living hope through the resurrection of Jesus Christ from the dead..." (1 Pet 1:3)

The apostle Paul agrees: 4 "And if Christ has not been raised, … we [Christians] are of all people most to be pitied. (1 Cor 15:17 and 19)

How does the resurrection of Jesus bring a living hope to Christians? Jesus, in His resurrection, has defeated the power of sin and death. He is now Lord of the world, and through His Spirit, He is continuing the work of redemption that will be completed in establishing His new creation. Ultimately, sin and death will not only be defeated, but destroyed. Christians enjoy living hope as the Holy Spirit lives and works in them and they foretaste their own final redemption.

As Christians experience living hope, they are irresistibly drawn into participating in God's redemptive work. The new creation will be a radical renewal of the current creation, in which, in some mysterious way, all expressions of God's redemptive activity will be visible. The apostle Paul, after expounding the glorious hope that Christians have in the resurrection of Jesus Christ, immediately says: "Therefore, my beloved brothers, be steadfast, immovable, always abounding in the work of the Lord, knowing that in the Lord your labour is not in vain." (1 Cor 15:58)

Hopeful Christians should be diligent servants in the world, manifesting the gospel's hope in their vocations. As new creations foreshadowing the new creation, Christians should be means of gracious change to the communities and structures of the age, calling others to join in mercy and justice now and hope for the culminative justice and renewal (Spencer 2005, p. 307).

See also Paul's response to Jewish accusations in Acts 24:14-15 and Acts 26:7-8.

Aboriginal Hopelessness

Were my perceptions of hopelessness amongst my Aboriginal patients misleading? The fact that the media repeatedly reports on "stories of hope" in relationship to Aboriginal people, and that a prominent Aboriginal person like Noel Pearson uses the phrase "beacon of hope" (Pearson 2011), suggests that hopelessness is pervasive amongst Aboriginal people (as well as amongst non-Aboriginal people when considering Aboriginal people).

Trudgen (2000), in his sobering book, "Why warriors lie down and die", describes the troubling plight of the Yolnu people, with whom he has lived and worked since 1973. He describes how Aboriginal people have experienced three losses which have produced hopelessness:

a loss of meaningful goals as a result of welfare systems;
a loss of self efficacy; and
a loss of outcomes efficacy.

Trudgen's primary concern is the loss of outcomes efficacy: "When control of the lives of a whole group of people lies in someone else's hands – in the case of the Yolnu, in the hands of the dominant culture – hopelessness will inevitably result. With such hopelessness the people lose the very will to live… Control is the essence of good health… Good health is not just a state of an absence of disease. It has a great deal to do with how people feel – like feeling there is something worth living for." (Trudgen, pp. 218, 219, 251)

Why have the Yolnu lost control of their lives? Trudgen believes that failed cross-cultural communication is central. The Yolnu increasingly live within structures (government, economic and educational) imposed by the dominant culture and which powerfully shape their lives. However, the Yolnu don't understand the dominant culture or its language (English), and so cannot meaningfully participate in or influence the dominant-culture structures. Similarly, the dominant culture doesn't understand the Yolnu culture or language, and so cannot give consideration to it.

Trudgen points to two factors which diminish Aboriginal self efficacy. The first is what he claims is a pervasive, yet unofficial, attitude held by the dominant culture that

amounts to victim-blaming: "The problem with Yolnu is…" (title of Chapter 3). Aboriginal people come to believe their own unfitness, whilst the dominant culture sees no fault in its own approach to Aboriginal people and can even walk away if it becomes "all to hard". The second factor is what he describes as the devastating impact of repeated trauma suffered by the Aboriginal people since they first came into contact with white people, including the great disappointment of the Self-Determination policy.

Finally, Trudgen claims that welfare systems leave Aboriginal people bereft of meaningful and significant personal goals. Other commentators, including Pearson (2000), agree. It is important to note that during my three months in central Australia I encountered people, situations and stories that were hopeful. I remember three patients who seemed to be quite hopeful about the future.

One, in particular, made a big impression on me. In a remote community, I met an Aboriginal patient in his mid-50's. He was in relatively good health. Before I saw him, the local nurse of 15 years had said, "He's a lovely man. Always helping people." As we talked, he genuinely surprised me. Without a hint of bitterness or irony, he said, "I'm so pleased Captain Cook and white man came to Australia. Through them, we have knowledge of Jesus Christ. 20 years ago, I used to live in the river in Alice Springs. I was an alcoholic, I smoked and I gambled. Then I met Jesus and he turned my life around. I haven't drunk since!"

He now pastors the Christians in his community. He has real hope amidst a general milieu of hopelessness. He is a wonderful witness to the redemptive power of God!

There is Hope!

I conclude this essay by discussing my response to my experiences and the content of this paper. The preparation of this paper has led me to conclude that there is hope for the Aboriginal patients I met! However, I must first speak about myself. During my 3 months in central Australia, I began to experience the contagion of hopelessness. It was more than a doctor's empathy – I began to lose hope that what I was doing was worthwhile. I now realise that I had been placing my hope in my own capacity to make a difference. In preparing this paper, I have been greatly encouraged to place my hope solely in God and His work. As we've already seen: "Therefore, my beloved brothers, be steadfast, immovable, always abounding in the work of the Lord, knowing that in the Lord your labour is not in vain." (1 Cor 15:58)

Or: "What then is Apollos? What is Paul? Servants through whom you believed, as the Lord assigned to each. I planted, Apollos watered, but God gave the growth. So neither he who plants nor he who waters is anything, but only God who gives the growth." (1 Cor 3:5-7)

The Lord is at work, seeking the redemption of all things, and is inviting me to participate in it. Whether or not I see the fruits of my participation in God's work, I can trust that His work "is not in vain". Therefore, I can have hope for my patients.

How, then, do I bring hope to my patients? I want my patients to be generally hopeful and so to have a reason to live, and I want them to be motivated to pursue healthy goals. The best hope my patients could have is a living hope in Jesus Christ. I pray that God will use me to bring this hope, just like He did Paul and Apollos. However, whether a patient has Christian hope or not, I can apply my understanding of secular hope to motivate him/her to pursue healthy goals. Furthermore, it is incumbent on me as a Christian to assist people achieve such goals (see, for example, Matt 25:34-36).

The cross-cultural issues I have discussed in this paper are very important. Regardless of which culture I am engaging, mutual understanding and meaningful communication across the cultural divide is so valuable. Such understanding and communication is likely only to be the product of a lengthy and robust relationship. If I am working with a collectivist culture, techniques like 'motivational interviewing' may be best applied to whole communities, not just to individuals.

As I reflect on these conclusions, the Lord's Prayer becomes an eloquent summary of my desires.

Our Father in heaven,
hallowed be your name, your kingdom come,
your will be done, on earth as in heaven.
Give us today our daily bread.
Forgive us our sins as we forgive those who sin against us.
Save us from the time of trial and deliver us from evil.
For the kingdom, the power, and the glory are yours
now and for ever.
Amen. LJ

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Voice to the

Editorial Comment:

Voice to the Voiceless
by Bill Walker

With the almost unrestrained rise in "patient autonomy", doctors and dentists need to constantly renew and upgrade their skills at this interface. A recent US study[1] on sharing patient records in the primary care setting, demonstrated a win-win outcome for patients and doctors. Medical fears of unnecessary questioning of treatment plans was not realised. Rather, the patients who were emailed their consultation notes a day or so following their appointment became more engaged in their illness management plans and developed higher levels of respect for their doctor's role.

In this edition of *Luke's Journal* we are exploring contemporary issues around governance/administration and clinical governance. Bill Walker has generously shared an article he wrote in 2009. It is focused on the international aid sector but raised governance issues which will become increasingly relevant for the Australia Health system. Citizen voice and action is a local level of advocacy methodology (which can be applied at a practice population or Christian organisation level) that transforms the dialogue between communities and government or other or governance structures in order to improve services that impact the daily lives of people. For CMDFA this means the health and dental well-being of our patients and broader groupings at wider population health levels (i.e. Medical locals). Bill would be very keen to see the learning outcomes from the past 30 years begin to impact the governance of Christian organisations.

Citizen voice and action works by educating citizens about their rights and also equipping them with a set of tools designed to empower them to protect and enforce those rights. This creates a feedback loop which informs improvements in governance and so in the case of health and dental care, better outcomes for all citizens. It is recognised that genuine partnerships can develop when such processes are in place.

1. *Annals of Internal Medicine* 2012 157; 461-70

Lack of access to medical services traumatised a mother, who found herself ' holding and singing lullabies to my baby, who died in my arms'.

Deepa Narayan[1]

In Josiprada, a few landlords and landless farmers wanted to farm on the government wasteland (common property resource). However, the landlords with the help of the local police, evicted these landless labourers and took them to court. The case was only against these landless labourers. Their appeals for justice were always denied by the officials with a comment, 'You do not even have money to buy a copy of the constitution … How can you get justice?' Describing their plight, one of the villagers commented, 'We do not even have the money to garland Murthy (a Hindu deity) – how can we garland the ministers and the local elected politicians?'

Jayakumar Christian[2]

Accessible, well-functioning basic services such as schools, health centres and clean water can be taken for granted in countries like Australia. Yet here too, there is ongoing advocacy and debate about improving these services – especially for the disadvantaged. However, in developing countries around the world, these 'essential' services are often denied to the poor because of poor management and corruption. Increasingly, aid and development organisations are seeking to empower poor communities to influence the quality of services and good governance from the grassroots level up. Rather than accepting corruption and poor governance as the norm, communities are discovering how to challenge injustices in appropriate ways. For such injustices to be addressed, people who are marginalised need to be enabled to have their proposals for change heeded, and to act together to reform public service facilities which do not adequately serve them.

Essential public services

People who are sick want, at the very least, good basic health care. Parents want to have their children educated, so they get a good start in life. Those who are poor, in particular, rely on public health services and primary schools. Alternatives to local public services are often expensive or hard to access. Thus, government has a critical role in providing such services for them.

Effective basic services decisively improve the wellbeing of people. This is true for individuals, communities and nations. When there is ready access to clean water, children can go to school rather than – as many do – spend hours each day fetching it. Their health tends to improve when they go to school and learn about health and hygiene. Healthy children are more likely to complete primary schooling and be more productive members of society. Some can then go on to receive secondary education, which is also important to reduce poverty. Good health, wellbeing and the abilities to read and write are important outcomes of good healthcare and education respectively. These form the essential social foundation to realise opportunities for a better future for individuals, families and communities.

Local public services usually represent the major 'face' of government to the poor. When they work properly and for the good of all, they help citizens to have more confidence in their governments. This makes a strong sense of partnership between government and citizens possible. On the other hand, when governments fail to serve and protect their citizens, and to seek the common good, faith in government ebbs away. As basic services are absent or break down, government mostly ceases to have any real meaning to such communities. Other powerful actors then tend to occupy and control these local spaces. Unless these actors are seen to work for the common good, conflict is more likely to occur.

In the absence of legitimate authority, this is less likely to be fairly resolved. So a vicious cycle of violence, bloodshed and injustice can thus

Voiceless

by **Bill Walker**

become entrenched – as we see in too many countries and communities today.

Often, public services fail the very people who most rely on them: impoverished citizens. The destitute, who most rely on government, are frequently those most unable to access rights to adequate health and education. Commonly some of the neediest groups are neglected or excluded. Ordinary citizens lack a real say in or influence on how services work, and often are not aware of their rights. These include rights to participate by monitoring services and influencing how they operate, as well as rights to health, education and water. Teachers or health workers in poor countries are often underpaid or poorly trained. Absenteeism and being regularly late for work undermine the quality of services. Patients and parents of students may be forced to pay bribes to receive treatment or schooling which they are entitled to receive free. Basic inputs to health and education services are stolen without any consequences for those responsible. Lack of government funds, system mismanagement, staff turnover and other factors also contribute to the breakdown of these services. The heaviest burden of all these shortcomings falls on those who are already the most impoverished.

The result of poor basic services is that, globally, hundreds of millions of people remain trapped in poverty. Lacking good basic health care, many children die needlessly. Others grow up without being able to read or write, or with disabilities or diseases which were preventable. Worse still, this pattern is often passed from one generation to the next.

Traditional responses

Common strategies have been for various donor organisations to fill the gaps in service provision, or even to provide such basic services. While these may provide short-term solutions, such approaches have several major drawbacks in the longer term.

Firstly, replacing or displacing government can further weaken it, by leaving the causes of service failure unaddressed. Commonly, these causes relate to the abuse or misuse of power through lack of accountability, and critical shortfalls in funding. Rather than addressing the various causes, rushing in to fill the gaps can deepen the dependency of governments on external support, while weakening accountability to citizens. One result is that many governments are failing to develop the capabilities needed to operate effectively.

Secondly, they also overlook and undermine the vital role that citizens have in working with governments to solve local community problems. For example, the World Bank has found that the major difference between success and failure in service delivery is the extent to which poor people themselves are involved in determining the quality and the quantity of the services they receive.

Thirdly, these strategies do not provide the basis for sustainable development. Over time, if communities become reliant on overseas aid for a particular service, they will continue to look to aid organisations for the provision of this service. In reality, the responsibility for the funding, staffing and resourcing of services like health, sanitation and education lies with the government. Long term, service provision does not empower communities or governments to stand on their own feet and handle their own problems. Thus, common strategies do not provide a lasting answer. Indeed, they may even be harmful as long-term development strategies.

An alternative response

A better strategy to address some of these drawbacks is for organisations to collaborate with governments in order to enhance their ability to provide services and to improve responsiveness to their people. Such collaboration may involve non-government or for-profit organisations, or government donors. However, this strategy relies on governments becoming more accountable locally to citizens, and citizens having a genuine voice in how the services operate.

One such alternative approach World Vision has been piloting is known as Citizen Voice and Action. This approach relies on citizens having a voice in how local services are run, and taking action to see that change happens, and those responsible for services become more accountable. This is showing promise as a way for citizens to improve services, and also to tackle other problems in their local community. It is also a model of sustainable development that allows aid organisations to move on, knowing that communities have been empowered to address their own issues.

Citizen Voice and Action involves local citizens in three linked sets of processes, centred on a local service facility.

Enabling citizens and fostering key relationships

Citizens are enabled to realise their rights to services in several key ways. People become aware of what governments should be doing to serve them. This includes knowing about policies and budgets for local public services. It also covers specific standards that should be met – such as one teacher per fifty pupils for a school. By learning about these basic rights and how they can

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be realised, they are more readily motivated and mobilised to take action together. This action is typically focused on a facility such as a school or health centre.

Relationships are fostered with the teachers or nurses at a centre, so that they can be involved in the process, and with local bureaucrats, to encourage cooperation. Through the Citizen Voice and Action processes, community expectations of teachers and nurses typically increase. However, the teachers and nurses can also expect to benefit through better facilities or improved staffing, which makes their workload more manageable. Communities also gain a greater appreciation of the constraints under which they work.

Engaging citizens

In a coordinated set of small and large group meetings, citizens collaborate together to reform the chosen facility. First, they audit what resources the facility has and compare this to what the government should have provided. Often, there are large gaps. In small groups, they then rate how the school or health centre is working, and debate ideas to reform it. Service providers do the same, separately. Together, as a community, they then discuss and agree on a plan of action. It details what needs to be done to make services work better, who will do it, and by when.

Ongoing action

Agreeing together on what needs to be done is an important step. However, for change to happen, action must then be followed through. Momentum for change needs to be sustained. Communities are encouraged to hold those in power – and each other – accountable. They often become energised to keep pressing for other local reforms and changes in government policy. They also hold World Vision accountable. This approach is being used in a growing number of countries, with promising results.

Case Studies

Brazil

In many parts of Brazil, ordinary citizens are now able to participate in local decision-making about how and where public budgets will be spent. As a result, in these communities extreme poverty has dropped, and fewer children are dying from preventable causes.

However, in many marginalised Brazilian communities, citizens are still excluded from this process. Through Citizen Voice and Action, one community challenged this pattern of exclusion. The community decided on a set of reforms, including building a new health centre and school. They organised media coverage about problems in local services and how they should be reformed. Hundreds staged a march on the local council to highlight issues with the services. The council then agreed to build a new health centre and school, to hire extra health and teaching staff, and to improve the training they receive. Community members, including children, now meet to better understand their rights as citizens, how they can participate in budgeting, and to discuss various issues about local services.

Uganda

At a rural health clinic in Uganda, the service was so bad that most local community members had stopped using it. When sick, they would trek 15 to 20 kilometres to use an alternative clinic.

However, through the Citizen Voice and Action process, the whole community has gained a genuine voice in how their clinic is working and staff attitudes have improved markedly. Usage of the clinic has increased. The government provided the clinic's first doctor, and an extra midwife. With increased staff, this facility now operates in shifts and has extended its services. For the first time, there are now beds for patients, a dental clinic, and a much-needed facility for testing for common local diseases. The local community is no longer effectively excluded. They now have access to basic health care. Having gained the confidence that by working together they can solve key problems, they are now finding fresh ways to make services better.

Philippines

When ordinary citizens find out about services by auditing and monitoring them, knowledge becomes power. The powerless can be empowered to voice their views on how the services are performing and propose how they can be improved.

Textbooks are important for schooling, but often are not available to pupils because of public mismanagement, corruption and lack of accountability. They can also be poor in quality and overpriced. In the Philippines, citizen groups were empowered to track the supply of school textbooks. They now verify the number of books actually delivered to schools, against those budgeted for. This has seen a jump from poor quality, irregular delivery of 1.2 million school books to the delivery of twelve million high quality, low cost books through transparent tenders, bidding and information exchange processes.

Failure of justice

When governments fail to provide services to which they have pledged, and to which citizens are entitled, they also fail to deliver justice. People, especially minorities, are excluded from what is rightly owed to them. People have their basic rights denied and political power is used to corrupt and oppress. Violence and conflict are not uncommon. Public finances are siphoned off, fees are charged for 'free' treatment and public services are refused. This is so especially so with regard to their neediest citizens – typically the poor, women, children, and the disabled. Their failure to serve is a failure of justice, with wide-ranging consequences.

Justice, the Bible and God

Justice is one of the most pervasive themes in the Bible. The main Greek (*dikaiosyne*) and Hebrew (*tsedeq* or *mishpat*) words relating to justice occur over a thousand times. Yet because these words are translated by a range of different words in English, it is easy to miss how strong this emphasis is, and how wide-ranging its implications are. The biblical writers say a lot about what is just or unjust. Sometimes, they step back and speak about the role justice has in God's life and that of his people. It is clear from many passages why this justice matters so much.

Firstly, the Old Testament writers understand that *justice belongs to the very being of God*. Numerous passages remind us that it is at the heart of who God is and what he does. So strongly is this so that the Bible states that God *loves* justice (Isaiah 61:8). Thus, when justice fails, the essential fabric of human life unravels:

> *When justice is pervasively trampled on, then the very foundations of liveable society crumble. The Old Testament would go further. If justice perished, the foundations of the whole cosmic order would disintegrate, because justice is fundamental to the very nature of God, the Creator of the universe, and to the core of God's government of history.*[3]

We can see instances of this happening around us. Globally, the fabric of financial systems once thought secure is crumbling. This is far more than the result of incompetence. It fundamentally involves matters of justice. It is not hard to think of places and instances where the foundations of liveable society are giving way, with deeply disturbing results. Injustice has a terrible impact, and the breakdown of basic services to the poor is a major example of this.

Second, it is *only human beings who are made in the image and likeness of God.* As those who bear his image they must also be *agents of justice*. When ordinary people speak up for what is right they reflect God's image. The Bible especially requires justice of leaders (Deuteronomy 16:18–20; Proverbs 31:8–9; Jeremiah 22:2–5; Ezekiel 34). Citizen Voice and Action emphasises the role ordinary citizens have as actors for justice. However, we also point to the duty of those in authority at all levels to uphold justice, especially their obligation to be accountable to the poor.

Third, justice is to *characterise relationships*. This is especially so for relationships between those who are powerful – such as leaders and the wealthy – and those who are destitute, downtrodden or defenceless. Justice in covenantal, long-term holistic relationships is an important theme in both New and Old Testaments. Restoring relationships between citizens, service providers and bureaucrats so they become more equitable and just is important to Citizen Voice and Action.

Lastly, because no political or economic system can establish perfect justice, there is no room to become complacent or tolerate injustice. 2 Peter 3:11–13 speaks of Christians hastening God's justice by living godly lives and seeking justice in this world. Thus, *in partnership with God, God's people are to keep striving to transform relationships at all levels, towards justice.* God's work of justice is ongoing, and is not to end until God decides to 'wrap up' history. In Citizen Voice and Action we expend effort and struggle, working with others who strive for justice, even while we recognise that the ultimate responsibility for putting the world to right rests with God.

The Kingdom of God

We have seen that the Old Testament provides a fundamental understanding of justice, but how are we to understand justice since the coming of Jesus? Stassen has summarised four distinct but related patterns to God's justice. It involves God's action in:

1. Restoring the outcasts, the nations, the Gentiles, the exiles and the refugees to community.
2. Delivering the poor and powerless from those who economically deprive them.
3. Lifting the foot of the domineering power off the neck of the oppressed and dominated.
4. Establishing peace and non violence rather than the violence of military domination.

The key point is that God's rule is about the establishing of just relationships between people and with God through restoration, deliverance, removing domination and peace-building. This loving work of God is not seen as happening independently of human beings. Rather, God invites – indeed commands – his people to join with him in his work of justice, so that his glory may be seen among the nations.

The theme of empowerment deserves particular emphasis. Just as Jesus frequently confronted those misusing their power in his day, so today there needs to be limits and checks placed on dominating power. An important way for this to be done, especially in democratic countries, is to provide ways for the powerful to become accountable. Accountability has several elements. It means requiring the powerful to be answerable,

or to give account for, what they are obligated to do. It also means that they must be as good as their word; they must responsibly use their power to ensure that what they have said they will do gets done. When it comes to the poor, being answerable and living up to your word is most important for those in authority. If basic rights such as the right to basic health and education are refused to the poor, then the powerful fail the test of accountability and injustice rules.

God's rule today

In the twenty-first century, as in the Bible, the root cause of poverty is still injustice and oppression. Exclusion, greed and deprivation, domination and violence continue to characterise the many forms of modern-day injustice. When Jesus' disciples asked him how to pray he taught them to begin by praying:

> *Our Father in heaven,*
> *hallowed be your name,*
> *your kingdom come,*
> *your will be done,*
> *on earth as in heaven.*
> *(Matthew 5:9–10)*

When we pray for God's kingdom to come 'on earth, as in heaven' what are we actually asking for? And in what ways are we, in following Jesus, meant to be part of the answer to that prayer?

When we pray 'your kingdom come' we are not engaging in wishful thinking, or shifting the responsibility for acting back onto God. Rather, by praying this prayer we signal our participation in the reign of Jesus, which continues today. Together we are to be the answer to this prayer. Part of answering this prayer is continuing Jesus' prophetic ministry of compassionate inclusion of outcasts, provision for the needy, empowerment of the poor and the building of *shalom*.

Jesus also accurately predicted 'the poor you will always have with you' (Mark 14:7, quoting Deuteronomy 15). The passage to which he refers makes three things very clear. Firstly, God has a deep heart for the poor. Secondly, God wants his people to have a deep heart for the poor too. Finally, the reason poverty continues to exist is human hardness of heart. This hardness, which has many expressions, is what Deuteronomy identifies as the root cause of injustice and poverty. Jesus was realistic about this human hardness of heart. Yet he was in no way fatalistically resigned to poverty. Rather, he responded to it with compassion and justice, and indeed subjected himself to the injustice of an unjust and cruel crucifixion by the dominating powers.

Conclusion

So, in the twenty-first century, justice still matters to the followers of Jesus. When we see that the rule Jesus announced is one of justice, how do we discern and participate in this work of God for justice today?

Christopher Wright points out that Christian hope – the confident expectation of a better future – is grounded in the knowledge of God's faithfulness and justice. We continue to work for justice, and to trust God in that process, knowing that he is the champion of justice. This knowledge gives comfort to all who, like Jesus, pursue justice. Yet in the life, death and resurrection of Jesus, God has shown himself to be the one who overcomes injustice, by acting to reconcile the world to himself, and initiating afresh the process of bringing everything to right. His call to us to 'seek justice' is a call to participate with him in that work.

We have noted the centrality of the biblical teaching on delivering justice and seen its continuing relevance in addressing some of the harsh, entrenched injustices of today's world. The practices of inclusion, entitlement, empowerment and peace building continue to rejuvenate the work of justice today. These four strong and enduring strands give clarity, strength and embodiment to today's work of realising a justice that acts, empowers and delivers. They draw on the Exodus and Jubilee traditions, all designed to maintain that basic democratising of dominion – or human kinship – over and kinship with the earth, which we can trace back to Genesis 1. In Jesus, this enduring and colourful prophetic tradition takes distinctive shape, texture, and artistry, in an ever-growing tapestry to which all who work for such justice contribute. In the twenty-first century, the four strands have continuing relevance to all who struggle for the rights of the poor.

As we reflect on the story of Jesus, our unfolding experience with Citizen Voice and Action reminds us afresh how God intends justice to be realised. In Jesus, God himself joins the victims of injustice and oppression, and becomes one of them. Thus the work of justice is not just on behalf or separate from the poor. Rather, now included and embraced as citizens, the voiceless are enabled to find their voice, and the oppressed to press for justice from the powerful. Meanwhile God is among them incognito, as they themselves become empowered to seek justice.

For reflection

1. Read Matthew 6:9–10. In what ways are Christians intended to be part of the answer to that prayer?
2. When we pray for God's kingdom to come 'on earth, as in heaven', what are we actually asking for our world? Does it have any implications for the poor and vulnerable who experience injustice?
3. Why is empowerment of the poor an essential part of overcoming injustice and expressing 'another way to love'?

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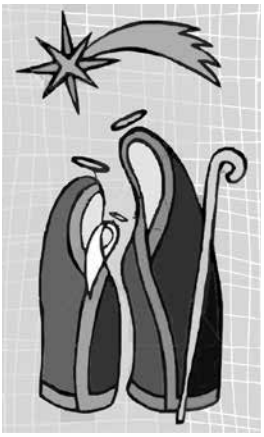
Joyful Christmas – Not without Baby Jesus



The event that night, in the small quiet village of Bethlehem, has changed the world like no one could ever imagine. Jesus Christ the Saviour was born for you. The long awaited Messiah had finally arrived.

At the beginning of his Gospel, Matthew reported the good news of Christmas, now universally the most celebrated religious festival. But there are growing efforts in our culturally inclusive society to separate the Christmas celebration from the birth of Jesus. It is ironic because without baby Jesus Christmas would not exist; without baby Jesus there could be no real joyful Christmas. For the profit-seeking shopping malls who display the nativity scene, it is not an issue, as their primary focus is to increase consumer spending in December.

This article presents Christmas Jesus' trilogy: the Virgin Birth, Christ Incarnate and His Kingship.

by ***Jemmy Lao***
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The Virgin Birth – A Sign

Early Christians with only a few exceptions, (Ebionites and a few Gnostic sects,) believed in the virgin birth. It came to the forefront of orthodoxy and modernist debate a century ago. It is no surprise because naturalism's closed-system worldview has immense difficulty in accepting this open-system supernatural intervention. But that is the very point the Gospels, in particular the Gospel of Luke, try to make. What was unusual about this birth? Why had He to be born as a child in the first place?

The virgin birth was the fulfilment of two prophecies in the Old Testament. Genesis 3:15 had hinted toward this event: *And I will put enmity between you and the woman, and between your seed and her seed; He shall bruise you on the head, and you shall bruise him on the heel.* It was a norm in the Bible that lineage was attributed to a man, but this verse indicates that the seed will come from the woman and is considered a person, "he". The Septuagint uses the word spermatos for seed. More obviously, Isaiah (7:14) says: *Therefore the Lord himself will give you a sign: The virgin (Heb: almah) 5,6, will conceive and give birth to a son, and will call him Immanuel.* Together with Isaiah 9:6, the dual nature of Jesus is evident. (The meaning of the Hebrew word *almah* has been a contentious issue. *Almah* could simply be translated as young woman. "in fact there is no place among seven occurrences of *almah* in the Old Testament where the word is clearly used of a woman who was not a virgin."[1]) In the Septuagint, Hebrew scholars in the third century translated this word as *parthenos* which unambiguously means a virgin.[2]

The only two explicit accounts of the virgin birth in the New Testament are reported in Matthew and Luke's Gospels. As a physician, it would be logical for Luke to investigate the news about this virgin birth, as naturally it is impossible and unbelievable. In the most carefully constructed introduction, Luke described his report's methodology, emphasis and purpose. *Many have undertaken to draw up an account of the things that have been fulfilled among us, just as they were handed down to us by those who from the first were* ***eyewitnesses*** *and servants of the word. Therefore, since I myself have* ***carefully investigated everything from the beginning****, it seemed good also to me to write an* ***orderly account*** *for you, most excellent Theophilus, so that you may know the* ***certainty*** *of the things you have been taught.*

More than other gospel writers, Luke particularly was interested in the earliest events of Jesus' life. He dedicated more than one hundred verses to events surrounding the first Christmas in his first two chapters. He investigated his topic thoroughly, described it accurately with short independent phrases and put the events in a persuasive orderly account so that his readers would know them with certainty. His first readers certainly could verify this report; if Luke got this wrong, then there is no reason why they should believe the rest of his writing. Luke recorded carefully the conversation between Mary and the angel. *"Do not be afraid, Mary, you have found favour with God. You will be with child and give birth to a son, and you are to give him the name Jesus".* Understandably, Mary responded *"How will this be since I am a virgin?"* Luke1:1-4

Luke understood very well that it was impossible for a woman to get pregnant without a man, as did his readers. He explained how this was possible: *"The Holy Spirit will come upon you and the power of the Most High will overshadow you. So, the holy one to*

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be born will be called the Son of God." He further substantiates this with evidence: *"Even Elizabeth your relative is going to have a child in her old age, and she who was said to be barren is in her sixth month. For nothing is impossible with God."* Luke demonstrates that the incarnation through the virgin birth was God's initiative and it was made possible because of God's power over nature. Luke also highlights the uniqueness of the coming child as the Holy One. It is an indication of His remarkable sinlessness; He would not inherit sin and He will not sin because He is God. Luke did not go into the biological details of the virgin birth. But Gromachi, in his book The Virgin Birth, postulates: Mary conceived without human or divine fertilisation when God the Son not only entered her womb, but also the egg in her womb. Before the virgin conception, God the Son only had the divine nature; after that event, He had both divine nature and human nature. Incarnation – Fully God and Fully Man The Virgin Birth was not an end in itself, but a sign pointing towards the supreme mystery of the Incarnation; the Second Person of Trinity was taking upon Himself a human nature in the confined time and space of human history.

"[Jesus'] human nature gave him an ability to understand and to experience suffering and death which His divine nature alone could not have done."

Christ incarnate

Unlike the Gospel of Luke which begins with Jesus' human life, the Gospel of John started with the pre-existing eternal Son of God – the Word in whom everything was created. He immediately focuses on Incarnation, the mode in which He came – *The Word became flesh and made his dwelling among us. But when the time had fully come, God sent his Son, born of a woman, born under law, to redeem those under law, that we might receive the full rights of sons.* (Galatians 4:4-5)

He should come as a baby born of a woman because He must live under the law to redeem those under the law. The requirements under the law include being circumcised on the eighth day after birth and to reach the age of thirty so he was eligible to become a priest to perform the reconciliation work between God and humankind. Jesus was born into the fallen human race in order to represent them as the second and last Adam. He lived a fully perfect human life – from conception till death. He fulfilled everything that the first Adam had failed to fulfil. It is only fair that, *"For just as through the disobedience of the one man the many were made sinners, so also through the obedience of one man the many will be made righteous."* (Roman 5:19).

His human nature gave him an ability to understand and to experience suffering and death which His divine nature alone could not have done. But His deity is also necessary because any human being would have been incapable of bearing the entire human penalty, incapable of rising from the dead, and there would be no resurrection. As God, He is the eternal High Priest of the eternal perfect sacrifice offered up for human sins of all time. If Jesus is not fully God then we have no salvation and ultimately no Christianity. His dual nature, fully God and fully human, has placed Jesus perfectly for mediatorial work. In Him humanity meets God. Jesus represents God to humanity and represents humanity to God. Jesus, the God-Man, is a living Temple, a place where heaven and earth meet and join up.

The New Testament indicates that the incarnation of Jesus is an action with eternal consequences for Him because He permanently will be in His human nature. He will remain a man as well as God, forever.

Messiah – The King Has Come

The presentation of the Messiah in the Old Testament has been a jigsaw puzzle. God progressively revealed Him through the books in the Old Testament. The New Testament, by contrast, is very upfront in claiming that Jesus is the Messiah.

The incarnation through the virgin birth is necessary not only so Jesus can represent humanity as the second Adam, not only to provide sacrificial redemption for man, but also to complement the Messianic project that has been mentioned for the first time in Genesis 3:15,28.

There had been many unsuccessful plots to abort the coming Messiah: the slaying of Abel by Cain; the attempt to kill all Jewish male babies by an Egyptian Pharaoh; the conspiracy to exterminate all Jews in Esther's time; the decree of Herod the Great to slay Jewish male infants in Bethlehem.

> *"But you Bethlehem Ephrathah, though you are small among the clans of Judah, out of you will come for me one who will be ruler over Israel, whose origins are from old, from ancient times."(Micah 5:2)*
>
> *"The Lord God will give Him the throne of his father David, and He will reign over the house of Jacob forever; His kingdom will never end." (Luke 1:31,32)*
>
> *"Where is the one who has been born the King of the Jews? We saw His star in the east and have come to worship Him." (Matthew 2: 2)*

The title "The King of the Jews" is the Gentile way of saying what a Jew would mean by Messiah. The Jews would have known that His arrival was near, by calculating the time in Daniel 9:25-27. Like Moses, King Messiah is to be their redeemer and deliverer. They expected the Messiah to be a victorious human leader who would free them from the oppressive Roman Empire occupation. But the Messianic mission is much bigger than the first century rabbinic expectation.

At the beginning of His ministry, Jesus stunned His unprepared audience in the synagogue in Nazareth when He declared Himself as the promised Messiah, the fulfilment of Isaiah's prophecy. With the proclamation of the kingdom the Messiah's ministry commences. The Beatitudes, arguably the most ideal values ever mentioned in human history, are the manifesto of His kingdom. Later, Peter made this direct and explicit crowning point confession: *"You are the Christ (Messiah)".* These were the undeniable evidences, the signs of His kingdom's presence: *"the blind receive their sight, the lame walk, lepers cleansed, the deaf hear, the dead raised and the poor have good news".* Matthew 11:4-5, Luke 7:22 This is not the claim of an empty 'fairy tale'.

His Kingdom is not a utopia achieved through social revolution or political process, nor through global educational reform or economic liberalism and its free-market. The kingdom of this world has no hesitance about using its power and violent military means to conquer. Its one ultimate weapon is death. But Jesus came with full grace, love and humility. Instead of being defeated by death, His triumphant kingly power conquered death. Instead of taking others' lives, He offered His own life. So whoever believes in Him will have eternal life and be part of His everlasting Kingdom which consists of peace, righteousness and joy.

Contrary to the widespread wrong expectation that God is going to rescue people out of the world, God's purpose is about the rule of and the restoration by the "heaven" on earth and the people within, from its present corruption and degeneration. The Lord's Prayer teaches us to pray that God's kingdom might come on earth and his will be done on earth as in heaven. The Sermon on the Mount teaches us that *the meek will inherit the earth.*

The most popular designation for Jesus was "Messiah," and secondly "Lord," but Matthew's favourite term is "Son of Man," although he also referred to him as the "Son of God" and the "Son of David." In the Old Testament, Daniel envisions the rise and fall of earthly kingdoms accurately. He portrays the second coming of Messiah, the Son of Man, on earth at the end of those successive kingdoms. Daniel 7:13-14. *"In my vision at night I looked, and there before me was one like a son of man, coming with the clouds of heaven. He approached the Ancient of Days and was led into his presence. He was given authority, glory and sovereign power; all nations and peoples of every language worshiped him. His dominion is an everlasting dominion that will not pass away, and his kingdom is one that will never be destroyed."* This was confirmed by the appearance of the glorious Son of Man in Revelation chapter 1, with an important additional self-description by Jesus himself that He is the Alpha and the Omega, the Almighty.

The signs of the Kingdom have been displayed through Jesus' ministries on earth, and now through the work of the Holy Spirit and His people. His glorious second coming with the full manifestation of His kingdom has been predicted. A preview of this has been shown to His disciples at the Mount of Transfiguration.

The Kingdom has already started, but has not been completed. Fallenness is more than sin, redemption is more than forgiveness. We know that *the whole creation has been groaning as in the pains of childbirth right up to the present time* (Rom 8:22). The universe has long been waiting for the Messiah, to finalise the restoration. At that time, He will not appear as a helpless baby but as the Almighty Cosmic King.

A Joyful Christmas

He who has come is the promised Messiah, the Redeemer who liberates His people from the bondage of sin and its consequences: personally, socially and environmentally. The world has seen His Kingdom at work, but its full liberation is yet to come.

"It is very easy to be distracted by the glamour and glitter of the Christmas season... But the gift that really mattered was lying in the manger..."

It is very easy to be distracted by the glamour and glitter of the Christmas season in our consumerist materialist culture which promises an instant gratification of our ads-driven desires. But the gift that really mattered was lying in the manger, wrapped in swaddling clothes, in the midst of a simple couple, Joseph and Mary. He is above all rulers, but will be fully recognised at the second coming.

The prophecies regarding His virgin birth, ministries, death and resurrection have been fulfilled accurately. Therefore we have the confidence that He who has launched this cosmic restorative project will surely finalise it. This is the foundation of our indisputable hope: His faithfulness; He never fails.

Without Jesus, there will be no real Joyful Christmas. ✝

Notes

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Administration in an Af

My wife and I returned to Nigeria in February 2010 after 16 years in general practice in Launceston, Tasmania. Prior to that, from 1979 to 1993 we served with SIM in Nigeria in medical work – hospital practice, community health work and setting up and supervising a post graduate GP residency training programme. This time around however we were asked by SIM to come back for me to take up the role of Director of SIM in Nigeria. Although I had done quite a bit of administration in my early years in Nigeria and had managed a small private GP practice in Tasmania during our time there, this full time non-medical administration role was a new and exciting challenge for me.

Leadership and administration is a difficult enough task in any culture. Seeking to do it in a cross-cultural setting adds some new dimensions. Not only are there differences in language and use of language, cultural expectations and customs but countries like Nigeria have added logistic and practical difficulties with which to contend.

Here in Nigeria we live with all kinds of daily frustrations. Power supply is erratic with frequent unpredictable power outages. Water supply is erratic if there is any at all. Internet although available is slow, inconsistent and relatively expensive compared to western countries. Basic security is a particular problem in Nigeria – armed robberies and kidnappings are part of life in many parts of the country. Ethnic and religious conflict has long been an issue but has become much worse in recent years. Periodic violent episodes occur in the town where we live and now church bombings are becoming more frequent as religious extremists are increasingly active. This year alone we have had three church bombings in Jos where we live. These events, risks and concerns make daily life a challenge for everyone who lives here, both locals and expatriates. Even attending church can be stressful.

The various insecurities can lead, for example, to sudden curfews that prevent travel at certain times or indeed at any time of the day, and these can last for a few days or several months. Events like elections can lead to several “no movement” days, and in the case of the 2011 elections, a round of violent attacks around the country with consequent major restrictions on travel and communication. National strikes are frequent and tend to cause major disruption to life. This can prove very disruptive to plans and activities in our daily work in seeking to oversee the ministries here.

Cross cultural factors apply at two levels in the role I currently have. Firstly, I am leading a team of about 80 SIM missionaries who come from several different cultures. Although the dominant culture is that of the USA, we also have people in our team from England, Northern Ireland, Denmark, Canada, New Zealand, Korea, Nigeria and Australia. This leads to a need to be sensitive to the differences between these cultures in dealing with the various issues that come up in the course of mission administration. Aussie idioms and cultural attitudes are usually not the wisest approach!

The second level is the more obvious one of dealing with the local or host culture. My role as a mission leader means I interface between SIM leadership and many different indigenous Nigerian organisations, including the leadership of the large 6 million strong and independent national church originally founded by SIM. Nigerian culture is very relational and a lot of time is spent with greeting people, going to see or visit people in their homes or offices, especially after a bereavement or other tragedy (which unfortunately are all too frequent). Attending a funeral or wedding can be very important to relationships and may take a whole day or even two or three days including travel to the village where the person comes from.

It is important to place value on relationships and to invest time in visiting and building friendships. This can make it difficult to run a tight timetable

rican Cross-Cultural Setting

and appointment based schedules in particular are difficult to keep to because of frequent interruptions. Many of these interruptions are quite important so there is a need to be available to people as much as possible. Meetings are very important here and there are many boards and committees – I am a member of about 25 of them. You can see these as a burden and a problem, or you can accept them as part of life in leadership here, relax and enjoy them and make the most of the opportunity for interpersonal interaction that they provide. In fact I usually find them to be quite enjoyable.

Although there are constraints and potential frustrations in leadership in this setting this is more than made up for by the joys and positives. It is a privilege to be able to support and empower a vibrant African church. To be able to assist those at the cutting edge of gospel ministry in Africa is exciting. Nigeria in many ways is the epicentre of the Evangelical church in the world today, believe it or not. The church is growing more rapidly in Africa than in many other parts of the world and Nigeria is the most populous country in sub-saharan Africa. The church SIM planted in Nigeria almost 120 years ago now numbers around 6 million members and is one of the largest and most influential evangelical churches in Nigeria. It is blessed with capable thinkers and innovative leaders and as SIM Director I am privileged to work alongside them. I find this stimulating.

by ***Dr Phillip Andrew***

It is also a special experience to interact with the Christian people here who are suffering so much for their faith. Hundreds of Christians in Northern Nigeria have lost their lives, their homes, their properties or their churches in recent years, simply because they name the Name of Christ. To be able to stand with the church here in solidarity as part of the body of Christ, to pray with them and seek to encourage them is a humbling privilege. To be able to distribute financial aid and other assistance from the Western church is also a privilege, although not always easy to do.

Every day I give God thanks for the opportunity to serve in administration in Africa.

In Summary

In summary, some of the principles of leadership and administration in a cross cultural setting that I have learnt while here include the following:

Communication. I need to be careful to welcome people and listen to them, no matter how much my mind might want to be on other things. These are the people God has brought into my life at that time and I need to focus on these relationships.

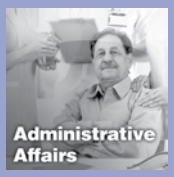
Consultation. When making administrative decisions, especially difficult ones, I have found it quite important to engage in a consultative style of management. Seeking the opinions of those affected by a decision is a great investment of time. Even if the final decision is not one they would want, at least they feel that they have been heard and listened to.

Compassion. I need to remain sensitive to the needs and difficulties of those around me and show love and concern for them. Often this means giving financial assistance to some very needy people. We are surrounded by people suffering from real poverty or other hardships.

Documentation. In Nigeria it is important to follow procedures and policies correctly and to document as much as possible. Agreements arrived at verbally are not necessarily enough and may backfire in the long run. It is important to document as much as possible although not as a substitute for discussion and consultation. Memoranda of understanding for example can be very valuable but only if they document the end result of a good communication process. They cannot replace it.

Of course I suspect these principles might apply just as much in an Australian setting and have a more universal application. In fact they have their basis in the scriptures and I would recommend them for all.

God, Good News and Good **Governance**



by **Rev Dr Joel Edwards**
Joel is the International Director of the Micah Challenge.

Good governance is a complicated reality. As a result, complexity has inhibited effective response and postponed the biblical reflection which motivates people of faith to act. But a theology of good governance is an important undertaking if we are to become better disciples and more effective citizens.

As a biblical foundation, we want to present a biblical rationale based on three biblical themes: *God as Creator, God of Justice, and God and Government.*

God as Creator

God's control over global dynasties is rooted in his personal care for each person made in his image and likeness (Genesis 1:26, 27). Openness, transparency and responsibility were the central features of God's ideal for us (Genesis 2:15-17) and the Fall was a breach of trust and responsibility which resulted in a loss of transparency and the first great cover up! (Genesis 3:8, 9)

Judeo-Christian tradition claims that God has created and, therefore, has ultimate sovereignty over everyone and everything (Psalm 24:1; Isaiah 40:12-24; Daniel 4:34-37) and the principles of just government, which were obligatory for Israel, are also expected of all governments who act as stewards. This is why he has "set a day when he will judge the world with justice by the man he has appointed" (Acts 17:31).

God of Justice

Justice is not an abstract ideal we aim to achieve: it flows from the character of God himself (Isaiah 5:16) and relates to the full range of interpersonal and institutional relationships.

"Justice is not an abstract ideal we aim to achieve: it flows from the character of God himself (Isaiah 5:16) and relates to the full range of interpersonal and institutional relationships."

The popular perception is that poor governance is entirely a political matter which takes place behind closed doors with handshakes between dishonest politicians. But of the US$1-1.6 trillion which goes missing each year, between 3-5% (US$30-50 billion per year) of this is directly attributed to corruption. The vast majority is directly attributable to illicit cash flows between corporations and businesses.[1]

There is so much in the Bible which bears out the interpersonal, non-governmental response to corruption. God's concern for "dishonest scales" and "bribes" comes up again and again in the Bible (Leviticus 19:36; Nehemiah 5:1-13; Ezra 4:5; Proverbs 20:23; Ezekiel 45:10; Micah 6:6-11). The point is made quite powerfully in Proverbs 16:11: "Honest scales and balances belong to the LORD; all the weights in the bag are of his making."

Three things are of importance here. First, these passages make it abundantly clear that these injustices are firmly linked to financial dishonesty for self-interest and puts personal gain and greed above the common good. Secondly, bribery and corruption invariably oppress those who are already poor. And thirdly, these financial transactions have little to do with government behaviour. These multiple texts are aimed at people who abuse their neighbours, employees and the vulnerable by manipulating financial systems to their own advantage and the destruction of others.

God and Government

From its earliest beginnings, Christian faith has grappled with its relationship with its authorities. All that the New Testament has to say about governments and authorities (Romans 13; 1 Peter 2:7-13) was heard against the backdrop of terrible persecution and marginalisation within the Empire of Rome.

Israel's theocracy was triggered by the bribery by which Samuel's sons were oppressing the people (1 Samuel 8:1-3). God himself identified and appointed their first king. Samuel wrote down the new regulations and placed them in the Ark of the Covenant (1 Samuel 10:25). What Samuel was doing, in effect, was instituting a process of governance instated under the Mosaic Law (Deuteronomy 17:14-20). But equally, this sense of good governance, which protected the poor, was also expected of foreign rulers (Daniel 4:27; 4:37b).

Frankly, the New Testament is less critical of reigning monarchs in respect of good governance, and some evidence can be found for a biblical indifference to systemic issues such as slavery and imperial oppression. The clear hints at honesty and transparent lifestyles are there for the living (Matthew 5:14; Luke 3:12-14; 19:1-9). And whilst the letters to the early church have clear references to government responsibilities as servants (Romans 13: 1-7; Titus 3:1; 1 Peter 2:13-15), at best they are ambivalent about advocacy or even civil disobedience.

But in the light of the overwhelming teaching about God's sovereignty in the world, an argument from relative silence is no theological basis for abdication.

The agitation for good governance is not political action; it is written into God's moral code. This is the only way in which a just God can really be understood to be good in his own world.

A Creator God, committed to justice and government which reflects his "now-not-yet" rule in our time, has left us with little room to avoid his passion for government which reflects the justice which is inherent in himself.

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Reference

1. Cardamone, Tom, *"Illicit Financial Flows and the Millennium Development Goals: Hidden Resources for Development"*, September 2010.