



2015

Luke's Journal



CMDFA

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of Christian Medicine & Dentistry

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#CMDFAlyf

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



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Luke's Journal cover by Dr Kristen Dang

Our cover was submitted by Dr Kristen Dang to illustrate an idea expressed by Dr Catherine Hollier at National Conference: "5 years ago, I felt like a pebble in a rushing stream that was flowing so fast, knocking Christians off their feet in the fury of it (gay marriage/ gender dysphoria/ late-term abortion/ euthanasia). This year in CMDFA, if we stand together as a fellowship, maybe we can grow to be a rock, or even an island that can change the direction of the stream...."



Luke's Journal

Themes for Next Editions:

2019: **Breath of Life**
copy due 1 Mar, 2020

End of Life issues
copy due 1 Sept 2020



EDITORIAL



*Into 2020, as
a group, we
are standing
on firm
ground and
making a
difference...*

#CMDFAlyf

Ever since I was a little kid, I wanted to be a doctor. (Having an Asian mother is good for shaping you that way!)

When I became a Christian, I knew that meant whatever I did in medicine, it was going to involve God. Overseas missions seemed an obvious choice, as well as embedding spiritual care into my family medicine work. So off I went to medical school, planning to train as a GP and then head off overseas on a missionary ship. Little did I know how God was going to use CMDFA to inspire and train me over the next 30 years.

My first contact with other Christians in medicine was through the AFES group on campus. Somewhere along the way, the local CMDFA must have linked up with us (there was probably food involved...) and the rest, as they say, is history.

I remember supper meetings in various doctors' houses, and Christmas pool parties in (to my poor student eyes) impossibly huge mansions. As a student in 1990, I was mentored by my current boss, returning to the practice for my final GP training rotation. The local CMDFA group had a hiatus around that time, and I fell in the notorious "black hole" post-graduation until I stumbled on IMPACT in

2003 at Phillip Island, pregnant and with a toddler in tow. At the ICDMA conference in 2006 I wrote my first *Luke's Journal* article and since then have been drawn into the family web ever more strongly.

Why am I telling you this?

CMDFA is part of my family history. I have shared rooms with people who have helped me through divorce, single motherhood and remarriage. I have heard people's stories of grief and disappointment. I have been trained in how to respond compassionately, and yet with integrity, to those who have different values than mine. I know now how to weave spiritual threads through standard consultations. I have been inspired to go on short-term mission trips. I have had modelled to me servant leadership, humility and the centrality of Christ in everything. Again and again, I have been brought back to Jesus being the main thing, and to Him be the glory – important stuff for my quick-thinking, sharp-tongued, Type A personality.

This year, there are significant changes to CMDFA. There are new faces on the Board who have grown up in this family. There is an expanding LJ team, some of whom you'll meet on page 5. We are

moving from print to digital, encouraging connection and spiritual sustenance through social media – sharing wisdom and practical tips more widely. We are broadening our authorship. And the Fellowship as a whole is taking a more public role.

Our cover art was created by Kristen Dang, capturing a vision expressed at the National Conference in October. In 2015, we seemed but a pebble in a fast-moving stream of massive social change away from Christian values. Into 2020, as a group, we are standing on firm ground and making a difference that will affect the direction of that stream.

This issue #CMDFAlyf shows snapshots from throughout the year across the nation in broad brush-strokes, highlighting what is happening regionally and corporately. We hope that it will inspire you to join the reunions locally and nationally (at IMPACT and National Conference) as you flick through the family album!

Enjoy!

Catherine Hollier
Editor



Meet some of the *Luke's Journal* Team



Through God's goodness, the editorial team running *Luke's Journal* has gained a number of new team members. We thought we'd interview a few of them so that you can get to know them better and be encouraged by their joy in service and passion to see *Luke's Journal* flourish.



Annetta Tsang

Annetta is a specialist paediatric dentist for young and special needs children, sharing her work between Gold Coast University Hospital and a private practice. She has been part of the *Luke's Journal* family since mid 2018.

Tell us a bit about yourself:

Hi, I'm Annetta Tsang. Daughter of the Almighty – uniquely created, loved, accepted and valued, baptised in the first year of university. Wife. Mum. Idealist. Thinker. Dreamer. Recovering perfectionist. Naturally introverted. Purposefully extroverted when around children. Dessert and coffee fanatic. Love reading, drawing, writing, singing and learning. Totally not designed for sports and rather awkward at socialising.

What's a book that you've read this year and really enjoyed or found encouraging?

I am in the middle of reading *How Happiness Happens* by Max Lucado. It has encouraged me to be purposefully happy. Another book by the same author that I've found encouraging each

time I read it, is *Cure for a Common Life*.

What do you see as the main purpose of *Luke's Journal*?

The main purpose of *Luke's Journal* is to engage and encourage Christian readers (especially those who are in health, allied health or other helping professions) in thoughtful reflections, discussions and actions around integrating faith in practice. *Luke's Journal* is an integral part of CMDFA and its overarching aim underpinned by CMDFA's vision, "to be transformed by Christ, transforming healthcare".



Eleasa Sieh

Eleasa is a Canadian-born Chinese living Down Under. She moved from Toronto to Brisbane in 2009 to study medicine at UQ and currently works as a GP on the Sunshine Coast. She's also undertaking Biblical counselling part-time online through Westminster Theological Seminary. Eleasa had been contemplating writing for *Luke's Journal* for a couple of years but finally took the dive to join the team at the CMDFA National Conference in Canberra. She's been helping

with the editorial team and enjoying learning the ropes and shadowing the other editors.

Who is someone from the Bible that you admire?

Abigail – her courage in standing her ground with both Nabal and King David, exercising both wisdom and wit within the boundaries of her role, while also appealing for justice and peace.

What's the funniest thing you did as a kid?

I wasn't a very funny kid, sadly – but I got really attached to certain stuffed animals that really weren't that cuddly, like a little stuffed duck toy I left behind in our rental van on one of our family road trips to the USA.

Anything else you'd like to say?

If you haven't heard any of the music by Beautiful Eulogy yet, do yourself a favour, and have a listen to their album called *Worthy* – <https://www.amazon.com/Worthy-Beautiful-Eulogy/dp/B075K45QB7>

What do you hope to bring to the *Luke's Journal* team?

An extra set of typing hands, eyes, and mind to the braintrust that exists at *Luke's Journal* already.

Adrianus Thio

(Adrianus on left at a geriatrics conference in Taiwan, with a participant of community active ageing programme.)



Adrianus is a medical registrar from Melbourne who has been involved with *Luke's Journal* for the past year.

So Adrianus, what do you think you bring to the *Luke's Journal* Team?

My energy and vision. I hope to see *Luke's Journal* spread to a wider audience through an online platform... the future is digital.

Would you like to share something you've recently enjoyed reading?

The Great Flowing River: A memoir of China

What song do you think would best describe your life?

"幸福路" (Happy Road).



Arielle Tay

Arielle is a junior doctor based at the South Metropolitan Health Service

in Western Australia and will be commencing General Practice training in 2020. She undertook her medical studies on the Gold coast. She joined the *Luke's Journal* editorial team in May 2019. Her main role in *Luke's Journal* has been setting up and moderating the Facebook page. It has taught her many different skills – one of them being how to best connect with people in an online format.

Tell us a bit about yourself?

I love warm weather, catching up with friends over coffee, Italian food and a good Pilates class! I dislike a large variety of veggies, being on call and winter.

What's something unexpected you've been challenged to think about or do this year?

This isn't unexpected, but I think one thing that God has challenged me to do this year is to have more open and honest conversations with non-believing friends and colleagues about the gospel. Also to really support and encourage fellow Christians to continue running with endurance the race that is set before us.

Why did you decide to get involved in *Luke's Journal*?

As a junior doctor, I am discovering how faith helps to enhance my work and how my work can also grow my faith. I joined the team to encourage fellow Christians within healthcare to press on in being the salt and light in their workplaces... I am very excited about the future of *Luke's Journal* and how God will use it to grow his kingdom!

Winnie Chen

Winnie is one of the veterans at *Luke's Journal*, having been involved since 2015. She lives in Darwin with her husband and for the last two years she has been working as a GP registrar and fellow for



the local Aboriginal Medical Service. She also works in non-clinical roles of clinical editing and university teaching.

Where do you see the future of the journal going or what do you see as the main purpose of *Luke's Journal*?

Firstly, *Luke's Journal* is helpful for members and others Christians working in healthcare. For example, the content can be used to facilitate a discussion on suffering in regional CMD A groups. More broadly, *Luke's Journal* can be useful to the wider church – eg. in helping Christians think through complex ethical issues.

What's a book that you've read or watched this year and found encouraging?

King's Cross by Timothy Keller – a wonderful book following Mark's gospel. Although I have been a Christian for many years, the book was helpful in guiding my reflections on who Jesus is (king) and what he came to do (cross).



Kristen Tee

Kristen is a general practitioner (currently enjoying maternity leave) who lives in Adelaide with her husband and baby daughter. She loves music and she enjoys singing as well as

playing the piano and cello. She also has some creative talents in photography, sewing and digital art, especially when she can share the experience with her friends.

How did you come to get involved in *Luke's Journal*?

About a month or two before I went on maternity leave, I saw an ad in *Luke's Journal* calling for additional helpers. I felt that in the season prior to motherhood, God wanted me to use my "voice" for Him. He had already provided opportunities for this throughout the previous year with my involvement in the church worship team, writing articles for *Christian Today* and writing some letters to politicians. In the *Luke's Journal* team, I have edited some articles, written one myself and been involved with the discussion about moving the journal online.

Through *Luke's Journal*, I hope to share my passion for seeing people encouraged to do what God has called them to, whether that be persevering in their medical work, writing or anything else! As such, I also want to encourage the team as they discuss ideas for future editions of *Luke's Journal*. I am blessed to be involved with this group of Jesus-loving doctors, and hope that many will be encouraged by the articles in *Luke's Journal*.

Where do you get your inspiration for writing?

I have been writing a blog on life with God for some years now. My inspiration comes simply from the testimonies God gives me in my daily life – things that remind me of who He is, how much He loves me, and how He has called me to be His witness in this world – whatever it is that I might be doing.

If you were a type of food, what would you be most like?

Hmmm, I would be most like a wrap because I like to collect things, put them together and make them look nice as a whole. For example, putting fabric and ribbons together for a dress, or photos together in a memory scrapbook, or words together to tell a story.



Georgie Hoddle

Georgie is a Nurse Immuniser for both staff and residents in a Christian aged care group. She has previously worked as a Clinical Nurse Educator in the disability sector and she still recalls enjoying training back in the days when nurses lived at the hospital, shared dorms, learnt the meaning of person-centred care and having compassion for our patients, and made life-long nursing friends.

What is a verse from the Bible that has been an encouragement this year?

The verse from the Bible that has really resonated with me this year is Matthew 6:33 – "Seek ye first the kingdom of God, and His righteousness..." It came to heart and mind during a meeting with IHS Global, in Brisbane March 2019. We actually broke out into spontaneous song. Since then I've been singing it, accompanying myself on the guitar, whenever the occasion occurs. It calls me back to turning to God first before I make a decision, or even just leave the house!

How did you first get involved in *Luke's Journal*?

I've been involved with *Luke's Journal* editorial team for more than 2 years, and first

volunteered to write in 2015 for the "You Are What You Eat" *Luke's Journal* edition. I have a passion for good Biblical food, and wished first to share some of God's culinary gifts, in the form of recipes, and also prompt people to think about what they ingest into their bodies and how it affects them. We are, of course, the temple of the Spirit. I then went on to

submit other articles that I had hoped and prayed about as useful information to divulge to our colleagues in healthcare.

I hope to bring the nurse's perspective of care, compassion, intelligent questioning, collaboration and resilience to all the team. I also have some editorial skills developed when I

lived abroad and worked in medical publishing. It is my wish to encourage the multidisciplinary dialogue where our professionalism and God-given talents can be put to good use.

Where do you see the future of *Luke's Journal*?

Luke's Journal has an amazing future ahead, led by God's Word it is a source of

information and inspiration. Going on-line also means it will burst into colour! Above all, I believe *Luke's Journal* is educational and a vehicle through which we can develop wise communication and share the passion we have to assist people, both our patients and ourselves, in a time of vulnerability and need, in the name of Jesus.



Luke's Journal

www.cmdfa.org.au

About *Luke's Journal*

This Journal is published by the **Christian Medical and Dental Fellowship of Australia Inc. (CMDFA)**. The views expressed in the articles are those of the authors and not necessarily those of the CMDFA. Articles are reviewed by the editors and members of the editorial committee. Material published in the Journal is subject to copyright. Requests for permission to reproduce any part thereof for purposes other than private study should be directed to the editors. Additional copies for passing on to interested colleagues can be obtained from the national office or Branch Secretaries.

Subscription of *Luke's Journal* is given to members of CMDFA. It is also offered to libraries and hospitals at the price of \$55 per issue including postage within Australia. Enquiries and notice of change or address should be directed to the national office

About CMDFA

Membership of CMDFA is open to graduates and students of medicine and dentistry. Information about activities of CMDFA can be obtained from the website at www.cmdfa.org.au or from Branch Secretaries. Further information and application details are available through the national office

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Luke's Journal Back Issues

Back issues can be accessed electronically – they are free for financial members of the CMDFA and can also be accessed electronically at <https://lukesjournalcmdfa.com/> or on the issue app at.... www.issue.com. Please email the national office for online payment or make cheques payable to CMDFA Inc. Other issues may be obtained from your Branch Secretary or from the national office

Instructions for contributors

Members of CMDFA are invited to submit articles or letters to the editors for publication in *Luke's Journal*. Articles may or may not be on the advertised theme. Writers may wish to discuss their potential contribution with the editors or their state editorial representative before submitting.

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

Advertisements and short news items should be submitted directly to the **editor**. See below for contact details.



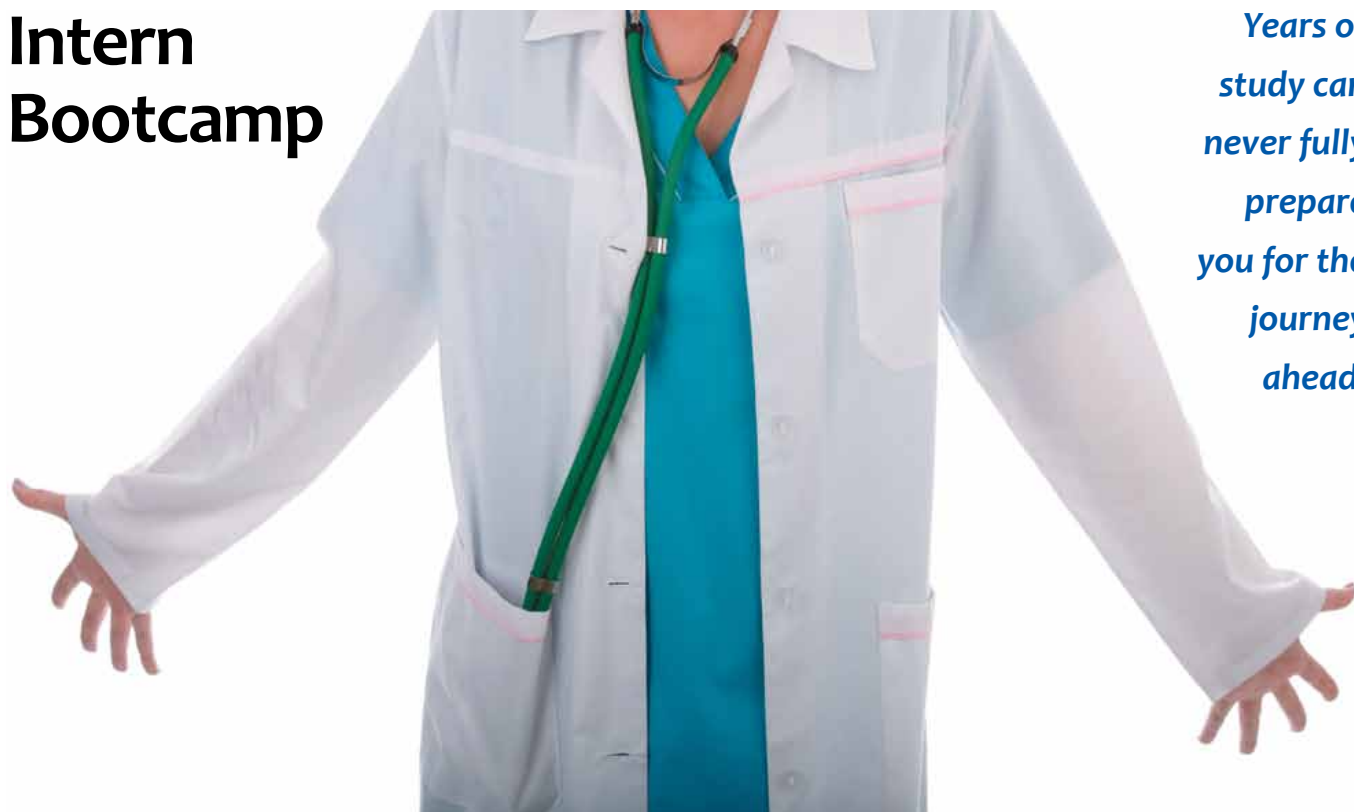
CMDFA Member News

Let *Luke's Journal* know what's happening in your lives – including births and marriages. Some whose spouses have passed would be interested in meeting with others in similar situations for support. Please contact lukesjournalcmdfa@gmail.com with information, dates and photos (high res JPEGs) as appropriate.



Intern Bootcamp

Years of study can never fully prepare you for the journey ahead.



Starting out on a journey

We have all had that first day. For some of us, it may have been months, years or decades ago – but we have all stepped into the hospital or clinic for the first time as a fully-fledged doctor or dentist.

Years of study can never fully prepare you for the journey ahead. Doe-eyed and armed with as many cannulas and packets of gauze I could fit in my little work bag, I remember my first week of internship as a flurry of patient names, discharge summaries, and pager wrangling.

The transition from study to work can be a challenging time. Navigating the hospital system and day-to-day pressures, paired with the all-consuming nature and culture of the profession has led to high rates of burnout and, for some Christians, God and the gospel begin to slip lower down the priority list.

The annual Intern Bootcamp was, therefore, created to equip and serve new interns, providing them with practical theological and clinical tools to flourish spiritually and professionally, as they enter into the workplace. For one day,

the different CMDA groups across Australia create a space for those starting work to meet new friends in their region, have some fun, and to share apprehensions and anticipations for the upcoming year. Most importantly, Intern Bootcamp provides an opportunity to learn what it looks like to practice as a Christian in the often-challenging hospital system through presentations and conversations, supported by fellow Christian doctors and dentists who have gone through the same challenges before.

NSW Intern Bootcamp 2019

In New South Wales, 38 newly-minted doctors and dentists gathered at Summer Hill Anglican Church at the start of 2019. They were joined by doctors from all different stages – residents, registrars, GPs and consultants who all took time out to share their experiences as Christians in the workplace. The day was spent tackling topics such as the Biblical basis of work, work-life balance, Christian-minded finances, the ideal intern from a registrar's perspective and providing spiritual care for our patients. The important skill of an intern in capitalising on free food was also exercised over lunch along with the

opportunity to break off into the different hospital networks to meet the Christian brothers and sisters they would be working with.

As a medical resident in my second year out, helping organise this year's Intern Bootcamp was a timely reminder of how God had answered all the anxious prayers I had made throughout that first year. During those times of walking down the corridor before reviewing a patient, it was the words of a paediatric registrar who had shared at Intern Bootcamp that echoed in my mind – that before all things, I could pray and commit that patient to God, the creator and sustainer of life.

We have a precious family through Christ and CMDFA, and it is a privilege to journey with those before and behind me with God as our head. As this year comes to a close, please be praying for our new interns starting work in 2020. May God give you the opportunity to encourage, journey with and share our Creator's restoration alongside those you work with.



Vision Conference



It was a privilege to attend my first Vision conference in January 2019. My husband, Rob, and myself flew from Canberra to the Gold Coast and then caught the bus to Burleigh Heads. As we trundled our bags up the hill to the conference centre with some anticipation, I wondered what was in store? We quickly found our room and then met with others for a cold drink in the communal dining room.

Right from the start the atmosphere was friendly and welcoming, as we met some young doctors and medical students of all nationalities and some more experienced CMDFA members. The purpose of the Vision weekend is to encourage and inspire leadership skills in our wonderful Christian medical and dental students and recent graduates. Mentors are invited who are willing to come for the weekend to mingle and get to know the students. The programme included Bible studies, mentor groups, workshops for leadership skills, forums for hot topics in Christian ministry, planning time for university campus ministry and praise and worship.

Our speaker was Associate Professor Andrew Cole, a long-time mentor of

Vision. Andrew has been a Consultant in Rehabilitation Medicine and conjoint academic with UNSW Medicine since 1985, and also HammondCare's Chief Medical Officer since 2008. Andrew delivers talks from the book of Daniel illustrating principles about Christian leadership: Daniel's unwavering faith in the face of persecution, his humility when elevated to high places and his commitment to speak the truth to authorities, even when it was unpopular. There was encouragement to us as Christian medical students, doctors and dentists to trust that our Lord Jesus is in control, and to look to Him when our values are threatened in both personal and professional situations. These talks also provided meaty food for discussion in our mentor groups!

The highlight for me was the opportunity to be a co-mentor to three students – Stephanie (Monash), Grace (UNSW) and Olivia (Adelaide). It was wonderful to engage in discussion together and slowly develop a relationship so that we could share and pray together.

The workshops were interesting and thought-provoking too. Each had the

opportunity to choose two from the four offered: Work-Life Balance by Dr Catherine White (which I found very practical and encouraging), Dr Sneha Kirubakaran's Leadership Theory and Practice (which was motivating and fascinating), A Christian Worldview led by Dr Maria Haase (which my husband Rob attended and found the discussion stimulating and helpful) and Dr Tash Yates led Teaching and Learning (which Rob also really enjoyed).

Overall it was a wonderful weekend, with yummy food including barista-style coffee (offered at a very modest price) fellowship, joyful praise and worship, a chance to learn and grow and also mentor our precious upcoming next generation of Christian doctors and dentists. There was a Christian bookshop with a great selection of interesting and topical books. I am hooked and will be there next year! I would strongly encourage anyone to come, whether you are a potential mentor or student. Thank you so much for your amazing organisation Dr Jacki Dunning and team!



Why equip and connect CMDFA members?

In this brief article we will look at an overview of the Equip and Connect Training day, reflecting on its current role and future directions.

What is the day about?

“E and C” is an annual training day initiated and organised by the national board of CMDFA. The aim of the day is to do exactly as the title says – to “equip” and “connect”.

Who is it for?

While the training day is open to any CMDFA member, the target group includes individuals on the national board, state and regional committee members, and student representatives.

Why “Connect”?

Compared to say the UK, Australia is very large and sparsely populated. It becomes difficult for a small national organisation such as CMDFA to feel a sense of oneness as a national family. A member in Perth finds it difficult to feel connected to those in Sydney, and those in Townsville may not even feel connected to Brisbane, and so on.

At its very core, CMDFA is relational – a family of Christians from across the country. It is therefore imperative that the leadership reflects that in its structuring and setting up of programmes – a culture of relational activity needs to be modelled

from the national board down. At a practical level, we are brothers and sisters in Christ. When we deal with each other at an organisational level we should, as a family, do so in Christian love, knowing who the person is and what they are like. The stronger the fellowship bonds are between individuals, the better and more God-glorifying our organisational bonds will be.

Connectedness is in our basic DNA, and in this vast land it takes structure to achieve this.

Why “Equip”?

Why do we see the need to equip our state regional and student leadership teams? To answer this we look to the role of the national board as the servant leadership of CMDFA.

The national board obviously exists to fulfill legal and other obligations that allow CMDFA to exist as an organisation. Our primary role, however, is to lead by casting a high and wide vision nationally for CMDFA. Having done that, our secondary role is to provide resources, support and back up for all of our leadership teams so that they can better run local groups, each in unique ways that suits their groups.

So we equip CMDFA leaders and provide resources to fulfill a common vision

The 2019 programme

“E and C” has been running for over 10 years now but over recent years attendance has dropped, due to work and life pressures. A huge effort was put into the 2019 training day to bolster attendance. This was imperative as over 50% of the national board and state leadership were new to their office. Thus, a large “connect” component was organised to meet and build bridges between various national and state members.

The “equip” element includes:

- Governance and legal implications, eg. legal guidelines for medicos in sharing their faith

“The stronger the fellowship bonds are between individuals, the better and more God-glorifying our organisational bonds will be.”



- Finances, eg. the financial position of CMDFA, relations between national and state funds, and the new pledge system
- Discussing a recently signed Memorandum of Understanding with the Nurses Christian Fellowship Australia (NCFA), and how to implement it at a local level
- Planning for *Luke's Journal* to change format from print to online. This was discussed in the broader context of upgrading the CMDFA website, planning and integrating IT platforms and including the various Facebook groups.
- An open forum to discuss state-specific issues, where each state was asked to prepare a report that was shared beforehand.
- Discussing the new CMDFA ethics group, its structures and functions

This was a huge day with a lot of ground covered. It was only possible as all attendees did a lot of work before and after the training day.

While the efforts resulted in a very successful day, I still have concerns for the long-term viability of this model. It is essential that we have structures and programmes to help the leadership “Equip and Connect” but we may need to look at new ways to achieve the outcomes for which the training day was set up.

To the future

One suggestion has been to combine the event with the CMDFA Vision Conference for student leaders. As Vision Conference is basically about equipping and connecting student leaders, it would not be difficult to combine the two events. This could be an efficient and effective way of providing equipping and connecting to the whole spectrum of the CMDFA family, from students, to graduates and beyond.

As our CMDFA family breadth continues to grow (including our fellowship alongside nurses and a whole range of allied health personnel), achieving “E and C” within these diverse groups needs further consideration. Other ways of achieving the desired outcomes include using reliable technology to facilitate effective

fellowship “connections” across Australia. Work is also occurring to consider how “equipping” can be achieved using IT platforms, such as podcasts and webinars.

In conclusion

For the past 10 years “E and C” training day has played a core role in CMDFA leadership activities. It is part of a wider range of strategies that the national board engages in, in order to fulfill the dual roles of leading and serving its members. The aim to equip and train is still core to CMDFA, as is the goal to remain a connected and relational Christian healthcare family. The methods used will need to be reviewed from time to time to ensure that efficiency effectiveness and relevance are also achieved in a changing landscape.

Finally, I would like to thank those who saw the need for “E and C” more than 10 years ago. In their wisdom, they saw that across our vast continent, CMDFA needed to remain connected as one national family, and not simply a whole lot of disconnected splinter groups.



Luke's Journal

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SUB-EDITOR

Sue Furby

CMDFA CHAIRMAN

Prof John Whitehall

CMDFA NATIONAL OFFICE

Unit 35A / 9 Hoyle Avenue, Castle Hill NSW 2154
PO Box 877 Baulkham Hills NSW 1755
Ph: 02 9680 1233
Fax: 02 9634 2659

CMDFA NATIONAL MANAGER

David Brown – Contact through the National Office

CMDFA NATIONAL SECRETARY

Dr James Yun

CMDFA NATIONAL TREASURER

Jane Noller

ReGS (Recent Graduates & Students)

Dr Chris Williames (recent graduates)
Dr Mack Lee (students)

CMDFA BRANCH SECRETARIES

NSW and ACT:

Dr Lauren Chong

QUEENSLAND:

Dr Anthony Herbert

SOUTH AUSTRALIA (and NT):

Dr Chrissy Lai

WESTERN AUSTRALIA:

Dr Bianca van der Nest

VICTORIA (and TAS):

Dr Aleisha Mak

Email: LukesJournalCMDFA@gmail.com

Email: chair@cmdfa.org.au

Email: office@cmdfa.org.

Email: secretary@cmdfa.org.au

Email: office@cmdfa.org.

Email: chris.williames@gmail.com

Email: students@cmdfa.org.au

Email: nsw@cmdfa.org.au

Email: anthonyherb@gmail.com

Email: sa@cmdfa.org.au

Email: biancamay.vdn@gmail.com

Email: victoria@cmdfa.org.au



Ethics Training: Medicine and end-of-life care

Having undertaken the first few years of my degree at a rural site, I relocated to Newcastle at the beginning of 2019. Since moving here, I have been wrapped into rich fellowship with the CMDFA community and suddenly found many events and training opportunities more accessible.

One such event was held in February 2019, covering the CMDFA position on euthanasia and end-of-life care. This medical and biblical perspective was facilitated by two guests who travelled to the area especially for the event. The guest speakers were Dr Megan Best, a palliative care expert and senior lecturer at the University of Sydney and University of Notre Dame, and Dr Andrew Sloane, who is a senior lecturer in Old Testament and Christian Thought at Morling College.

Over the course of the session, we covered the prominence and importance of end-of-life care, the arguments for euthanasia, how to engage using arguments against euthanasia as well as the introduction and application of useful biblical and theological resources. This was followed by a question and answer session for any outstanding queries, as well as to prompt further discussion.

I loved that people from such a diverse variety of age groups and stages in life



"It was invaluable to have the opportunity to test knowledge and ideas against others who were more experienced..."

were able to gather to consider these issues. It was invaluable to have the opportunity to test knowledge and ideas against others who were more experienced and to hear concerns and thoughts raised that I had not previously considered. Most importantly, we approached this issue as brothers and sisters gathered before the Lord with a concern for His glory and the flourishing of others. It is in this framework that we are best equipped to discuss ethics and enact God's love.

It can be challenging to remain engaged in issues such as these, but these events facilitated by CMDFA are really helpful in doing so. This particular event was repeated a month later in Sydney and the talks have been made available online at <http://www.cmdfa.org.au/Resources/Ethics/ethics>

Throughout the year, I have heard people reference this training in conversation and I still refer back to the handouts we were given and the notes I made! This training opportunity has provided an excellent foundation which has assisted me to become steadier and more confident in my conversations with friends, at university, throughout my palliative care rotation, and during hospital in-services regarding euthanasia legislation.

Another medical student has said, *"The euthanasia ethics session really helped me to challenge and form educated opinions on an issue that is quickly coming to the forefront in legislation. It gave me a clearer understanding of my role in caring for those whose vulnerabilities have presented themselves, emphasising how important it is for Christian medical practitioners to have an informed, clear and understandable way of advocating for these people."*

If you have the opportunity, I would highly recommend that you attend the CMDFA training events. In addition, if you have the capacity, I would encourage you to consider facilitating a training event for the benefit of other fellow CMDFA members, or perhaps for your church or small group.



Newcastle: Care for the Carers

How to navigate issues around bullying, dealing with authority and living with mental illness while ensuring adequate levels of self-care?

The CMDFA-Newcastle chapter is thriving! We are a passionate community of medical students, doctors and dentists seeking to meet regularly to grow and equip ourselves for a lifetime of living for, and serving God in our chosen vocation. CMDFA-Newcastle events bring together medical students from the University of Newcastle and University of New England Joint Medical Programme as well as health practitioners from many busy private practices and major public hospitals, including Calvary Mater and John Hunter.

In April 2019, more than twenty young people (and a few oldies!) gathered to hear from three local doctors on the theme of Caring for the Carer. Specifically, we wanted to know how to respond to bullying, and also how best to deal with difficult or controversial authority figures while taking care of ourselves, including our mental health.

Newcastle is blessed with many godly and experienced health practitioners. At this particular event, we heard from Dr Christopher Rowe (Endocrinologist), Dr Alison Chandler (Basic Physician Trainee) and Dr Heather Oakley (Psychiatry Advanced Trainee). A typical CMDFA-Newcastle event starts with a time of fun and fellowship, followed by talks

on a particular topic and then a time of discussion and prayer, and this evening was no exception. Our speakers willingly shared their personal experience of addressing bullying, dealing with conflict with supervisors and managers in the workplace and managing self-care and mental illness, as well as giving practical advice on how to respond if faced with these situations. (See tips right.)

My own reflection on this theme led me to Matthew 7:4-5 (ESV): *“How can you say to your brother, ‘Let me take the speck out of your eye,’ when there is a log in your own eye? You hypocrite, first take the log out of your own eye, and then you will see clearly to take the speck out of your brother’s eye.”* While this verse refers specifically to sin, it also seems like an apt reminder of the uncanny ability that most medical and dental professionals have to ignore their own difficulties and health concerns and focus instead on those of others around them. Too often, we want to help others and enthusiastically go out of our way to offer support to our friends, families and patients, to the point where we begin to neglect ourselves. While we are great at giving advice, when we ourselves are faced with situations where we are bullied, have difficult dealings with authority or must confront our own mental illness, we don’t always know how to react in the most godly fashion. Therefore, I encourage you to take some time to read the list below and reflect on your own experience. Pause and take

some time to address the logs in your eyes (i.e. unresolved issues with bullying, difficulties with authority in the workplace, self-care and/or mental illness concerns) that may be impacting negatively upon your life, and may in fact also be hindering your ability to care for others.

Dealing with bullying and difficult authority figures

1. Recognise bullying for what it is (defined by many professional organisations, including RACS and RACP)
2. Be humble and respectful at all times
3. Look to the Bible and pray
4. Look for opportunities to shine as a light for Jesus
5. Remember: a rotation where you experience difficulties will only last a certain length of time, and you will move on
6. Remember others might be suffering as well, so reach out and share
7. Know who you can talk to in the hospital (JMO Manager, supervisors, Human Resources), professional bodies (AHPRA, training colleges) and outside (family, friends, church community, GP and/or psychologist/ counsellor)

Dealing with Self-Care/ Mental Illness

1. Recognise that illness is part of a fallen world and should be expected
2. Recognise consequences of fatigue, overwork and mental illness on yourself and others
3. Recognise your limits for both short- and long-term overload (physically and mentally)
4. Recognise your identity in Christ (not in work) and always be content
5. Know who to talk to about mental illness
 - a. Doctor’s Health Advisory Service – 02 9437 6552
 - b. GP Mental Health Care Plan – includes access to a community psychologist
 - c. Mental Health Access Line – 1800 011 511.



Twenty years of IMPACT

In April this year, a milestone in #CMDFAlyf occurred: IMPACT turned 20!

IMPACT 2019 was a wonderful celebration at Elanora NSW on the theme of *Gratitude*.

Gratitude is what we feel as we look back on the last 20 years. We are so grateful to God for His sustaining. What started off as a fragile student movement vulnerable to gaps in student leadership, student busyness and the dreaded 'black hole' where recent graduates disappear off the radar into the busyness of hospitals and working life, has, by the grace of God, survived! And not only survived, but has flourished – providing twenty years of spiritual 'recalibration' for thousands of doctors and dentists whose hearts



IMPACT 20 Year Timeline

Eternity



2000 ACT Canberra

Doctors? Disciples? *In a changing world...*



2001 QLD Mapleton

UNITY IN THE GOSPEL



2002 NSW Chatswood

SOLID in FAITH, RADICAL in OBEDIENCE



2003 VIC Philip Island

CONNECTING



2004 NSW Chatswood



Who can



IMPACT 2011: Jo Choo, Chris Chan, Jeremy Beckett, Judy Fitzmaurice (Nathan Combs)



IMPACT 2019: recreated for IMPACT 2019 (including Nathan Combs in the background!)

have been realigned to loving Jesus and dedicating their career to be a ministry, not just a job.

For twenty years, IMPACT has created a sacred space. Four days for medical and dental students and graduates to put aside the pressures of study and gather together to pray, worship, learn, hear from God and make lifelong friends.

A number of the early leaders of the IMPACT movement flew in to join the celebration this year including plenary speaker, (former Student and Recent

“Thousands of doctors and dentists whose hearts have been realigned to loving Jesus and dedicating their career to be a ministry, not just a job.”

Grads worker, and now missionary in East Timor) Dr Jeremy Beckett. Jeremy

delivered a feast of ‘classic IMPACT’ Bible talks from Colossians 1 starting off with the challenging thought, “Isn’t it about time you gave up your faith?” (irony).

A special celebration dinner, IMPACT trivia quiz (which State has hosted the most IMPACTs?), an enthusiastic recreation of IMPACT memories like the 2011 Nutbush City Limit Line Dance (with gusto) was followed by a beautiful time of worship, prayer and communion outside around a cross in the dark, holding lanterns. We are first and foremost grateful to God for our salvation in Christ.

IMPACT 20 Year Timeline

PEOPLE OF PURPOSE



DESTINATION PARADISE: A Journey through the Desert

FAITH IN ACTION Just do it!



2005 SA Adelaide



2006 NSW ICMDA World Congress Kurrajong



2007 QLD Townsville



2008 NSW Collaroy



2009 VIC Geelong

you see?



“IMPACT was a movement of [God’s] Spirit.”

Attendees at IMPACT this year were provided with a smorgasboard of exceptional workshops: Choosing a Specialty, Thriving in Medicine, Medicine as Ministry, Traps for Young Dentists, Paintbrushes and Stethoscopes, Managing Money, Overseas Mission, Gender Dysphoria and more.

Most *Luke’s Journal* readers know something of the IMPACT story: Seven medical and dental students met at a CMDFA National conference in 1999. Three of them – Maleika, Tash and Ros – were at IMPACT this year. CMDFA at that time had largely lost contact with students. Mark and I were also there in 1999, fresh from twelve years as missionaries in Papua New Guinea and with a passion to connect with students. It really was a work of God’s Spirit what happened next. I count it a life highlight and profound joy to have been involved

with IMPACT from the beginning until now. God gave me a conviction that IMPACT was a movement of His Spirit that I should commit to giving my best to.

Early on, there was a sense that we were stewarding a God-given vision that was bigger than ourselves. It would take our loyalty and our dependence on Him to ‘make IMPACT happen’ year after year. Maleika Selwyn, Tash Yates, Joanne Choo, Jeremy Beckett and Chris Chan all contributed enormously in the early years. Along with many, many others! Dr Cli Smith, CMDFA Executive Officer along with his wife, Judy, gave unwavering support.

IMPACT stood for a new generation of Christian doctors and dentists rising up to declare that they would be solid in faith and radical in obedience in following Jesus Christ in healthcare, having an impact in Australia and in the world.

Six months after that fateful National Conference, the first IM ACT was held in April 2000, with seventy students from all over the country meeting in Canberra, around the theme of Eternity.

There have been so many people over twenty years that have committed to the flourishing of the IM ACT movement. It’s been much more than a conference, it’s been a community and a family. Lifelong friendships and over twenty marriages have been forged. From IMPACT, other annual events have emerged, including VISION, Intern Boot Camp and the Recent Grads Retreat. IMPACT alumni now fill CMDFA leadership roles all over the country, have started hospital prayer groups and are now mentors to students. So much generosity, so much prayer, so many IMPACT committees working hard... and so much joy in serving.

Yes, we are grateful.

Without IMPACT, the CMDFA would most likely not have any members less than 45 years old.

I firmly believe that IM ACT has been the single most significant cause of generational renewal, continuance and refreshment of CMDFA in the last 20 years and we give Him all the thanks and glory for what He has done!

IMPACT 20 Year Timeline

  2010 NSW Collaroy	  2011 QLD Mt Tamborine	  2012 NSW Kurrajong	  2013 WA Perth	  2014 NSW Collaroy
 		 	 	 

IMPACT Reflections

Staying Christ-centered with our time, resources and relationships

Gathering together with other Christians at a conference is always a joy!

IMPACT is a time where we meet new faces, share in fellowship over God's Word, and catch up with old friends from other CMDFA events. This year we heard from Dr Jeremy Beckett on the topic of *Gratitude*. Jeremy shared about his experience working as a doctor in Timor-Leste (aka East Timor) along with his wife, Bethany. It was humbling to hear about their time there and the many small challenges they faced. I remember him sharing that it's the small things which can make things difficult, for example having to renew his visa each month, or his car breaking down. Then there's the busyness of raising his four kids. Hearing him share about this reminded me that it's not easy serving as a medical missionary in a foreign environment. At the end of

the day, it's God that sustains and without Him, our labour is in vain.

Being one of very few dentists there, it was actually nice this year that there was a seminar run by a dentist (Dr Ken Soh). Ken shared about some struggles commonly faced working as a full-time dentist. As a new grad this year, I know it can be easy for me to go straight into work without reflecting on my motives of what work is, who I'm working for, and how I relate to people in that work environment. The daily grind of work can make me narrow-minded and I become so fixated on my job that I lose sight of who my real employer is. It was refreshing to hear Ken share and give advice in staying Christ-centered with my time, my resources, and my relationships with colleagues and patients. What does it look like to be a Christian first in the workplace

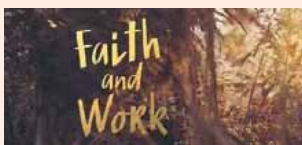
(as opposed to a dentist or doctor)? That is something I grapple with every day.

Overall, the talks, the fellowship, the seminars, and my discussion group all contribute to making IMPACT what it is! Journeying together with fellow doctors and dentists within CMDFA is a helpful reminder that we're supported by a group of people who share similar struggles, whether that be in the workplace or life. I hope that when we meet together each year at an event like IMPACT, we can continue to spur each other on to be a Christian first in the workplace, and to serve God diligently with what He has given us.



Dr Justin Lam
Dentist

IMPACT 20 Year Timeline



2015 VIC Philip Island



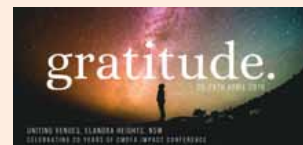
2016 NSW Collaroy



2017 VIC Melbourne



2018 NSW Chatswood



2019 NSW Elanora



IMPACT Reflections

A great place to step back, recalibrate

In a flurry of final year action and the imminent reality of employment, I finally (after years of procrastinating) accepted an invitation to IMPACT.

I wanted to be firmly grounded in God's plan and on a gospel platform in the run up to a change in life stage. I also deeply desired fellowship with Christian brothers and sisters who are walking through the similar experiences, with the intention to encourage one another in the faith and to be missional in all facets of life.

I enjoyed:

- Hearing and seeing the ins and outs of students who have walked before me in faith, and have made bold decisions to follow God. It was helpful and encouraging to hear about the convictions that underpinned those

choices, but also the practicalities that influenced the timing, places, and ministries that our missionary friends have chosen. It really clarified a lot of previously nebulous thinking about the enigmatic concept of 'missions'

- Hanging out with, getting to know, encourage and be encouraged by, my fellow Newcastle students. We had the space to discuss student life, and ways in which we can be supporting each other, primarily as God's people, through medical work and study. I also loved reconnecting with former students, now doctors, being able to rekindle relationships, and hearing their experiences of life and work.
- Worshipping our heavenly father in song was a spectacular highlight.

Conference singing is always a highlight for me, and IMPACT's was top tier. It was consistently fantastic to be in a small space to pour out praise to God with God's people.

There isn't a medical student or junior doctor who would regret coming to IMPACT. I haven't had the space to reflect on Dr Beckett's profoundly inspiring preaching, nor the rich fellowship I experienced in my little strand group. IMPACT 2019 was a great place to step back, recalibrate according to scripture, and go on to live a gospel-shaped life in medicine.



Mitchell Wong
Intern
Prince of Wales Hospital

A weekend with the future of the CMDFA family

I was at the IMPACT April 2019 Gratitude Conference at Elanora Heights.

What a way to spend an ANZAC long weekend in Sydney's bushy northern beaches! It was a spiritually and physically refreshing time. As a retired participant, I was inspired by the passion to serve Christ in our younger generation of student and healthcare workers.

Arriving on Thursday night, I was warmly greeted by an enthusiastic group of students. They directed me to my room which I shared with four other senior doctors – sounds crowded, but it was actually quite comfortable. We were given the deluxe room with two bathrooms in the ensuite! What a way to get to know each other better.

Dr Jeremy Beckett spoke on Colossians every morning and encouraged us all in our faith. He is a very gifted and passionate speaker. The mentor groups afterwards focussed on how we could apply what we learnt at work and in our daily lives. Older participants are often asked to be mentors. I preferred to help

"I was inspired by the passion to serve Christ in our younger generation of students and healthcare workers."

by minding the bookshop and I was only asked to facilitate one session.

As always, there was free time and a range of workshops in the afternoon. The End of Life Care and Aboriginal Culture workshops were very illuminating. It was wonderful to hear from a Christian Aboriginal the unique pressures they face and how we can better connect with them.

The best mission talk and expo was held one evening. Many mission agencies were present to encourage us to consider mission.

On the last night, after the celebration dinner we had the surreal experience of

gathering at the cross in candlelight in the oval, singing to the Lord, worshipping Him and recommitting ourselves to Him. I have attended a few IMPACTs in the past and the last night had always been a very moving experience. This time it was taken to the next level with the outdoor setting.

The big joy in attending IMPACT is seeing and catching up with Christian health professionals and students that I have come to know over the years. I have had a long connection with CMDFA since I was a medical student. It was very encouraging to see others grow and the roles they and their kids now play in God's kingdom. I am always surprised too by how my attendance was valued.

It was a great privilege to spend the weekend with all the young enthusiastic Christian health workers; the future of CMDFA family.



Dr Patricia Kijvanit
Retired Emergency Physician



Thirst-quenching Saline

Nine years ago I first planned to attend a Saline Process training workshop. For various reasons it didn't come together, and my professional path since then has been a rollercoaster of finishing medical school, moving six times between city and country, undertaking research, enjoying two separate years of maternity leave, and eventually completing specialty training. The journey equipped me for many personal and professional encounters, but I still felt vastly underprepared for the most important aspect of all – to feel confident in sincerely, sensitively and effectively being a Christian light to my patients. My thirst was finally quenched when I attended a Saline Process workshop in Newcastle in June 2019!

What does Saline Process mean?

The Saline Process is named after the life giving saline solution used in healthcare, and also refers to Christians being salt and light (Matthew 5: 13-14)¹ in the health field. A solution too salty is deadly, and too dilute is bland. So too, we can be truly life-giving through the Holy Spirit if we inject the right balance of truth and love as we live as witnesses of the good news, as we work alongside our colleagues and care for our patients. Our conversations are to be seasoned with salt (Colossians 4:6),²

and we are to always be ready to give a reason for our hope, with gentleness and respect (1 Peter 3:15). In healthcare, this is demonstrated by being ready to seek permission to discuss spiritual matters, with openness, sensitivity and respect. The term Process acknowledges that God's work in our lives is ongoing.

“...being ready to seek permission to discuss spiritual matters, with openness, sensitivity and respect....”

Newcastle Saline Process, 2019

Needless to say, the training day did not disappoint! About 20 participants gathered on a fresh sunny winter morning to learn how we can better share our faith appropriately at work. We were led by passionate trainers, each bringing a wealth of experience in varied backgrounds. Our group was enriched by the shared experiences of GPs, practice managers, palliative care specialists, psychologists, nurses, dietitians, naturopaths and

and medical and allied health students, creating a unique learning opportunity with a diversity of perspectives. I was inspired to learn from one GP who had some Bibles in the consulting room to give away to anyone who asked, that he was constantly restocking! It was also encouraging to hear him give reason for his hope when questioned by patients.

It was convicting to realise that having spiritual conversations and input requires not only professional competence, compassion and trustworthiness, but demonstrable Christlike character (Galatians 5: 22-23a) and courage (Joshua 1:9).

Some participants were particularly looking forward to putting into practice the Christian Cognitive Behavioural Therapy tool. I especially appreciated learning the framework of the Engel Scale. It is a useful tool to help identify one's willingness to engage with Jesus and Christianity, and provides a toolkit in how to appropriately approach someone in each stage.

Within that toolkit are eight tools including taking a spiritual history and identifying moments for 'faith flags' and 'faith stories'.

1. You are the salt of the earth. But if the salt loses its saltiness, how can it be made salty again? It is no longer good for anything, except to be thrown out and trampled underfoot. You are the light of the world. A town built on a hill cannot be hidden.

2. Let your conversation be always full of grace, seasoned with salt, so that you may know how to answer everyone.

■ ■ A poignant phrase, often attributed to St Francis of Assisi³, serves as a point of reflection: “Preach the gospel at all times, and if necessary use words”.

What’s to love about Saline Process?

- It brings together like-minded health professionals from all stages of experience both professionally and spiritually
- The focus of the workshop is patient-centred and God-honouring
- Each part is founded on biblical principles
- The workshop structure achieves a

balance of new information, personal reflection, small group sharing, whole group contribution, social time, prayer and thanksgiving to our good God

- Information presented is evidence-based, and data on the clinical relevance of incorporating spirituality and faith into healthcare is staggering
- It nicely weaves in a video of one patient’s faith journey, which serves as an emotive stimulus for thinking through the concepts presented
- It equips participants to create and identify moments to seek permission (and even documenting that it has been granted), and then to discuss spiritual matters with sensitivity and respect, including taking a spiritual history

- The take-home manual is a resource of pure gold, helping to continually equip participants to be gospel-focussed and reflect on their experiences
- Graduates become part of an online Saline Process support community, receiving weekly encouragement and devotions, and the opportunity to share experiences and news through the online forum
- The workshop day is well-structured with specific goals met for each session; despite the volume of information participants do not leave feeling overwhelmed, but rather equipped and motivated
- The emphasis is on practical application in the workplace.

3. <https://www.thegospelcoalition.org/article/factchecker-misquoting-francis-of-assisi/> (Accessed 21/09/2019)



Saline Process Taster

TAMWORTH

Wednesday 12 February 2020

3-5pm – GW Sanctuary Inn, 293 Marius St, Tamworth

Trainers: Carol Rowley (NCFI) and Georgie Hoddle (NCFA) will present slides and information on The Saline Process Witness Training sessions.

Nurses, doctors, chaplains and all healthcare workers are welcome.

Free event, donations welcome.

Contact Georgie at ncfa.salineprocess@protonmail.com

or mob: 0406 229 583



Saline Process Witness Training

NEWCASTLE

Saturday 15 February

9am-4pm (NCFA event, but all welcome)

8:30am-5pm – New Vine Church, 340 Maryland Drive, Maryland

Trainers: Georgie Hoddle, Carol Rowley and Robert Claxton

Cost (include training materials, lunch and tea/coffee breaksx2)

• \$50 NCFA members – \$70 non-members

• \$50 CMDFA members – \$140 non-members (includes free sign up for CMDFA membership 2020)

Details: ncfa.salineprocess@protonmail.com



Taste and See – Saline

SYDNEY

Saturday 13 June

9:30-12:00pm

Venue: NCFA Office – 5 Byfield St, Macquarie Park,

Trainers: Gabi Macaulay and Georgie Hoddle

Cost:

• \$20 NCFA/CMDFA members - \$30 non-members

Details: NCFA – ncfa.salineprocess@protonmail.org





On becoming salty and shiny

Sneha and Georgie Hoddle
Saline training in Darwin

I came into medicine by the call of God after first training as a computer geek. As a medical student and an intern, I was idealistic and determined to be a ‘Christian doctor’ – whatever that meant. What did it mean? I thought I knew.

However, after several years of hard labour as a junior doctor and a surgical registrar I wasn’t so sure anymore. Was I nicer than other doctors? Not always. Was I more hard-working than other doctors? Not especially so. Was I better at my job than other doctors? Hardly! What exactly did being God’s witness (Acts 1:8) to my patients & colleagues mean? What exactly did being salt and light (Matthew 5:13 – 16) in my workplace mean?

As a junior doctor, I began to volunteer on several short-term overseas medical mission trips. Mission work is what every good little Christian girl should do, right? I found it very easy to be a ‘Christian doctor’ on these overseas mission trips. I always went with a Christian organisation and because of this banner, it was easy to have conversations about God with patients and other locals. And I could ask 100% of my patients if they would like me to pray with them (99.99% said yes).

Back in Terra Australis, however, God was not really a part of my medical practice. I didn’t know how to make Him more so.

I didn’t know how to replicate the free and matter-of-fact way of talking and praying with patients that I had learned on Christian overseas missions in the generally spiritually hostile environment of Australia.

“...we are ALWAYS on mission – to whomever happens to be at our elbow at the time...”

While reading about ‘missions’, I eventually learned about ‘missional-living’. The idea that we are ALWAYS on mission – to whomever happens to be at our elbow at the time. I realised that ‘overseas missions’ were just a subset of ‘missions’ – even though most churches and Christians conflate the twain as one. Thus, I could not use my overseas volunteering as a tick-box fulfilment of being a ‘Christian doctor’.

I set about trying to figure out what it meant to be a Christian doctor in my own backyard of Australia. Who could help me? Who already had the answers?

CMDFA conferences taught me about taking a spiritual history but, I must confess, I couldn’t really see how or when

I could skilfully take one. I had never seen any other doctors do so in real life. Although I understood the concepts, I couldn’t really visualise their practice in order to be able to incorporate them into my own work. Neither did I know what to do with any answers I might get if I did start asking patients about their faith.

I then checked out Youth With A Mission (YWAM) – I did a short stint on their medical ship in Papua New Guinea (just another overseas missions trip) and I attended a 6-month Medical Discipleship Training School (Medical DTS) in Hawaii (going on outreach to Iraq and Israel). The DTS proved to be heart-healing and soul-rejuvenating in so many ways but it didn’t actually teach me anything more about how to be a Christian doctor in Australia.

However, it did open some new doors that eventually got me going on a medical education mission to a large Asian country in 2015. While in this large Asian country, I attended a conference for Christian healthcare workers and I got trained in **The Saline Process**. Eureka!

The Saline Process (<https://www.ihsglobal.org/SalineProcess>) is a course designed to help Christian healthcare workers share the love and reality of Jesus in their workplaces with permission, sensitivity and respect.

It uses the metaphor of Saline – an isotonic, ‘just right’ salt solution relevant to healthcare, to train us to be salt and light in our professional lives without being damaging. *Eureka! Eureka! Eureka!*

The course is structured around five questions:

1. Why is faith important in healthcare?
2. What are the opportunities and barriers to fulfilling God’s call?
3. What is my part?
4. What tools will help me cultivate and sow?
5. Where do I go from here?

The course is owned by IHS Global and has been translated into several different languages. IHS Global partners with several international and regional Christian healthcare organisations to deliver the course to local healthcare workers. It has been delivered in 100+ countries to equip over 27,000+ health workers. Thus, its principles are very applicable in varied cultures and contexts. Including Australia!

Michael Burke of CMDFA brought the Saline Process to Australia in 2009. Nurses Christian Fellowship of Australia (NCFA) has also been teaching the course in Australia since 2017. Most recently, Healthcare Christian Fellowship of Oceania (HCFO) have also jumped into the foray in 2019. Thus, we now have a network of CMDFA, NCFA and HCFO teachers across Australia who have trained 900+ Australian healthcare workers!



Organisations like CMDFA, NCFA and HCFO provide a much-needed avenue for fellowship to their members in their faith and practice as Christian healthcare workers. In many countries, however, such organisations do not exist. In these countries, the Saline Process can often be a rallying point for Christian professional fellowship.

In March 2019, IHS Global hosted an Oceania Regional Strategic Meeting in Brisbane. Several Saline Process leaders from Australia, New Zealand, Papua New Guinea, Fiji and the Solomon Islands attended. This meeting ear-marked a season of fresh inter-country, inter-organisational collaboration to support each other, build each other up and share resources (particularly teachers). The harvest is plentiful but the workers are few. We pray to the Master to raise up workers.

You might be one of the answers to our prayers. Or at the very least, you might be intrigued by my shouts of ‘Eureka!’. If so, keep an eye out for an upcoming Saline Process in your region! (Or ask us through office@cmdfa.org.)

The principles I have learned from the Saline Process have revolutionised my life as a GP in Australia. I now know exactly how I can skilfully navigate the topic of faith, belief and spirituality with my patients. And I have done so with hundreds of people since 2015! I now know what other tools I can use to be saltier and shinier in my workplace. I am more deliberate with intercessory prayer, faith flags and faith stories. And I have moved from 4-5 opportunities per year to pray with an Australian patient to about 50 – 60 per year!

See what I mean by *Eureka!*!

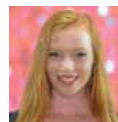
Haiku inspiration

winter surprise
cascading down gully:
bare tree roots

Dr Judy Fitzmaurice

Judy lives in Sydney with Mark and both have been part of the CMDFA family since student days. Judy loves student ministry and this year is grateful to God for 20 years of IMPACT conferences, having attended 19 of them.





Newcastle: Ethics at the beginning of life – prenatal screening, IVF and abortion



One of the greatest things about CMDFA is the huge scope of knowledge and expertise brought to the table by everyone involved. United by the common faith in Jesus Christ, it places us in such a valuable and unique position to help and learn from each other in both our spiritual and professional lives.

In light of the recent political changes to abortion laws and our close contact with the issue as health professionals, we thought it would be encouraging to meet and share what the situation was like from the perspective of Christian professionals in the field. When being a Christian means going against the general population's beliefs it can be very isolating and scary, not to mention much more difficult to hold true to God's word. As it explains in Hebrews, this is why it is so important to gather and use our individual expertise to encourage each other to stand firm.

"Let us hold unswervingly to the hope we profess, for he who promised is faithful. And let us consider how we may spur one another on to love and good deeds, not giving up meeting together, as some are in the habit of doing, but encourage one another – and all the more as you see the day approaching." (Hebrews 10: 23-25 NIV)

Selina Stewart shared how **Zoe's Place** is creating a free, safe, biblical environment

for mothers considering abortion to be counselled through the decision. They focus on a parenting first approach, but ultimately love, support and advocacy are given to each patient at such a vulnerable time. The goal is to give "Time to Pause" for a decision that is often pressured by dates, family, and society's expectations. Time can be exactly what is needed in such an uncertain period.

"...beginning of life seems to be getting more complicated with all the tests and reproductive technologies that each have significant ethical issues..."

Zoe's Place are also in the process of offering post-abortion counselling, which is particularly important in loving and supporting these women. This especially when they are likely to feel judged and rejected by the church. It was so encouraging to hear that these kinds of services are available to help women practically in these situations.

However, as technology advances, the beginning of life seems to be getting

more complicated with all the tests and reproductive technologies that each have significant ethical issues. Could these also be adding to society's view of abortion?

Professor Craig Pennell (Professor of MFM, chair of O&G, School of Medicine and Public Health at the University of Newcastle, a subspecialist in Maternal Foetal Medicine at John Hunter and a principal researcher at HMRI amongst other things) shared with us advances and principles behind some of these reproductive technologies and prenatal tests. For example, first trimester screening, although famous for identifying Down syndrome risk, includes many other valuable tests that have nothing to do with chromosomal abnormalities – checking the cervix, uterus, placenta, dates, structural abnormalities, preeclampsia etc. These checks may be easily done without the chromosome screening, potentially avoiding a lot of unneeded stress and anxiety about risks and subsequent abortions.

We were also invited to consider how reproductive technologies may be contributing to infertility. When compared with trying to conceive naturally, reproductive technologies offer more rapid solutions for conception difficulties but also allow people who otherwise

would not be able to conceive children to reproduce. This could then pass on these fertility issues to the next generation, creating a dependence on these technologies.

Craig also highlighted the importance of the first discussion about pregnancy issues and abortion. The views first presented by a health professional on the matter set the trajectory for the final

decision. Therefore, we should take care in our wording and provide a balanced view.

Question time and supper after the presentations allowed us to continue to discuss the issues with each other and share personal experiences. I always find these times of fellowship so encouraging – to hear how God is working in those around you and how it is possible to be

faithful to God and be a good doctor. It is discussing controversial issues, like those discussed above, in a safe environment that has helped me reach a well-informed, biblical view about them, drawing on the experience and wisdom of the Christians around me.

“Therefore encourage one another and build each other up, just as in fact you are doing.” (1Thessalonians 5:11 NIV)



A HEART OF
OBEDIENCE

IMPACT Conference 2020 | 24-26th April
City CYC Melbourne, 538 Collins St
Details & Registration: CMDFAIMPACT.COM



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A bequest is a lasting legacy that links the achievement of one generation to the well-being of the next. It will help CMDFA fulfil its ministry to the healthcare profession

A bequest to CMDFA can be made in a number of ways:

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*If you would like help or more information please contact our National Manager: **David Brown**
Tel: 02 9680 1233 • Mob: 0414 340 848 • Email: david@cmdfa.org.au*





Supper meetings a must for 2020!

Supper meetings have been a highlight of the CMDFA programme in 2019.

Speakers have included Dr Andrew Browning (who spoke of his work with the Barbara May Foundation in Africa), Dr Reg Zahiruddin (who was held captive by the Taliban in Northern Pakistan and threatened with beheading) and our friends Dr John and Sally Padgett (as they prepared to return to the mission field). Numbers varied from twenty-two, to in excess of forty!

We also met in the home of Dr Joe and Liz Romeo in Narrandera and what a blessing that was! This was attended by local doctors, some not Christian. Rob and Dawn Wiles drove seven hours from

Cooma to attend. Peter Keith from Wagga and Ken Curry also attended.

In our last meeting, we used Zoom to stream Graeme's presentation to members outside Sydney. This was something of an experiment, but worked well with members in Cooma and Narrandera able to participate, ask questions and comment. The plan next year is to make all of our supper meetings available to rural and regional areas by Zoom. It is free to download and user-friendly.

Advocacy has been one of the main thrusts for CMDFA in 2019. To continue to stand strong as a body and to speak as one, close communication, teaching

and fellowship are essential. These are provided through our supper meetings and we recommend them to all members and suggest that you might invite non-members also.

The elements of a successful supper meeting are hospitality, fellowship, teaching, praise and worship, an interesting presentation and a good meal. If members would be willing to host a meeting in Sydney or in a regional or country area, we would be glad to hear from you and will provide every assistance. We already have some ideas for 2020 but if you have ideas for a theme to be addressed, please let us know.

See reports from two meetings below.



God provides a hospital

In August there were two meetings. The first was at our home in Castle Hill. Thirty-six people attended to hear German surgeon Klaus-Dieter John speak of God's grace in providing a teaching-standard hospital for the Peruvian Quechua people in the Andes – without capital, income or loans.

He spoke of the vision that he and his wife, Martina, had for these people, and of how that vision had been realised. He spoke of the thousands of people who had received treatment in the hospital, of the many conversions and changed lives. He also spoke of the people from around the world who had come to assist in the hospital, and of how their lives had been enriched. There had been opposition from some sections of the medical community (primarily interested in income generation), but God had been faithful to bring them through all opposition and oppression.

One of the happiest aspects of the evening was the time of fellowship over a good meal. Members met with new friends and old. Students, interns, nurses, and long-standing members were present. We recognise fellowship as a vital element of our programme, and will continue to promote this in supper meetings, dinners, conferences and seminar programmes.



Reproductive technology

On August 31st, there was supper meeting at the home of Dr and Mrs Graeme Hughes in Bellevue Hill. Graeme is an Associate Professor of Obstetrics and Gynaecology at UNSW and was a founding member of Sydney IVF. Graeme pre-empted his presentation with these words:

"We are in a new exciting phase in reproductive technology. We are discovering some of the many ways God has been, and still is, working in this area. Scientists and doctors are now trying to copy these amazing 'God given processes' and it is hugely exciting!

"However, there are new and old challenges facing Christian doctors and nurses involved in this area of medicine. I am not a theologian or law expert in this area, so I will focus on the medical advances and ethical issues in reproductive technology, and the way patients are using this technology. The talk is mainly about the IVF process, frozen embryos, donated gametes and embryos, pre-implantation genetic diagnoses and surrogacy, but will also quickly cover my understanding of the abortion law 'reform' in NSW."

Continues at bottom of p 47.



CMDFA National Conference

Healing in mind, body and spirit

Who is Jesus?

As Rikk Watts, our key conference speaker, started the weekend describing Jesus, my faith and perspective started to enlarge – Jesus defeated Satan, He forgives sins, He is Lord of the Sabbath, He is our Creator, our Redeemer and our Healer – in an awe-inspiring Trinity who is all-powerful and sovereign.

A Healing of the Healers

As a fellowship of doctors, nurses and allied health professionals, every CMDFA conference is always refreshing as we gather, learn, reflect, and encourage one another. It's also a time of being intentional in our own healing. The electives were a reminder to identify areas of burnout, refocus priorities, spend time with God and hear His voice. In dealing with our own brokenness, hurt and trauma, we are better equipped to help others in their journey towards healing with a more loving, merciful and compassionate response to those who are hurting.

What does Healing in Mind, Body and Spirit look like?

One of the emerging strengths of our fellowship is joining together as a medical community with nurses, allied health professionals, chaplains and other Christians in healthcare to enhance our understanding of this question.

Dr Megan Best and Dr Maria Cigolini together stretched our understanding of spirituality – “a dynamic and intrinsic aspect of humanity through which persons seek ultimate meaning, purpose and transcendence, and experience relationship to self, family, others, community, society, nature and the significant or sacred” (The Global Network for Spirituality and Health, 2014). The extension of this is in how we encourage our patients to express their spirituality through their beliefs, values, traditions and practices. The bigger challenge for ourselves is when their spirituality looks different to our

Christian worldview and walking beside them in their journey towards healing. The practice of guided meditation brought a new and deeper level of understanding in helping patients who are in deep distress.

A Healthy Family

As I reflect on my twenty years of being a member of CMDFA, I am thankful for a healthy fellowship, where our fellowship has become like family and conferences feel more like family reunions. There is also a maturity in a healthy family in Christ where love abounds and there is a deep respect for one another that allows us to disagree and yet stay at the table of discussion.

Over the whole weekend, I was grateful for countless conversations covering ethical matters, end of life issues, abortion, Indigenous reconciliation, and a deep desire to see God's healing hand upon our nation, all discussed as a family in Christ.



Central Coast, NSW

CMDFA has a thriving fellowship on the Central Coast, with a mixture of GPs, allied health, nursing/midwifery staff, JMOs, registrars, consultants and medical students.

We had a wonderful time and attendance at IMPACT (the medical student and recent graduate's CMDFA conference), learning about gratitude and rejoicing with our God. It was encouraging to hear from Dr Jeremy Beckett expounding Colossians 1 and to fellowship with doctors from all over.

Locally, we started the year with a warm dinner at the home of two of our

members, Sarah and Andrew. It was lovely to meet one another and share our stories. We have also enjoyed a few early morning prayer sessions at Gosford hospital before the start of our work day.

Later in the year, we were blessed by local GP, Nadia, who is currently serving overseas with her family. We enjoyed a lovely brunch and Bible study refreshing our spirits with work and faith.

As a group, we enjoyed dinner together before hearing from David McDonald, author of Hope Beyond Cure. We felt very welcomed by Lighthouse Church in Wyong.

David's testimony was encouraging and challenging, inspiring us to trust in God's plans even when seemingly there is no hope.

Recently, we were blessed to hear from Andrew Browning at Terrigal Presbyterian Church. He works with stula patients as part of the Barbara May Foundation. We loved learning about this ministry and felt challenged and inspired to use our medical skills for God.

We look forward to continued fellowship and welcoming new JMOs, medical students and other medical staff next year.





From the Mentee

Mentee

This year I had the exciting opportunity of being involved as a mentee in the CMDFA mentoring programme. Throughout, I've experienced rich fellowship and, more importantly, I've been brought closer to Christ.

The Bible urges us to meet with other believers, but it also gives us many examples of how people equipped with wisdom and understanding take on the role of discipling and mentoring the more inexperienced. This is one of the reasons I think that it is really important to seek out such a relationship, and it is particularly helpful having someone with a shared professional background to speak into relevant situations.

The mentoring relationship can vary widely according to personalities,

location, and particular events or concerns shaping one's life at any given time. I love that the CMDFA programme is not prescriptive, but able to be defined by the mentor and the mentee. With my mentor, I enjoyed meeting in amongst our everyday lives and various commitments, cultivating friendship over meals, and meeting with God through prayer. Our conversations would range from ethical considerations to long term plans. In-between catch-ups, she would continue to touch base with me and pray for me over messaging. I also really appreciated that my mentor shared freely of how God was challenging or encouraging her in her own life.

Later in the year, people participating in the mentoring programme met for afternoon tea and discussion. It was

a great time of hearing how God was working in and through everyone. It was also interesting to see what mentoring looked like for a range of different people and situations. I was challenged to approach the mentoring relationship with more intentionality and consideration.

I am so thankful that my mentor demonstrated selflessness and obedience by participating in the mentoring programme this year, and I look forward to the mentoring relationships I might have in the future.

I strongly urge you to seek a mentoring relationship for yourself. The CMDFA mentoring programme facilitates this process really well. Please contact your local CMDFA group if you want a hand getting started.



From the Mentor

Mentor

Titus 2:1-4 says: "You, however, must teach what is appropriate to sound doctrine. Teach the older men to be temperate, worthy of respect, self-controlled, and sound in faith, in love and in endurance. Likewise, teach the older women to be reverent in the way they live, not to be slanderers or addicted to much wine, but to teach what is good. Then they can urge the younger women to love their husbands and children, to be self-controlled and pure, to be busy at home, to be kind, and to be subject to their husbands, so that no one will malign the word of God. (NIV)"

Deciding to mentor was a no-brainer.

I have long remembered a sermon on Titus 2, reminding us that everyone, apart from a newborn baby, is older than someone else, and therefore has something and someone to teach. Whatever our stage of life, or wherever we are in our own walk with God, it is commanded of us to share this with others. In Matthew 28:19, Jesus says to, "Go and make disciples of all nations," and

in 1 Corinthians 11:1 Paul says to, "Follow my example, as I follow the example of Christ."

To be a mentor, you don't have to have everything sorted in your own life – otherwise there would be no mentors...! In fact, Paul boasts in his weaknesses, so that Christ's power may rest on him (2 Cor 12:9). I can boast about many weaknesses as a part-time GP acupuncturist: unable to handle the time pressures and uncertainty of mainstream general practice due to anxiety; divorced and remarried; and regularly butting heads with my strong-willed daughters. However, God has shown me how he can use these struggles to encourage my mentees in their own struggles with different areas of their lives.

I have been blessed by wonderful mentees who have been firm in faith and open to sharing. It is often hard to coordinate a catch up as we are all time-poor, but Messenger / WhatsApp / texting is a great way to touch base, and is also a reminder to

pray for them. They are affectionately listed on my Messenger and WhatsApp groups as "Mintees" – sweet and refreshing. It has been a joy and a privilege to journey with them for a few years and to see God working in them in their studies, work, rest, relationships and direction in life. What an encouragement! To God be the glory!

The support and training provided by CMDFA for mentoring is fantastic – face-to-face training covering the purpose and value of mentoring, online resources, and wise experienced mentors for personal support if required. There are helpful Bible resources to direct conversations around faith in work and rest, ethical issues, and prayer. The mentoring afternoon tea was a great way to share other mentor and mentee experiences and to gain ideas on how to improve the mentoring experience for all.

Meeting over a coffee to talk and pray about the important things in life – why wouldn't you want to mentor?



Fire in the belly

(Not) Ashamed: what no one ever told me about being a Christian, single, female doctor



For the last four and a half years, I have worked in a profession with one of the highest suicide rates: medicine. An easy Google search throws out many opinion pieces and real life stories as to why; and sadly too many devastating suicide stories. Medicine is hard.

It's hard for those with and without faith in Christ. Secular articles highlight many good and valid reasons as to why this is so: bullying, social isolation, the pressure of never being good enough, the trauma of the work, long hours, sleepless nights and a profession made up of mostly type A personalities who, for the most part, have never failed at anything.

In some ways, the hope we have in Christ makes a doctor who really walks with Him a little more hardy to those challenges because we draw our strength and identity from Him. We are instead warned of other dangers that would make it hard for us to be Christian in this profession: pride, money, busyness. Yet, the difficult reality I have come to know is far, far different. No one and nothing has prepared me for how increasingly hard it can be to simultaneously be a Christ follower, a doctor and a single woman.

The great irony is that none of these titles were my doing. Christ is the one who saved me, created me as a woman, called

me audibly (cessationists, we can debate later) to be a doctor and has kept me single. So, He must also provide the grace for me to be all those things, right? Yet, by the middle of 2018 I had sunk into a deep pit of depression for reasons so different to what I ever expected. It is my hope that by telling my story, maybe someone out there will feel less alone and see the light of Christ in the midst of their own pain.

"... a profession made up of mostly type A personalities who, for the most part, have never failed at anything..."

Don't get me wrong, I love Jesus more now and walk with Him closer than I ever have. I also see my work as a mission field, and I have had countless opportunities as a doctor to share my faith – never by force, as the door was always already open to pray for people in pain, to hug and to comfort. That makes me so happy.

If I could not see my profession being used to bring God's kingdom and love to this world, then I would not be doing it. It truly is a special mission field, calling and battleground. So then, what threw me into the pits of darkness? It was the

disjoint I experienced between what I lived at work and what I experienced in church.

The battleground and the homefront

Work in an Australian emergency department over any given weekend (as I did), and you would need no convincing of the depravity of mankind: drugs, alcohol, violent crimes, rapes, mental health problems, child abuse, children living on the street, disease.

The suicide attempts and the rapes always gut me and stay with me long after I leave work. There was one particular night when I really, really struggled after caring for a hopeless, suicidal transgender man who confessed to me some previous social support as he grew up in a church-going family. It hurt me to think about what happened to this man to bring him to this point.

There's also the "charming" side of many patients. I remember one night shift at 3am draining an abscess from a homeless man's buttock who concomitantly had a history of Hepatitis C from IV drug use, and was MRSA positive (he had a superbug). I tried to instill some dignity into him: I let the man have a shower and clean up, gave him some food. He needed to take antibiotics for the next

week, for which I gave him a script. I also gave him a take-home pack of antibiotics (public hospitals in Australia can give enough medicine to last until a patient can fill their scripts). The emergency department, however, is not a dispensary, and I couldn't give him more than two days worth because that's all we had at 3am. His response was to walk up to the desk where I was sitting and yell at me, "I won't have money to get more until Friday! This is ridiculous! Why can't you give me more? You don't care if I die. You don't care, sweetheart. I'll just be back and worse off!"

Did medicine or life make me hard? I stood up, resting my finger on the duress button under the table and responded firmly with, "Don't call me 'sweetheart', I am the doctor. I am sorry, but I cannot change hospital policy and I have already given you all the antibiotics that we have to give. Do not tell me that I do not care, because I am awake at 3am draining pus from your butt. Now please, go back to your bed space while I finish your paperwork and you can go." The nurse next to me's jaw was on the floor as she watched the exchange. He shuffled back to his bedspace, then helped himself to (stole) some more sandwiches from the patient fridge.

"God, where is my gentle and quiet spirit?" The thought of not being pleasing to Christ when I fall at work, when I get angry or frustrated and am tired, hungry and sad; the thought of not being a woman after His heart... that devastates me too. Worse still, I had no one to share my struggles with. Unless you work in medicine or make a massive effort to understand, I'm sorry but you won't get it.

I asked for prayer from the church prayer group and if someone would maybe volunteer to be a prayer person for me, especially since I had no one at home to pray with – no family, no husband; I just had the church. There were no volunteers, only "encouragement" that one day God would give me a husband (James 2:15-16). It was humiliating and I didn't even know what to say. None of it was malicious, but I felt so alone out there in the midst of the darkness. My struggle had nothing to do with my marital state, but with the pain of living in a broken world.

Then came the Sunday worship services: seemingly perfect families walking

through the doors. Everyone fed, most have had a beautiful surf and maybe an acai bowl that morning. Some (in their own words) think the best thing about our church is that you can rock up barefoot. (International readers, this is Australia and is normal). They are (mostly unintentionally) worlds away from the mess of humanity I would see earlier in the week. Aside from the beautiful souls who feed the homeless or run a rehab house, I wonder how many of them even know about the darkness in their city or would be moved enough to do something crazy about it. I already felt like I was not part of the tribe.

"[Church-goers] are (mostly unintentionally) worlds away from the mess of humanity I would see earlier in the week."

Small talk

They say our church members are really good breeders because there are toddlers everywhere. Most of the women my age have babies in their arms. The others may or may not work part-time. Most look slept, well-presented (if one allows for our beach culture) and relaxed. I don't spend more than ten minutes on my appearance in the morning... just enough to try to look tidy. God knows I don't like the messy look!

I struggled sometimes to know what to say to my fellow churchgoers. I wanted to talk Bible, Christian hope and worldview to reset from the horrors of the week; but when I asked, "What did you read in the Bible this morning... this week?" I was often met with blank expressions. Some told me not to expect Christians to read the Bible every day, as I shouldn't expect everyone to connect with God through it. Apparently it was only for "smart" people like me. Where did this false teaching come from? Certainly not from Jesus Christ (the Word). Did He not teach us that His words are life and by them we would live? Are spiritual things not spiritually discerned? Isn't the flesh of no help at all? I digress...

We stuck to small talk. I started to avoid people I knew would only lead to small talk. Most Sundays I sat alone because no one sat next to me.

Career woman?

I still tried to meet new people. I tried to engage and be encouraging, especially to the young mothers living in the midst of such perverse feminism. I didn't speak about what I did; in fact, I tried to avoid it. "That's so amazing that you stay at home and raise your kids! I really honour that as a beautiful task." I was sincere, I meant every word. "Oh wow, we didn't know you believed in that, being a career woman and all."

Career woman? They didn't know that I'd exchange this job and all its 3am "glory" in a heartbeat for a family to love and serve Jesus with. Sometimes I cried at home. Then, I would wipe my face, get up and get on with what God had placed in front of me.

I wondered though, as a single Christian woman, what I was supposed to do other than use the gifts God had given me to seek and save the lost? If nothing else, medicine has taught me perseverance, diligence, hard-work, organisation, time-management, team work, problem-solving, patience... Proverbs 31 stuff: character.

Sometimes it feels as if the only standard by which a woman's worth is measured is wife; mother or aspiring to be either. I feel silently penalised for not being either; as if it were my choice to walk alone!

I have a dear friend who studied medicine in Perth as a young Christian. She was told by Christians in her church that she should quit medicine because God wouldn't give her a family if she pursued career. Praise God, He gave her a beautiful husband who is a physiotherapist and adores her. Yet, their first child was born with Down Syndrome and when she was most downcast, one of the questions she asked me was, "Is this my fault for doing medicine? Is God punishing me?"

I'm not pursuing a career. I'm pursuing God's kingdom and using these gifts to do so. I have absolutely no aspirations to be a career woman, but that's what people see. I have to ask again, as a single woman, what else would you have me do? Be idle? A busybody? Spend more time on my appearance in the morning than I do in the Bible? Be sweeter? Less intense? Cuter? Someone else's idea of "wife material"? Less God-fearing?

I recently read a Gospel Coalition article where the author said:

“I’m amazed and saddened at how often I hear young single guys say of bright, gifted single women, ‘Wow, she is so strong I don’t think I could lead her’, at which point, too many bright, gifted single women begin to consider ways to ‘tone themselves down’ or ‘soften themselves a bit’.” (Jen Wilkin On Daughters and Dating)

I wish this was not my experience, but sadly it is so easy to be hurt and burdened by this as a single woman. I’ve heard guys (some whom I thought were very godly) say this to me behind my back and show it to me by the kind of women they choose to hang around with.

Yet my aim is to please Christ and be beautiful for Him. Whether or not a man listens to the writer of Proverbs and seeks out a God-fearing woman who would honour and stand by him unconditionally for the perfect Christ’s sake, above the pretty and charming ones who make him feel good; that’s between him and his Lord.

Depression

It’s hard to make friends and feel connected when you walk into all these presumptions about you. I remember driving home from work one day and hearing a voice *“If you had an accident and died, no one would even miss you. No one’s day-to-day life would even be different.”* It was true, I was so disconnected, I didn’t know whether anyone’s day to day would change if I was gone. The hospital would certainly keep going. Yet, Jesus would care!

In July 2018 I broke down and realised I met the ICD-10 criteria for depression. What helped was that I at least knew the things that made me so sad: the loneliness, the disjoint between the outside medical world and “Churchianity”, feeling ashamed for my convictions and about my job as a woman.

I made myself vulnerable and started to share these struggles with people I thought I trusted, hoping they could help me navigate it. Our beautiful pastor was very supportive, even though he didn’t say much. I don’t know that many people actually realised how dark my vision was at that time. It certainly sounded a bit



“‘Whatever you do, just don’t shine or do well, because they won’t like you.’ My heart became walled off...”

too dramatic and attention-seeking to say, “I feel like if I die no one would even care.” (I see patients with borderline personality disorder all too frequently). One of the people I confided in said to me, “I’ve always said that the only people who could be your friends are people who are very self-assured... because you’re just good at everything.” (If you’re wondering, I am not good at everything).

Those words crippled me. He didn’t elaborate further, though I asked, but I am sure that being a doctor was part of it. So then, every time I walked into church, a voice would whisper, *“Whatever you do, just don’t shine or do well, because they won’t like you.”* My heart became walled off. Little armadillo. Did I mention Australia is famous for ‘tall poppy syndrome’?

Trying too hard

In the midst of it, I still tried, and felt a responsibility to be the church I wanted to see: community caring for each other. Even if the church hurt, God still commanded us to not forsake the fellowship of the saints. I attempted to host community dinners every month for the believers who lived in my area, but it lasted less than three months. I hoped for a Bible study to grow out of these dinners, but it didn’t. There was no Bible study in my church for a single woman to go to.

I cut down my work hours to part-time so that I could be more involved in church, but as I realised none of my endeavours to create or participate in fellowship were working, I became even more depressed.

Thankfully, God’s providence took me on a refocusing mission trip to Albania and then sent the ACEM (Emergency) primary exams at just the right time. An odd thing to say, perhaps. Yet I can tell you that I found that keeping my mind busy with study gave little opportunity for me to ruminate about other things such as my ‘feelings’, or to continue putting burdens on myself that were not of God. I was forced to cut back and get back to some foundational basics.

A simple and pure devotion

One moment of brilliant light in the midst of the sorrow changed the tide. Out of the ashes rose one powerful life-changing question from 2 Corinthians 11:3: “Is this a simple and pure devotion to Christ? And if not, why am I busying and breaking myself with it?” It astounded me to find how much of my busyness and church activities were merely things I did to please others or to meet a standard that God never set for me. I was Martha, and miserable; but Jesus was calling me to just come back and be in Him, with Him, and rest.

I was forced to, and gave myself permission to be weak and limit my priorities to just Christ, the mission field at work, my studies and only the people He brought across my path who needed help. I stopped seeking out other churchgoers in attempts to serve them or make myself needed when they were already looked after by others. I had to stop trying in my own flesh and just rest in and rely on God to be my friend, my intercessor, my help, my comfort, my belonging.

Now, I refuse to do anything if I cannot answer it with *“This spurs me on to a simple and pure devotion to Christ”*. Healing comes from loving Him, drinking from Him and accepting His standards for me not those of others or myself.

‘God is as sufficient with our suffering as He is with His Son’s blood. Your suffering, Christian, is your slave. The next time suffering comes into your room, say, “Welcome, my slave, produce for me the glory that God has designed.”’ (Thabiti Anyabwile)

As for you, you meant evil against me, but God meant it for good, to bring it about that many people should be kept alive, as they are today.
(Genesis 50:20 - ESV)

Healing

More than a year later, I am now taking a break from clinical medicine to work as a bivocational missionary in Germany.

In the preceding months, before the mission year was a sure thing and after a lot of prayer, I had to make some difficult decisions. This included connecting into another church when God opened a door for me to do so. I did this with the blessing of the leadership, who had walked this journey with me and knew of all my struggles. They told me I would always be a part of the family!

When my heart was in a good place, when Christ was all-satisfying and the One who filled my cup, I could say to Him, “Lord, I will serve in whatever community of people You place in front of me. Until You so choose to open another door, I will pour myself out into those around me whether they love me back the way I want them to or not. I look to You to satisfy my needs and ask You to meet them in Your perfect timing.”

A door opened. I joined a small church-plant with a very similar vision to mine. Realising that I wasn’t physically able to work as a doctor and start up a side-ministry on my own was so humbling. I knew my limits now – I needed to work in a team, to come alongside ministries I could partake in that were already running. Sadly, this did not involve any family, marriage or child focussed-groups; but it did involve attending a Bible study where there was a strong focus on Bible teaching and exhortation; and where some members were just a little bit crazier than I was about Scripture.

I loved the people in my old church very dearly and still saw them regularly, but I also knew that it was time to move. I cannot overemphasise how important it is for a single Christian doctor to make sure they are in a community where they are encouraged to a simple and pure devotion to Christ, consistently and intentionally; where your encouraging of others to be so devoted is welcome. (In one of the last conversations I had with a girl from my old church before I left for Germany,

I said to her, “If I can give you one piece of encouragement, it would be: whatever you do, wherever you end up, whatever job you are seeking, seek God first and above all.” She sadly replied with, “I didn’t ask you for your advice.”)

“I cannot overemphasise how important it is for a single Christian doctor to make sure they are in a community where they are encouraged to a simple and pure devotion to Christ, consistently and intentionally”

Lessons learnt

Christ’s burden is light and His yoke is easy. Without Him, we can do nothing; but if we remain in Him, there will be fruit. If our lives are weighed down, we must stop and ask ourselves if our lives are marked by simple and pure devotion to Jesus, or by busyness and striving to meet expectations of what we should and shouldn’t be. There is a reason He tells us to shake the dust off our feet; learn to be OK with rejection and move on.

If I were discipling a girl who endured the lashes of words that I did, I would tell her:

- If people reject you because you do well, that’s ridiculous! Envy is their problem, not yours. I celebrate you for using the talents God has given you and not burying them in the ground.
- Live your life unto Christ and Him alone – a simple and pure devotion.
- Keep a soft heart.
- Forgive.
- Seek out those who would enjoy your living for Him, and not resent you for it.
- Avoid those who do not rejoice in you being Christlike. Avoid those who make it clear they want to hear nothing of you. God has called us to peace.
- Do not take criticism from anyone who does not read God’s word, daily.
- Do not speak into people’s lives yourself if you are not in His word, daily.
- Look at what God has given you, and be thankful. Don’t be guilty of envy by looking at what you don’t have.

Still learning, still healing

So here I am: a God-fearing woman, trying to navigate what it means to be a woman after His heart as a single person, a doctor and a member of His body. Yes, the Bible often and painfully relates the beauty of womanhood in relation to motherhood and being a wife (and the church, sadly, often inadvertently thinks less of you for not being either).

Yet, may I remind you and myself that the women God has used most powerfully in the Bible were the barren ones, the unloved, the lonely, the rejected, the desperate, the ones who got on with what was in front of them instead of husband hunting (Ruth) – the God-fearers. You are in good company!

Working as a doctor is hard. I am so thankful to be able to lay it (toss it) aside for the next year as I seek out God’s kingdom work in Germany. I am so relieved that for one year it will be an almost insignificant part of my identity – that people will be able to see just me.

I’m not looking forward to going back to medicine. It’s not an easy call to have when you don’t feel consistently surrounded and grounded and held accountable by a strong body of believers who can cry with you. However, I am praying that God will bring more redemption and healing for me in the next year.

I pray for you too. I pray, if you are a believer and a doctor and a single woman, that you would not be discouraged by the disjoint you may see between church-life and your work-life; that you would know Christ in your pain, loneliness and struggles; that your ears would be deaf to inadvertent careless words spoken over you and over your womanhood; that you would examine your life and toss aside all things that do not flow from or encourage a simple and pure devotion to Christ.

Do not be ashamed of who God made you to be, for above all He is pleased in you because you are in Him. That is all that matters.

References:

1. Jen Wilkin. <https://www.thegospelcoalition.org/article/on-daughters-and-dating-how-to-intimidate-suitors/>
2. Thabiti Anyabwile, as quoted by The Gospel Coalition <https://www.thegospelcoalition.org/article/what-every-planter-know-pain/>



Theological reflection

Marvelling amidst the mess

My name is Emma Bott, and I'm a Christian GP in Newcastle. I trained at Newcastle University, and during that time I was active in local CMDFA events, as well as attending some of the national conferences.

CMDFA was a great introduction to the unique challenges and joys faced by Christian health professionals. I particularly appreciated the teaching and modelling of how, as Christians, our faith is expressed in all of our life, including our work, and also the opportunity to think through some ethically challenging areas of health.

At university, I also appreciated the solid teaching I received through CMDFA events, my church and my Christian university group. That passion for understanding God's Word took my husband, Dave, and I to SMBC (Sydney Missionary and Bible College) for the two years immediately after finishing my GP fellowship. The time spent studying was deeply enriching for my own faith and walk with God. I was able to dig deep into the Bible, church history, theology and other topics. I also had the opportunity to develop strong relationships with staff and other students and to be encouraged at the way God is using these people, both here in Australia and overseas. In both studies and friendships, I was

reminded again and again of the generous and faithful character of our God. I also appreciated the space I had at college to reflect in a more thorough way on some of the trickier issues we face as health professionals.

"We have a God who didn't leave us to struggle alone, but became like us and met us in these things."

At the start of this year I returned to work as a GP in Newcastle and am continuing studies at SMBC part-time while my husband works for our local church. My return to work was challenging. In some ways I think that taking time out to study has made me feel more inadequate as a doctor. I had lost some confidence and had to work at getting my knowledge back up-to-date. I'm still feeling the effects of it, almost a year down the track. But the time spent studying God's faithfulness to his people throughout history has made me more conscious of God's hand guiding me, even through these feelings of inadequacy and failure. I have been reminded that my primary identity is not 'Doctor' but 'God's beloved child', and that God is the one

who ultimately determines the sickness or health of my patients in His good purposes. These experiences have also helped me to connect better with patients in their various states of brokenness, whether physically or spiritually, as I know I am broken too!

My studies have also enabled me to participate in some new ministries. Part-way through this year I was asked to join another lady in speaking at our church women's retreat on the topic of 'Awesome God.' My talk was focussed on Hebrews 2, looking at God's awesome character as revealed in Christ. Following is an amended version of that talk with some more pertinent examples for those working in health. I hope it encourages you, as reflecting on the passage has encouraged me, to marvel at God even in the midst of inadequacy and failure, as we have a God who didn't leave us to struggle alone, but became like us and met us in these things.

Our Awesome God Hebrews 2:5-18

When I was at University I was a bit of a camp junkie. One year I went along to at least seven different camps. Church camps, Christian university group camps, Bible Study camps, camps, CMDFA camps, you name it and I was there. And I think part of the reason that I was

addicted to going to these camps was the environment of intense teaching and fellowship which just allowed me to marvel at God. And I loved it! I felt like I was on such a high! But it didn't last. The very next week I would be back into the housework, studies, relational conflict and every day mess that is life. And I would be left feeling flat and tired and, at times, even distant from God. Sometimes it didn't feel like that experience of marvelling at God had any connection to everyday life. And I know this is not a unique experience. I know many of us have a sense that these times of awe are completely at odds with real life.

We know God is worthy of awe, and at times we have that experience of deep and enriching communion with him, of being on a camp where our minds are blown with awesome revelations about God, or of being on a holiday where we have space to sit on a beach, or watch a beautiful sunset, and marvel at the God who made it all. But then we get back into real life, knee-deep in paperwork, needy patients and dirty laundry, where marvelling at God is often the last thing we feel like doing.

When life's anxieties creep back in, and we're feeling lonely, or in pain, or completely out of our depth; when we make another mistake, and are acutely aware of our failures and we assume everyone else is too. We know we should be marvelling at God, that He is infinitely glorious, but a lot of days we're just not feeling it. How do we bridge this gap? What is it about God that enables us to marvel at Him, even in the midst of life's messiness? What is it about God that meets us in our mess? As we look at Hebrews 2, and gaze at Christ, I believe that He reveals to us a God who is in our morning routines and our anxieties, pain and sin, just as much as in the ocean waves and technicolour sunsets. I'm going to propose four different reasons I think we can marvel at Christ in the midst of life's mess.

The first reason we can marvel at Jesus is because He is the glorious ruler of everything, and will one day put everything right. Dipping back into Hebrews chapter 1, we can see that Jesus is described as the One through whom God created everything, and the exact image of God. Jesus, the exact image of God was there, at the very beginning

of time, calling galaxies into existence! He made everything we see – both the big and the small things. All these things show Jesus' glory! But even though we can see Jesus' glory every day, we also see a lot of pain. Our days are often filled with frustrations, disappointments, and heartache. I know so often I come home from work feeling I have made very little difference in the lives of my patients. But as we consider Hebrews chapter 2, we can be reminded of Jesus' glory even in these things. Because this isn't the state that the world is going to stay in forever. Hebrews 2:5-9 shows that Jesus is the one to whom the world-to-come, the new heavens and earth, will be subject.

“God ... is in our morning routines and our anxieties, pain and sin, just as much as in the ocean waves and technicolour sunsets.”

Quoting Psalm 8, the author of Hebrews sees its fulfillment in Jesus, the One who, by becoming man, was made for a little while lower than the angels, but in the age-to-come will be crowned with glory and honour and will have everything subject to Him. In verse 8, nothing is outside His control.

But verse 8 also acknowledges that it might not feel like Jesus is ruling everything yet. And this seems to fit our experience. There is still a lot that is broken in our world. It is still in God's control, he is permitting it for a time, but it's not what he ultimately wants for the world. One day Jesus will return, and God will complete the work of putting everything under His feet. We can look at the good things around us, and marvel that Jesus made them all. But we can also look at the hard things, the broken things, the young patient who gets cancer, the dysfunctional families, the sicknesses and sin in our own lives and the lives of those we love, and know that one day we will see Jesus put these things right. Whatever is broken in your life, whatever is keeping you up at night, even in these things, by faith in what God will one day do, we can marvel at Jesus, because Jesus is the glorious ruler of all, who will one day put all things right.

Yet even knowing that Jesus is this glorious ruler, we still can feel the

disconnect between Jesus' glory and our every day, which is often far from glorious. But our passage offers us a second reason to marvel at Jesus in the midst of life's mess. Jesus lowered himself to become like us, so that we too could one day rule with him in glory. Verse 6 refers to 'the son of man', which in the Old Testament does refer to a Messianic figure, but it was also a generic term referring to humans. This Psalm is referring to Jesus I believe, but I also think it is referring to God's people, because of what Jesus has done. In verse 10 it says that Jesus' suffering brought many sons to glory. Jesus became like us, and suffered for us, so that he could bring us to glory. So that we could inherit the world to come too. So that we could also have everything laid at our feet.

There are some parts of our jobs that are not very glorious. All sorts of bodily fluids come to mind. But next time you're in the middle of a stressful morning, one way you could remind yourself marvel at God is to stop, look down at your feet, and think that one day, instead of seeing a dirty floor or the wheels of your desk chair, you will see the universe. All things laid at your feet, at our feet, together in glory. And this is all because of Jesus. Because although He was the exact image of God, He chose to become like us. In verse 9 He tasted death for us, to bring us to glory. And it is for this very reason, this greatest of sacrifices, that Jesus is even more worthy of being crowned with glory and honour. In verse 9, He was crowned with glory and honour because He suffered death. And in verse 10 this suffering made Him perfect, not in the sense that He was lacking in any way before, but in the sense that His glory was revealed more completely in the sacrifice He made for us, to bring us to glory, to make us co-heirs of the universe with Him.¹ And so, in verse 11, He is now not ashamed to call us brothers. Jesus is not ashamed to be related to us. Let's marvel in Jesus, because He became like us so we might be co-heirs in glory with Him.

In Hebrews 2:14-17 we see yet another reason to marvel at Jesus. Jesus tackled

1. Westcott notes that the word used for 'to perfect' (τελειώω) can also be rendered 'to complete', and rather than pointing to any deficiency in Christ this expression is more likely referring to a necessary step for Christ to complete his task of fully identifying with the condition of man. (1 p48). Westcott BF. *The epistle to the Hebrews: the Greek text with notes and essays*. Grand Rapids, Mich.: William B. Eerdmans; 1952. 504 p.

our biggest enemies, the things that threaten to undermine our ability to have relationship with God and to cripple our awe in Him. We see that Jesus became like us to break the power of sin, death and Satan. Firstly, we see in verses 14-15 that Jesus tackled our fear of death, and Satan who holds the power of death. Satan's power over death is the power to accuse us.² To remind us of all the reasons we aren't good enough for Jesus and that we are doomed to face death because of our sin.³ But now we don't need to be afraid of death.

Fear of death can be debilitating. In our jobs we often come into contact with people who fear death. I myself have recently struggled with some health anxiety – not a great type of anxiety to have when you know a lot of detail about all the ways you could possibly get sick and die a slow painful death. And I've really found it difficult at times. Someone gave me the advice that I just need to come to terms with the fact that I am going to die! And the more I think about this, the more I realise I don't need to be afraid. Because when I die, I get to be with Jesus, ruling everything, and witnessing His glory face to face.

Maybe you've had a similar fear. Maybe you've have come face to face with death, whether at work or in your own life or the life of someone close to you. Isn't it great that Jesus became like us to free us, who, through fear of death, were subject to lifelong slavery? We don't need to be slaves to this fear anymore. Satan might accuse us, but his lies are powerless now, because, in verse 17, Jesus became like us to be the perfect substitute in our place, the only sufficient sacrifice to pay for our sin. Jesus made propitiation – his sacrifice paid the penalty for our sin. So now, sin, death and Satan, they've got nothing. Jesus has conquered them.

So, when you are feeling crippled by fear of death, or feeling paralysed by guilt, when you have done the same



“When we look around and think, ‘This isn’t how the world was meant to be,’ we can marvel at Jesus who will one day put everything right.”

sin again or when you are beginning to believe those miserable lies that Satan whispers in your ear, you can shout back at Satan, “No! You have no power over me. You cannot hold me. My sin cannot hold me. Death cannot hold me. Because Christ himself died in my place.” We are forgiven, completely, for all the wrong we have ever done and ever will do when we trust Jesus as our perfect sacrifice. We all have something that we feel guilty about, that can niggle away at our sense of security in Christ. Instead of hiding from Jesus with our guilt, we can run to him, hold our sins up to Him, ask His help, because He became like us for this very reason, to break the hold our sin, Satan and death have on us. So once again, let's marvel in Jesus, who became like us to set us free.

The final reason the passage gives for why we can marvel at Jesus is in Hebrews 2:18. I think sometimes, despite knowing everything Jesus has done to make us right with Him, we can still feel very distant from Him and find it difficult to worship Him. When we sin we know He will forgive us. But we might think, “Surely He is looking down at me disapprovingly, deeply disappointed that I just can't get my act together. Because, of course, Jesus was perfect! He never made the dumb decisions I make! He'll forgive me, but surely He thinks I'm an idiot for falling into the same sin again.”

This is where verse 18 is so powerful. Verse 18 says that Jesus became like us

so that He could sympathise with us. He isn't sitting in heaven with a look of disapproval on His face when He sees us. He sympathises with us. Because although He resisted temptation, He knows full well how hard it is. In fact, He knows more fully than any of us, because He resisted sin for longer than any of us. He sympathises with us. He experienced the suffering of temptation so that He could help us.

So that instead of feeling discouraged when we've sinned again and sinking into despair, instead of thinking, ‘God must be so ashamed of me,’ we can remember that Jesus understands why we struggle, and He is there to pick us back up again, and to urge us to keep going. Not that He makes light of our sin. He knew our sin was so serious that the only sufficient price for it was His death! But He also knows how hard it is. He knows how hard it is to live for God amidst the mess of this world – when the pressure on us is so overwhelming that we're exhausted, and the temptation to lash out is just that much stronger; when we've given into temptation, and we are broken over our sin. He is with us, and will cheer us on every step of the way back to Him. Let's marvel at Jesus, and remind each other of His wonderful character, because He became like us to sympathise with us.

So, as we consider going back to work or family duties or the other stresses and pressures in our lives, how can we marvel at God in midst the of life's mess? I am convinced that if we look, everything can be a reminder to marvel at Jesus. When we look around and think, “This isn't how the world was meant to be,” we can marvel at Jesus who will one day put everything right. When we feel distinctly unglorious, we can marvel at Jesus who became like us to make us co-heirs with him in glory. When we are crippled by Satan's lies and the weight of our sin and fear of death, we can marvel at Jesus, who became like us to set us free and win us forgiveness. And when we struggle under the pain of temptation, or are feeling guilt for giving into temptation, we can marvel at Jesus, who became like us to sympathise with us.

How awesome is Jesus. As we return to work, family life, and whatever other responsibilities we have, let's keep worshipping our amazing God, who became like us.

2. Schreiner suggests that Satan's power over death is his power over sin, which I take to mean his power to accuse us of our sin. (2 p104-105). Schreiner TR. *Commentary on Hebrews*. Nashville, Tenn.: Holman Reference; 2015. 539 p.

3. While some interpret the Psalm as referring to either Jesus or humanity alone, the context of the passage appears to indicate both. For a further exploration of this idea see Hughes' article. (3 p20) Hughes PE. *The christology of Hebrews*. Southwestern Journal of Theology. 1985; 28(1):19-27.



Reflections on Christian retirement

What an interesting and insightful comment it was that came out of the 2019 National Conference in Canberra:

Christians do not retire they just get redeployed!

My first thought was, well, of course, it is merely a change of address so to speak, but reflection suggests much more

Retirement

Unsurprisingly there seems to be no direct reference to retirement in the Bible. Life was hard and short for most.

However, the Lord told Moses that the Levites were to work in the Tent from the age of 25 to 50 after which they may help their fellow Levites in the Tent but not to provide service themselves (Numbers 8:2-3). An encouraging example of using wisdom and knowledge to mentor the younger priests.

In contrast Simeon and Anna both of a great age devoted themselves to serving the Lord in the temple but one assumes in the outer area.

In 1 Timothy 5:1-2 Paul encourages Timothy to appeal to the older man as if his father, offering a role for the elderly, and again Titus is asked to instruct older men and women to be sober sensible and

self-controlled so as to be able to teach the younger. (Titus 2:1)

But these examples do not specifically require retirement.

“Retirement ... may become an opportunity for self interest and indulgence and is very much a privilege of worldly wealth.”

Retirement is a modern phenomenon, originally forcibly introduced for older labourers who were physically not able to maintain the expected pace of work. From that beginning, as societies grew more benign and wealthy the requirement was extended and pensions created for retirees.

Retiring

The word *retire* can mean a retreat, a move from a busy place to a private one. In a sense it suggests a shrinking. Retirement then may become an opportunity for self-interest and indulgence and is very much a privilege of worldly wealth.

Volunteering can be thought of as redeployment, though increasingly difficult in a risk-adverse community. But by its nature it remains voluntary unless seen as calling.

Society's expectation of retirement is well summed up in a typical British poster depicting the Crown atop a background of Royal Blue and the words KEEP CALM AND ENJOY RETIREMENT written across it

Redeployment

In contrast to “retire”, to “deploy” has overtones of arranging, of order, of expansion or moving (as the military use it to move troops around). It encompasses growth, even a sense of integrity.

To be redeployed indicates a willingness to be given tasks, one for us that is a change of activity but no less important in the service of the Servant King. It involves sacrifice and that often needs to be shared with loved ones. The calling is real and commanding.

For me, retire from work? I do not think the thought really crossed my mind until I needed to become a carer. Even that took a while to sink in.

Perhaps that is why I continued for 52 years of active practice.

Of course, I wound back – stopping hospital VMO emergency and on-call aged 67, and working part-time until 78.

I acknowledge the generous support and confidence of colleagues and hopefully offered some sagacity to compensate for not always remembering the latest anti-hypertensive medication.

Am I redeployed?

Yes, I think I am. We know that God leads us and finds ways to use us if we are open to His call.

I did indeed recognise His guiding hand when I walked into the CMDFA office in 2015, having just moved down from country practice, to acquaint myself further with the organisation in which I had been a fairly inactive member for some 30 years. And walked out an hour later as Treasurer nominee for NSW!

At a time in life when we are mostly economically secure and when open to God's call, how appropriate it is that He would redeploy us to serve the common good and further His Kingdom, with the dignity of continued labour, creating opportunities for us to grow in spirit and in wisdom.

As Gandalf said to Frodo in JRR Tolkien's *Fellowship of the Ring*: 'All we have to do is to decide what to do with the time we have left'. That is the challenge: 'We hear you God, send us out'.

Perhaps there is another way of looking at the call and to be impressed with the faith placed in us.

What if God were to retire?

Where would we be in striving for His Kingdom? No on-call, No backup.

I found this challenging proposition entertainingly and quirkily put in a poem entitled *God is thinking of retiring* by a friend and rural priest, Rev Jorie Ryan from her book *A Poet In The Parish* (with acknowledgement and permission):

*God is thinking of retirement
It is not going as planned.
The garden was perfect at first
Animal and plant inventions
worked a treat. Brilliant idea evolution.
He smiles remembering the
pterodactyl's fumbling flight;*



**“At a time in life when we
mostly are economically
secure and when open
to God's call, how
appropriate it is that He
would redeploy us...”**

*the wedge tailed eagles' soaring artistry.
The tiger's roar.
Blake's interpretation perfect.
Nighingales and balmy nights.
Suns and moons
Storms with jagged lightning
Could that be part of the problem?
Too much electricity?
Adam and Eve got on so well initially.
Had he put Eve together wrong.
The womb?
An empty space is always dangerous .*

*Fruit for just desserts.
Was Adam perhaps a little dim
to be entrusted with his task?
Maybe genes were not the way to go.
Seemed so clever at the time.
Endless permutations.
Should he have stopped at two?
No death, no rot?
No Shakespeare, no Michelangelo.
No Eleanor.
No Hildegard. No Chinese dynasties.
No Greeks.
Unthinkable. A clever lot, though
quarrelsome.
Building worlds; grass huts and the
pyramids, cathedrals,*

*and a maze of shopping malls.
New altars everywhere.*

*Of course much has been destroyed
but you get the idea.
The alphabet and art. Music.
How his old heart swelled
on summer afternoons listening to
Bach or Messiaen
sitting unnoticed at the bar in smoky
San Francisco
feeling jazz loosen up his bones.
The best of times.*

*He liked the variety of his names.
Brahma, Yahweh,
Allah, Lord of Hosts.
Still they didn't get it right.
He sent Himself
To sort it out. People listened
but somehow couldn't put it into action.
He knows they tried.
There were some cock ups.
Wars for a start.
The constant flow of blood.
Weapons from murky places.*

*He shudders.
He should have called them all together
told them straight.
Jettisoned his own rules.
He sighs, distinctly glum.
The whole place is a mess.
People distracted. So many hungry
and diseased.
His beautiful biologies destroyed.
Rivers spoiled, the air, that blue he
worked so hard to get.
Thick with filth and muddied.
He is tired of hoping.*

*“I AM who I AM” God thought
creation heavy on his mind
Suddenly he is not so sure.
Should he talk with Abraham?
The love he has is jaded, wearing thin.
Is it time to admit defeat? Move on?
Maybe just one more try?*

Yes, we must respond to that one more try!

I am redeployed, not retired, and I seek to Live and Move and have my Being in Him. And if I were to feel I may not have it in me, I'll remind myself in the words of Emily Dickinson:

*Because I could not stop for Death
He kindly stopped for me.
The carriage held but just ourselves
And Immortality.*



Disagreeing well

The pace of change in health and medicine is simply staggering. But, of course, that change will present all sorts of new ethical challenges. As we know more, so we will be presented with all sorts of dilemmas in clinical practice to which the answer will not be immediately obvious, and in which it is likely that wildly different answers will emerge within the health community.

Take the use of medical data. As machine learning develops, old notions of privacy will be tested beyond their limits, and our current regimes of protection are likely to be severely challenged. As that happens so, inevitably, there will be new and intensified disagreements about fundamental questions regarding the relationship of the individual to society, and of the health professional's duty to their patient and to the cohort of which they are a part. These will be essentially ethical and not clinical debates, and they will be debates in which it is vital that Christian practitioners take a leadership role. The discomfort for many of finding themselves at odds with their professional colleagues on issues such as the recent abortion debate is only likely to grow as we face increasingly complex questions in the ethics of clinical practice and the changing shape of the health system. In that context, it is incredibly important that we know how to disagree, and to disagree well.

In writing our University's Strategy for 2016-2020, one question in particular attracted considerable attention. That was the question of how to live out the value of respect in the context of intense, even passionate, disagreement. We all know how to hold in respect those whose opinions we admire, or whose worldviews we share. But what does it mean to respect those with whom we are in profound dispute, those whose values and choices are antithetical to our own? In short, what does it mean to 'disagree well'?

Disagreeing is, of course, key to the academic enterprise. Academics are professionally disagreeable, and teach their students to be as well. Much academic writing runs something along the lines of: "You have heard that x and y and z are true, but verily I say to you that x and y and z are all rubbish and that my idea is much better, and probably worthy of a Nobel Prize, or at least a place in the best journal, and many citations, and a promotion to a professorship." This practice of disagreement tends to run to the collective life of the institution as well. At any given point, the place is alive with ideas passionately advanced about how it might be better run, very few of them compatible with each other. Academics know how to disagree.

But disagreeing well, rather than just disagreeing, was thought to be something regarding which the University community had some room for improvement. And we are not alone. The current culture wars seem to evince a decided dearth of the capacity to disagree well. The Facebook algorithm can't quite work me out. My first wife's father has remarried into a family in which Trump is taken very seriously and it is believed that the right to bear arms is fundamental, while to many of my European university friends Trump is the devil incarnate and the American legal position on gun control incomprehensible. And so my Facebook feed delivers material from the American right and the European left. What is distressing, is that the difference between their accounts of the world does not simply involve differences of interpretation as regards agreed facts. It involves fundamentally, radically, almost unrecognisably-different accounts of the facts themselves. And this in a world in which, increasingly, facts don't seem to matter. The Post-Truth Initiative at the University of Sydney, which looks at ways in which we might deal with this new online reality, points out that the principal problem now is not simply that a claim might involve a lie or a misunderstanding, but that the question of whether it is true or not has become (in some circles) independent of its value

to political and social debate. As the US commentator, Salena Zito, put it pithily in 2016, “The press takes [Trump] literally, but not seriously; his supporters take him seriously, but not literally.” The old rules even for disagreement itself, far less for disagreeing well, seem to be under threat.

As I suggested at the outset, I have to say that I think this issue of disagreeing well is a particular issue for Christians. Christians will almost inevitably be in a cognitive minority, at odds with the dominant culture, whatever veneer of Christian values that culture may wear. The gospel challenges the very best in our fallen human cultures and the prophetic voice of the church must never be lost. So, for Christian health professionals, dealing with issues in practice that sometimes go to the very heart of how we value human life and perceive of human flourishing, to navigate the complexity of disagreeing well is a particularly vital skill. If you doubt the complexity of that task, spend some time in the book of Daniel and watch how skilfully the central character in that book is seen as weaving a path between merely accommodating the culture in which he finds himself, and altogether withdrawing from engagement with it.

Right from chapter one, when Daniel is deeply immersed in the culture of the Babylonians and yet chooses to make food (for no reason that the commentators can easily discern) a point of distinctiveness, the question as how to live well in, and how to disagree well with, the norms of the dominant culture is everywhere to be found.

“Christians find it hard enough to live at peace with one another, to disagree well in the church. The history of the church is one of division over disagreement.”

To disagree well, it is a *sine qua non* we must be equipped with, and constantly refresh, a robust epistemic toolkit: the ability to formulate questions, to look for evidence, to weigh arguments, to critically analyse claims of various kinds, to listen well, to formulate hypotheses and to express findings and opinions well, both orally and in writing. But we also need a

strong sense of the epistemic virtues, and it is those that are in increasingly short supply. We will only disagree well if we take these into private, public and online debate and into decision-making in our own lives.

For Christian educators, I think that there are enormous resources for thinking through what disagreeing well might look like in the second half of the twelfth chapter of St Paul’s Letter to the Romans. He speaks into this issue with profound and challenging clarity, “If it is possible, as far as it depends on you, live at peace with everyone.” The assumption here seems to be that conflict, disagreement, will come, but the Christian is ‘if it is possible... to live at peace with everyone.’ Living at peace does not mean that the Christian will simply agree with the values and standards and goals of the world around them. On the contrary, the opening verses of chapter twelve underscore a distinction between the mind that is in conformity with the world and the mind that is being transformed by the Holy Spirit. It is not merely that the Christian will sometimes disagree with the world; the Christian’s whole cast of mind will be in radical contradiction, transformed to



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be different, to that of the world around them. But they are to 'live at peace with everyone'.

It is important to recognise the scope of this command – Christians find it hard enough to live at peace with one another, to disagree well in the church. The history of the church is one of division over disagreement. The Centre for the Study of Global Christianity at Gordon-Conwell Theological Seminary suggests that there are currently 41,000 Christian denominations – not bad for a faith whose scriptures are full of commands to unity and whose Lord prayed that, 'they may be all one'. But this command to live peaceably in Romans is perhaps more challenging still. Paul calls the Romans to live at peace with everyone, not just other members of the church, and to do so even in the context of radical disagreement flowing from a fundamentally different cast of mind. If the church could really model that behavior – 'if it is possible, as far as it depends on you, live at peace with everyone' – how challenging a witness to the power of the gospel in our lives that would be! How powerful a witness it would be in a community that does not

disagree well, that knows consensus and division, but finds respectful difference very difficult to achieve

I had the great privilege of thinking through what disagreeing well might look like in writing the discussion paper that we took to staff consultation as a part of the development of our culture strategy. In that paper, I suggest six characteristics demanded of those who would disagree well. The list is not terribly creative but it covers the usual attributes. I wrote:

"In contexts of disagreement [the] value of respect needs to involve at least:

- *An empathetic willingness to listen carefully and be open to the opinions of others*
- *A recognition of the particular expertise and experience of individual participants to a dispute*
- *A recognition of the particular responsibilities within the organisation of any individual participant in the conversation*
- *A choice of language commensurate with the goal of increasing levels of communication and understanding*

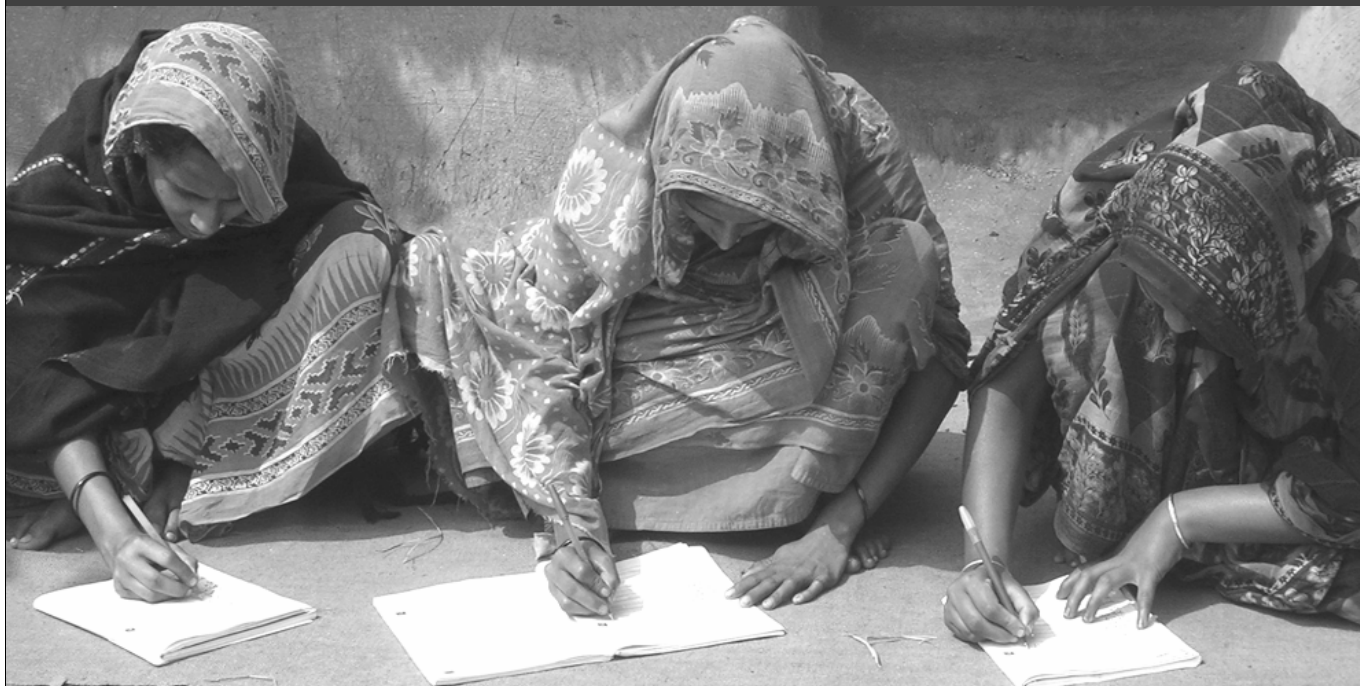
- *An orientation towards finding common ground with the other*
- *A desire to identify with some precision those points on which difference exists, rather than to create an 'enemy' of the other.*

That's a good start, and we would do well to remember those epistemic virtues. Virtues such as these are increasingly the focus of attention of theorists of democracy, as democracy itself begins to unravel under the pressure of social change. As I pointed out in the consultation paper:

"Interestingly, as David Schlosberg, Professor of Environmental Politics at the University has pointed out, even those theorists most committed to notions of agnostic pluralism highlight 'the need for an agnostic respect across difference'.

Belgian political theorist, Chantal Mouffe, for example, describes an ideal in which, "The 'other' is no longer seen as an enemy to be destroyed, but as an 'adversary', i.e. somebody with whose ideas we are going to struggle, but

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whose right to defend those ideas we will not put into question.””

Moreover, the spirit of those virtues is reflected throughout the commands of Romans 12. The people to whom Paul writes are ‘not to think of [themselves] more highly than [they] ought’, to ‘honour one another above [themselves]’, to ‘not to be proud or conceited’. These sound like the attributes of people who would disagree well.

Up until this point it all seems rather neat. I can turn this disagreeing well thing into a worthy, if slightly dull, charge to Christian medical professionals, and particularly to the recent graduates. In this opening address I would encourage you in a changing landscape of practice to use the intellectual skills that you have acquired, skills in critical thinking, in weighing evidence, in mounting an argument, in testing hypotheses, in effective oral and written communication, and to go out into the world to model the epistemic virtues that I outlined – to listen to the commands of Romans 12, and to take leadership roles in your professional communities, in the church and in society, in which you show what it means to live peaceably and to disagree well. And all that is important. I genuinely do think that the church, and the world, could be changed if we knew better how to ‘live at peace with everyone’. It is an important message.

The only problem was that just as I began to write that worthy address, I remembered that this same Paul who wrote the letter to the Romans was the author of the letter to the Philippians in which he calls his interlocutors ‘dogs’. And, of course, Jesus calls the Pharisees ‘whited sepulchres’; and he drove the merchants and the money-changers from the temple and overturned their tables. That doesn’t sound like disagreeing well. If a complaint were brought against St Paul and Jesus under the University Code of Conduct, I am not sure that they would escape criticism. The problem is that living at peace with everyone sounds suspiciously like being nice, and I doubt that anyone who saw Jesus cleansing the temple would have reached for that adjective. Moreover, right in the middle of Romans 12 Paul says ‘Never be lacking in zeal, but keep your spiritual fervour, serving the Lord.’ ‘Zealous’ and ‘nice’ are rarely words that go together.

So how do we really make sense of living peaceably, and what does it tell us about disagreeing? I think the answer to that

question comes in the powerful parallel between verse 9 and verse 21: ‘Love must be sincere. Hate what is evil; cling to what is good Do not be overcome by evil, but overcome evil with good.’ I am to live at peace with everyone; but my highest commitment must be to their good. My commitment to their good is precisely why I am to seek to live at peace with them, but sometimes seeking their highest good may mean that peace is simply unachievable. The Christian must humbly display the epistemic values, but the Christian must also be willing to speak out, sometimes stridently, against evil, and to seek the good of the city in which they find themselves. That will sometimes demand that the Christian takes a clear and unequivocal stand, even when doing so may cause offence, and even when it may make living at peace with our community more difficult

“Only the transformed mind ... will know when love demands that we prioritise living at peace with everyone, and when love demands that we risk that peace for the sake of taking a stand against evil.”

Of course, the key to this is love. The epistemic virtues are in fact love and respect for the other in disagreement. But ‘love must be sincere’, and love will also not let me stand by when what is demanded is the prophetic word or action. Only the transformed mind, the fruit of the body that has been offered to God, will know when love demands that we prioritise living at peace with everyone, and when love demands that we risk that peace for the sake of taking a stand against evil.

This, I think, will be the dilemma of the church as our society grows further away from its Christian roots and as there are more and more issues over which the values of the church and the values of our society are at odds. We are to disagree well, we are to live in peace with all; but we are not to lack zeal and we are to hate what is evil. The church, and our

professions, need leaders equally marked by zeal and a peaceable spirit. The task that you have as a community of Christian health professionals is together to work through when to listen and when to take an uncompromising stand – how both (patiently) to argue and to hate what is evil. If the world can see us do that – disagree well, but stand for truth; live at peace, but hate evil – then the church will stand in good stead and the world will see the power of the body offered to God and the transformed mind – the power of the gospel in our lives. If our health system includes practitioners who can operate in that way, it will be much better prepared to navigate the potentially dehumanising possibilities of some of the new technologies.

This is not an easy task, and it is not one that can be taught simply through instruction. It must be modelled by professional leaders who are themselves grappling with difficult issues, doing so within a Christian framework, and inviting others into that conversation. Those conversations must be open, so that everyone knows that grappling with those questions is part of a real and committed pursuit of the true, the good and the beautiful, and not merely an exercise in which the ‘right’ answer is known from the start. The art of disagreeing well – and disagreeing well in a way that is honest and faithful to the radical and prophetic spirit of the gospel – is something not only to practice, but vital for a community of Christian professionals to learn to live together. Each should know, in that context, that truth matters and that they have a personal responsibility to seek the truth, a moral duty that cannot be delegated. They should feel that responsibility by participating in meaningful interactions in which their opinions are taken seriously and respected (but also challenged), their unexamined assumptions uncovered and their minds stretched. That is why organisations such as these, in which Christian professionals can do that together, are so very important indeed. If your association ever becomes merely a social network, it will be of some, but of little use. At its best, you should be equipping one another to grapple with the challenges of a changing health landscape, practising together the art of disagreeing well, so that you may be very much needed salt and light in the health system of which you are a part.



Darkness before the dawn

There are some things in Timor-Leste that are so easy.

Yep, so easy.

Catching mosquitoes is easy. You just leave your car window down about four inches overnight and by morning you've caught two hundred of them. Buying phone credit, or 'pulsa', is also really easy. Every supermarket entrance is heavily fortified by a ring of hyper-vigilant sentries, lying in wait, ready to spring their ambush of pulsa vouchers as soon as you're within range.

Finding the correct luggage carousel at the airport is really easy. There's only one of them and it bears the unlikely distinction of being the only thing in the entire country that moves faster than it ought to: bags come flying off at the corners like toy race-cars from a vintage electric racetrack.

There are a few other easy things. It's easy to park in the street because it's generally considered acceptable to double-park and obstruct an entire lane of traffic. It's easy to tell when it's been raining because the ocean is stained with brown silt. And it's easy to fall into a street drain or open sewer, if you're not paying attention.



Even getting through doors can be problematic.

But most things in Timor-Leste are really not very easy at all.

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On the World Index of 'Ease of Doing Business', Timor-Leste ranks a lowly 181 out of 190. It sits in esteemed company amongst other entrepreneurial wonderlands like Syria and Congo.

That feels like a horrific exaggeration of Timor-Leste's difficulties to be perfectly honest, but I would concede that it is generally not easy to get things done around here.



*Ease of Doing Business:
"What can I get for ya?"*

If you've been following this blog at all (<https://timorseesaw.wordpress.com/>) you know that I've been more than a little fixated upon the unfinished and rather troublesome matter of our MoU, or Memorandum of Understanding, with the Ministry of Health. And that has most definitely not been easy. As the CEO of a health NGO whose entire raison d'être is to work in partnership with government-run health services, I have been more than a little concerned by the delay in achieving the government's formal agreement to work with us. Without an MoU we're a bridegroom left standing alone at the

altar. It makes for an awkward wedding ceremony.

In the previous post, I described my somewhat-harrowing experience of presenting to the Health Minister's Council of Directors. It really didn't go well for us, despite indications before the meeting that it would be a very positive and collaborative final step before the MoU signing. I came away from that meeting in genuine doubt as to whether our MoU would ever be signed, and that line of thinking precipitated a particularly dark night of the soul.

"Defeat doesn't have to bring bitterness nor despair. There is such a thing as failing well."

Perhaps we have come all this way for nothing. Perhaps we won't ever break through. Through deep and uncomfortable introspection that night I arrived at a possible conclusion: perhaps we're not meant to succeed. As a Christian, I have a sense that God offer His hand to me – to us – to share in His work on earth, but I don't believe for a moment that success is ever promised to us in this partnership. Sometimes all that is asked of us is to fail well; to bear up faithfully under frustration and defeat; and to not let that change who we are nor the motivations that drive us. Defeat doesn't have to bring bitterness nor despair. There is such a thing as failing well.

Those were my thoughts that night and, though they sound morose and depressing, they carried no such weight of melancholy for me. I was lifted by these realisations. Yes, I can fail well.

ScoMo came to Dili. Even Australia and Timor-Leste – so often uneasy bedfellows – had managed a signed agreement, but there was still no news on our MoU.



In 1650 a man named Thomas Fuller wrote prosaically that the darkest hour comes just before the dawn. It's almost certainly nonsense, scientifically speaking, but it's a fine description of human experience, which was how he intended it. For us, it seemed to be a night that might never end...

But then dawn did break. And it was glorious!

It started as a rumour. The MoU would be signed next week. We'd heard that before, and knew not to assume anything yet. Then more rumours from different sources, each confirming a similar story. It would be signed on Wednesday. We were advised to make preparations: a lavish afternoon tea would surely be required for the occasion. Then written confirmation arrived and we knew we were in good shape. We began planning the party for the Friday night too, but held the invitations back. It's no good having an MoU party with no MoU as my kids reminded me, singing an adapted version of Dorothy the Dinosaur's song about tea parties:

*"To have an MoU party (an MoU party),
you're gonna need an MoU
(you're gonna need an MoU)..."*

Late on the Tuesday afternoon we were interrupted by a peculiar omen. Maun Bo'ot (literally 'Big Man') was wandering up our street. Maun Bo'ot is Xanana Gusmao, Timor-Leste's most famous freedom fighter, leader of the resistance, former President and de facto master of the current government. He was wandering down our street, mingling



among the people in one of Dili's most troubled neighbourhoods. We'd never seen him here before. On Bethany's prompting, we hustled our unwashed kids down the street and joined the throng. We were quickly ushered through the pack as rather conspicuous outsiders. Maun Bo'ot was all too happy to pose for photos and reciprocate Micah's crisp high fives.

What did it all mean? A visitation by Maun Bo'ot on the eve of the MoU signing? Surely a portentous sign? The next morning we received a call of confirmation. It was really happening. "Bring afternoon tea and two blue pens."

*"The MoU would be
signed however miserable
my speech might be..."*

I was very nervous. Going back there meant I would have to give another speech, in the same room and to virtually the exact same audience as my disastrous stuttering oration only weeks earlier. At least this time it seemed that the stakes were reduced. The MoU would be signed however miserable my speech might be.

Our delegation arrived early and waited. We all looked happy and relaxed. Well, almost all of us.



Our catered afternoon tea was an impressive spread. We had blue pens. All was in order. As the dignitaries gradually filed in my heart was racing faster. I really just want to get this speech done.

The speech came and went. It was not good, but neither was it the twelve-car-pile-up that I delivered last time around. I got through it with minor scratches and a broken headlight, metaphorically speaking. Then there was much initialling and signing to do. Documents in English and Tetun were thrust in front of me and I signed each page as quickly as I could, trying to keep pace with the Acting-

Minister. I'm pretty sure I beat him. Gotta take a win where you can get one.



Then there were handshakes and photos, back-slaps and that peculiar strained laughter that comes with the relief of prolonged suspense. Unbeknownst to us, one of our team had a mole at the ceremony, through a family connection. Someone was spying on us – taking photos and sending them through to our staff back at Maluk Timor headquarters as events unfolded in real time. While I was signing our staff were cheering



Sweet relief. Invitations went out and we threw a tremendous party at our home for staff and supporters



The staff are happy



The family are happy.





Even these kids are happy! Although I think that's more because we let them play in our pool and on our trampoline every Saturday morning. They're kids from the local neighbourhood and we sometimes have as many as forty of them in the yard throughout the morning. It gets pretty frenetic at times but it's hard to resent kids for their enthusiasm and delight. I guess we'll continue to grow our crowd of Saturday morning visitors.

"Timor-Leste has the highest tuberculosis mortality rate in the Asia-Pacific..."

Speaking of visitors, Bethany's parents returned to Dili in late September with eleven friends from CWA (Country Women's Association) to fix floors, build benches and paint murals for Dili's various health centres and clinics. It's great to see their work but I think my favourite part is watching my own kids take a genuine and sustained interest in helping out with these projects – a very constructive use of school holidays.

Back at Maluk Timor, we considered our months of imaginings that the signing of the MoU would be like the uncorking of a bottle, allowing Maluk Timor's activities to really flow. Could it turn out to be true? We didn't have to wait long to know the answer. In the ensuing weeks we've seen a number of our projects rapidly expand and we're now enjoying something of a Golden Age.

The Family Medicine Programme (FMP), which we deliver under the umbrella of the Royal Australasian College of Surgeons, has increased from ten trainees to twenty-four, necessitating a major expansion in the number of clinical placements and the size of our team of clinical supervisors. It's a terrific opportunity for us to intensively train



24 Timorese doctors squeeze into our training room for orientation

a group of this size: one of the **biggest cohorts of Family Medicine trainees** in the Asia-Pacific

Our TB programme is launching out on **three new projects** after a long period of treading water. Timor-Leste has the highest tuberculosis mortality rate in the Asia-Pacific, and the highest rate of catastrophic cost anywhere in the world. Catastrophic cost refers to the situation in which a person who becomes ill with a particular condition (in this instance tuberculosis) is forced to either give up their job, sell their goods or go into serious debt to pay for the treatment and its associated costs. In Timor-Leste the rate of catastrophic cost for tuberculosis is quoted as 83%: five out of six people diagnosed with TB will also be afflicted by life-altering financial hardship or even ruin. There is no shortage of motivation for us to work toward better quality diagnosis and care, and better support to those who are undergoing treatment. We're delighted to finally have our TB projects up and going.

Then we received extraordinary news that our proposal to the Australian Government-funded PIDP grant was successful. We named it **ASTEROID**, or *Advancing Surveillance & Training to Enhance Recognition Of Infectious Disease*, and it's the biggest project our organisation has ever been funded to deliver. For the next three years we will be rolling out infectious diseases training to more than 400 health staff right across Timor-Leste – all thirteen districts – and also equipping them with a fantastic new smartphone app to further their ongoing learning and help them maintain up-to-date clinical practice. We'll be expanding our team yet again, and we find ourselves

in previously uncharted territory with respect to our partnership with Australian Aid. Actually it feels a bit like we're a minor division football team that just got promoted to the English Premier League.



That's all well and good, but as far as the kids are concerned the big news is the hatching of our 20 chicks. There had been a long build-up, with plenty of time spent scrutinising the incubator and 'candling' the eggs to see what was growing inside. When they finally hatched it was a festival event and, as they've continued to grow, they've become the favoured pets of one and all.

Amidst the flurry of activity at Maluk Timor our kids remain a (mostly) soothing and levelling presence in our lives. They keep us grounded. They have a way of making incisive observations and drawing us back to what really matters, and they unwittingly hold a mirror up to each of us that reveals both the best and worst of who we are.

Our hope is that Timor-Leste infuses into them a different sense of what life is all about, as we share the ups and downs of the Timor Seesaw. And we're very thankful to those of you who also share this journey with us, inspiring and encouraging us as we go.



Queensland

2019 has been an excellent year of consolidating activities and connections within the fellowship in Queensland. We continue to strengthen both our relationships and structure, at both a leadership (committee) and community (membership/contacts) level.

I am reminded of Prof John Vance, a Christian colleague in paediatrics, who sadly died last year. Rev John Arnold commented on John's love of committees in his eulogy:

"He thrived in them, because he loved the interaction it gave him with people. He believed in the power of pooled wisdom, robust discussion and group consensus – that this was the way to get things done, to get things changed for the better. For John, committees were not just talk-fests or empire building exercises. They were a means to making this world a more just and compassionate place, to defend the rights of the vulnerable and to give them hope. It required patience and perseverance, imagination and determination to implement policy decisions. He believed in the long-term potential of committees. He loved them."

I conceptualise our state committee more as a leadership team. While we perhaps need to re-brand the idea of a committee (which perhaps is tied to institution and unnecessary formality), we want to try and maintain and enhance the functions of a committee as John Vance presented and modelled in his life.

Perhaps this is why we have seen a re-branding of the term committee while still trying to promote teamwork and collaboration. For example, in the United Kingdom there is now the concept of Catalyst Teams that the Christian Medical Fellowship in the UK has developed.

"Forming a Catalyst Team has allowed us to rethink what we are doing in the region and why. It has revitalised the region. From a tired monthly meeting, we now have a junior doctor group, a student group and are looking towards



A breakfast meeting on Euthanasia was held in October. Dr Megan Best (Bioethicist, Researcher and Palliative Care Physician), Anna Walsh (lawyer) and, Member of Parliament, Fiona Simpson were present.

hospital multidisciplinary groups as well. We are so thankful for how God has blessed this work and what he is doing in the region." (Dr Angela Wilksinson, Catalyst Team Leader, Mersey, UK).

Committee

Our committee continues to function well and we have met on a couple of occasions. Dr Anthony Herbert is Chair (and also acting Treasurer) and Dr Richard Wong is Secretary. Other members of the committee include Dr Joseph Thomas, Dr Hayley Thomas, Dr Paul Mercer and Dr Tash Yates. It has been great to have Dr James Barton (a trainee in psychiatry) join our group in recent times – representing recent graduates.

Events

We have run a number of successful events in 2019:

- Fellowship Afternoon, Saturday 23 March – approx. 20 in attendance.
- Annual Dinner, Saturday 1 June – Dr Tash Yates spoke on resilience and approx 40 were in attendance (this included a table of dentists, students as well as partners, nurses and allied health professionals).
- Saline Process Training Event, Saturday 3 August – approx 20 in attendance. Feedback from the day included

positivity about "the connections made – people, knowledge and experience" and "relevant, simple straightforward concepts". Another benefit was "having time to feedback and discuss" and "having a patient we followed through." It gave people an "opportunity to experience community" and "time to slow down and reflect". "Nice to meet the people – other medical Christians! What a treat."

- MSI (formerly Medical Services International) Professional Services Evening, Friday 25 October – approx 20 in attendance, Dr David Leung (President of MSI) spoke. A similar event was held on the Gold Coast on Saturday 26 October.
- End of Year Event – Planned for Saturday 14 December at Anne Street Church of Christ. This was a chance to give thanks for the year, provide some input to graduating students embarking on internship and a prayer dedication in this context too.

Students

A pizza welcome lunch was held at the University of Queensland. We try and provide support to the students at the four universities in Queensland as much as we are able (University of Queensland, Griffith University, Bond University and James Cook University). Senior

students were able to attend the VISION weekend, and a number of students from Queensland were also able to travel to Sydney for the IMPACT conference. We are particularly thankful to Imogen Gilpin and other students within the 'Christians in Medicine' group who have liaised with the committee so well. A dinner was held at the home Dr Charles Nankivell, general surgeon as a time of fellowship for students. Thank you to Crystal Seng for organising this evening. Approx 20 students attended. On this night we grappled in smaller groups and graduate leaders on questions such as:

- What has been the most difficult challenge as a Christian that you have encountered in the workplace, and how did you deal with it?
- What are your thoughts on how Christians may have to navigate the assisted-dying space?
- What kind of specialties would you say are most useful for overseas missions, particularly to the marginalised/unreached of the world?
- What degree of commitment do you believe we should have to church ministry if we are already heavily involved in it as medical students?
- What are some ways of being able to balance out ministry commitments with life as a doctor?
- Are there any hard compromises that you found you had to make?
- In what ways does being a Christian impact your approach to your work every day?

Regional

There are regional fellowships on the Gold Coast, Sunshine Coast and Townsville. There was some helpful collaboration between the Gold Coast and Brisbane groups this year. Dr Tash Yates spoke at the annual dinner and Dr Anthony Herbert presented on *How to respond when a patient dies*, on Saturday, 2 March on the Gold Coast. We would like to try and support fellowships in other regions (e.g.,

Toowoomba, Rockhampton, Cairns) as able. We have been thinking through ways of supporting those in regional and rural areas (eg. via Zoom or Skype meetings, and video or audio recordings of meetings).

National Events

Approximately 18 members from Queensland attended the national conference in Canberra. Recent graduates through to retired doctors were present, from all regions of Queensland. The theme of *Healing in Mind, Body and Spirit* resonated with us all.

Pastoral Care

Another seed of need that has been present in 2019 is that of pastoral care. Care and support has been provided to medical trainees having difficult times at work, bereaved spouses and a missionary from Papua New Guinea (Dr David Moore) visiting Brisbane and the Gold Coast for a conference and further training. There has also been opportunity to support colleagues who have themselves had a diagnosis of a serious illness, or a loved one who has been diagnosed with a serious illness. Healthcare of colleagues, or their relatives, with issues related to immigration and re-settlement, has been another tangible issue where we could provide support.

We acknowledge members and Christian colleagues who have died in 2019 including Dr Brian Smith (1930-2019), Dr Hugh Nelson (1948-2019) and Dr John Vance (1942-2019). We give thanks for their life of service and Christian commitment to their patients, families, community and the church.

Ethics

The main ethical issue that we have encountered in Queensland has been that related to 'Euthanasia and Physician-Assisted Suicide' (EPAS). This is our preferred term, although the Queensland government uses the term Voluntary

Assisted Dying (VAD). CMDFA made a submission to the Queensland Parliament inquiry into aged care, end-of-life and palliative and voluntary assisted dying. We tabled the CMDFA publications *A Response to Euthanasia in Australia* and *Christian Conscience in Healthcare*. We have also partnered closely with Health Professionals Say No! Members of CMDFA also partnered with the Australian Christian Lobby to run a number of forums at locations such as Townsville, Wynnum and Central Brisbane. A breakfast was held on Friday 11 October at City North Baptist church where Dr Megan Best (Bioethicist, Researcher and Palliative Care Physician), Anna Walsh (lawyer) and, Member of Parliament, Fiona Simpson were present.

Partnerships

We are aware of the potential of partnerships with other groups. The Hospital Bible Forum ran a breakfast on Saturday 31 August where Dr Sam Chan presented *Going Viral: Sharing the Good News with your Colleagues*. There is further potential for us to participate in hospital-based small groups. We have also had good collaborations with mission organisations such as MSI, Interserve and WEC. WEC has provided a solid venue for many of our ministry activities in 2019.

Acknowledgements

We appreciate the wisdom that Dr Paul Mercer can offer both the Queensland committee and the fellowship in general. Paul is currently Chair of Healthserve Australia and has just recently retired as the Editor of *Luke's Journal*. The last edition that he edited was appropriately titled, *Laughter is the Best Medicine* (Volume 24 No. 2). Paul started editing the journal with Dr John Foley in 2006 (Volume 11 No. 1) in an edition with the theme, *In Health and in Sickness*. Thank you Paul for this period of 14 years of service and fruitful ministry as editor of our national Journal.



Sound byte from Dr Tash Yates, who is a medical educator and GP on the Gold Coast:

"On Saturday 18th May, CMDFA held a forum discussion on the topic of *Sharing Christian Hope appropriately with Patients*. We had a panel of clinicians speaking and sharing their experiences. The panel consisted of a psychologist, a nurse, an emergency physician, an ICU specialist and a general practitioner. The meeting was very well attended with approximately thirty people from a range of disciplines.

It was encouraging to hear the wisdom and the vulnerability shared by both the panel members and those in the audience. There was agreement that we needed to have more of these kinds of discussion because this is such an important topic, and it is something that we should be striving to be excellent in."



New South Wales

Nisi Dominus Frustra – Without God's purpose we labour in vain

In October 2018, I was invited to accept the position of NSW state chair of CMDFA. This was not a position that I had sought, or even anticipated.

I had retired from full-time practice in February of that year but had remained busy completing a third book, and was an active member of the National selection panel of the General Sir John Monash Foundation. I had looked forward to a little more time with family, travel perhaps, and even some time fishing. But I was to discover that we actually never retire as Christians. God always has something new for us to experience. And that when we follow his direction, we cannot fail.

2019 was a year of challenge for CMDFA nationally. In the context of leadership change and financial constraint, we confronted the issues of euthanasia, the Reproductive Health Care Reform Bill 2019, and addressed debates relating to gender dysphoria and religious freedom. At the state level, where possible, we addressed all of these issues.

Fortunately, I was blessed with a wonderful committee. We met regularly face-to-face and via Zoom. Members included Lauren Chong (secretary), Michael Nicholson (treasurer), Angela Wang (prayer secretary), Peter Keith (mentoring), Bob Claxton and Michael Burke (Saline Process) and James Yun (board representative). Shimon Wasker and Sarah Appleby have been our student representatives with help from Shaddy Hanna and Phyllis Tay, our recent graduate representative. James Xu, our past chair, has continued on as a committee member.

But the course has not been easy. Just prior to the 2019 Federal elections, I listened in dismay as Tanya Plibersek spruiked her party's policy for abortion on demand in public hospitals across Australia in the morning news. "Someone will have to respond," I thought. Two

hours later, reality bit when I was invited to comment that evening on ABC 702's programme PM. I was reluctant to do so, especially when I realised that we had no formal policy on abortion and that I must speak as an individual. I could see myself being grilled by Leigh Sales on *The 7:30 Report* or, worse still, appearing on Q&A. However, following prayerful consideration, I accepted the invitation. God gave me the words to speak, the interviewing journalist was sympathetic, and comments were well received.

Subsequent to that time, following collaboration with John Whitehall, our national office, the committee members, we developed a policy and, with that policy, a voice to speak out as the body of Christ in Healthcare. We went on to present a submission to the NSW Legislative Council regarding the *Reproductive Health Care Reform Bill 2019*. Our sincere appreciation is expressed to those involved in preparing the submission, especially Megan Best.

2019's activities

Bootcamp 19 January: The year began with a most successful boot camp arranged by Renee Sees and Kim Van. Thirty-nine attended. There were presentations on work-life balance, preparation and finances. This was followed up with a 'Reboot' in August, hosted by Rosemary Isaacs with seven doctor-in-training attending.

Supper Meetings: Five successful metropolitan supper meetings were held. The emphasis was on fellowship and teaching across the Sydney area with outreach to regional and rural areas by visitation, and by 'Zoom' live conferencing. A hot meal was always provided and where possible a time of praise and worship included. Meetings were as follows:

- 23 February: Andrew Browning of Barbara May Foundation. 38 attended (Castle Hill).

- 15 March: John and Sally Padgett. Returning to the Mission field. 26 attended (Petersham).
- 1 June: Dr Reg Zahiruddin told of his rescue from Mujahadin and of his family's ongoing project to free human slaves in Pakistan. 28 attended (Ashfield)
- 17 August: German surgeon Klaus Dieter-John. Spoke of medical outreach to Quechua people of Peru. 38 attended (Castle Hill).
- 31 August: Prof Graeme Hughes. Christianity and fertility/IVF. 24 attended (Bellevue Hill).

A regional home meeting at Narrandera on 21 March was hosted by Joe and Liz Romeo who provided overnight accommodation and a wonderful home cooked meal. Local doctors attended and regional issues were discussed.

Cooma Breakaway: 27-28 July. Rob and Dawn Wiles and the Cooma practice hosted a 'breakaway' for students from ANU. The temperature plummeted to -9 degrees Celsius but the fellowship was warm. There was lots of interesting discussion and we attended a church service on the Sunday morning. Lynne and I were able to attend and participate.

Euthanasia Seminars: Were held at Newcastle and Castle Hill. These were presented by Megan Best and Andrew Sloane. Both seminars were well attended. As a follow-up, Michael Nicholson is currently producing a PowerPoint presentation for churches and other Christian organisations with the assistance of Megan Best, David Brown and Maria Cigolini.

Prayer Meetings: Several prayer meetings were conducted during the year, the last two utilising Zoom. One of our rural doctors spoke of her isolation and expressed her delight in being able to participate. On Monday 11 November, we hosted a national prayer meeting on Zoom

to pray that God would bring the bush fires under control and that people would be protected and comforted in their loss. Members from NSW, Queensland and South Australia participated. We intend to provide similar planned and ad hoc prayer opportunities as required.

Our NSW State dinner was held at the Sydney Missionary and Bible College on 2 November and was enjoyed by all. 85 attended. Dr Michael Spence, Vice-Chancellor and Principal Sydney University spoke on his chosen topic *Disagreeing Well*. He also prayed over the seven graduating students. To me, this was a highlight of the evening. Dr Spence's presentation was recorded and is available on our website. A transcript of his talk is included in this edition of *Luke's Journal* (see page 52).

Video live streaming

We have successfully introduced Zoom to conduct our committee meetings this year and have also implemented Zoom in our final supper meeting presentation, allowing regional and rural members to comment and ask questions. In 2020, we intend to utilise this on a wider scale to enable those in remote locations to participate.

SALINE

Saline Process Training days are held twice

a year in Sydney in association with the Nurses Christian Fellowship. A course is held in Newcastle every three years, organised by Catherine Hollier. The last Sydney course was in July at Macquarie Centre and the next was at the Summer Hill Anglican Church Hall on November 30th. A Saline 'taster' (introduction to training) was recently held at our National Conference and one will be provided at Impact 2020. These courses help equip health care personnel to effectively communicate their faith through their work.

PLANS FOR 2020

In 2020, we plan to continue along a similar course embracing the four pillars of fellowship, teaching, mentoring and advocacy. There will be an emphasis on reaching out to rural and regional areas and to students and doctors in training.

Events to be finalised include

Supper meetings to continue in a similar format to 2019. These will include an interesting and helpful presentation in conjunction with fellowship, a hot meal, zoom relay to regions, and praise and worship where possible. We would appreciate any offers to host these meetings and also suggestions for worthwhile topics to be discussed.

Our **Biennial State Conference** is currently planned for the October long weekend

and will be held in association with the annual dinner on the Saturday evening and a service on the Sunday morning. We are currently negotiating with a Sydney hotel for favourable rates. The programme has been designed to enable country and regional members to attend and to include time for pre-Christmas shopping, visiting friends and sight-seeing.

Thanks...

Finally, I wish to thank those individuals who have been instrumental in making this a most successful year. These include committee members, our national manager David Brown, Marilyn Byrne, and our new National Chair, John Whitehall.

My friend, Peter Irvine, is quoted as saying that, "We should cast our seed into the fertile ground. This will bring the greatest harvest." During this period of national drought, these words are of particular significance, as God will nurture and protect that seed, until the rains come.

A stained-glass window in the rectory at All Saints Hunters Hill contains the words *Nisi Dominus frustra* – 'without God's purpose we labour in vain'. We are busy people, as students, graduates and retirees, but with God's help we cannot fail. Let us step out in faith to explore how God will use us in 2020. We can 'do all things, through Christ who strengthens us.'

Reproductive technology – continued from page 25

Dr Harvey Ward flew down from Coffs Harbour for the occasion. We were delighted that he was able to bring his own expertise to contribute to the discussion. He summarised the evening as follows:

"Old friendships were renewed, and new friendships made, as Bronwyn served a delightful meal of Asian cuisine. Following this, Ern warmly welcomed members and partners and introduced Graeme and Bronwyn. There was a special welcome for Russell Clark who had been a mentor to Ern during his residency and had been a godly influence on both Ern and Graeme.

Graeme led a time of praise and worship with stirring heartfelt renditions of Christian hymns and songs

including: *How Great Thou Art*, *Bless the Lord Oh my Soul* and Charles Wesley's conversion song *And Can It Be*. These grand songs were interspersed with passionate prayer and the atmosphere was thick with a holy warmth.

We settled into a most informative talk from Graeme supported by a colourful slide presentation. He spoke of the intricacies of the earliest moments of the creation of life and of God's miraculous design and attention to detail. He touched on the flash points of ethical decision-making with the natural attrition of conceptions, the miscarriage risks and the problems associated with spare embryos after IVF. Some spirited discussion was entered into regarding the responsibility borne by a couple having these embryos and the decision

of their fate being the parents' rather than the doctor's responsibility. Time did not permit an exhaustive coverage of the topic but, after the formal part of the evening ended, many of our party of twenty-two stayed behind for coffee and continued lively discourse late into the night. We resolved to do it again. And soon!"



Victoria



Rev Prof Victor Yu (front centre) spoke at a Community Dinner event on his faith-work-life experiences at his house.



Dr John Klaus-Dieter (left of centre in second row) speaking on the hospital he and his wife founded, Diospi Suyana Peru.

We are thankful to the Lord for another year of fruitful ministry at CMDFA Vic. This would not have been possible without the dedicated voluntary efforts of so many.

Committee members: Aleisha Mak (secretary), Tim Ching (treasurer and national board representative), Janice Tan (e-communications), Carrie Cheng (GROW mentoring), Ebony Remyn (Monash University medical students), Reinaldo Adjiputro and Benjamin Wang (Melbourne University medical students), Matthew Li (dental students), Grace Pang (dental graduates), Chris Williams (recent national graduates), Linda Pollard (staff worker), Rosemary Wong (chair).

Advisors: Prof Mathis Grossmann, Prof Kuruvilla George, Rev Prof Victor Yu, Dr Denise Cooper-Clarke, Dr Jason Ong.

The major emphases of the year have been on strengthening fellowship across the generations, increasing attempts to be inclusive of recent graduates, continuing support for a vibrant student ministry, and preliminary discussions around ethics

workshops in churches, led by Tim Chung.

Anchor events have continued to be the Intern Conference in January, the Praise and Worship Night in early August (mainly attended by first year medical students), and the Annual Dinner at the end of November (where Dr Karl Hood, GP-theological lecturer, was our guest speaker). Around these events, there have been several recent graduate dinners, three community dinner events with three outstanding speakers (Michael Burke from HealthServe, Graham Hooper and Dr Klaus Dieter-John of Diopsi Suyana Peru), and a missions afternoon tea in November with Dr David Leung, president of MSI. We have deliberately planned for some of these times to enhance inter-generational connectivity, a feature that has declined over the years within CMDFA Vic.

The dentists and dental students also continue to meet together, as do the mentorship pairs in the GROW Mentoring programme. Hospital-based prayer groups remain a challenge because of the incredibly varied and mobile nature

of work, and thus this remains informal. It may be better to hold fellowship and prayer groups external to the hospital at regular times and we are presently considering this idea.

Student ministries at Monash and Melbourne Medical Schools continue to thrive, and they have been ably coordinated by Ebony Remyn and Reinaldo Adjiputro respectively. Deakin medical students have also been organising 'MOLDI' (Meaning Of Life Discussed Intelligently) dinners throughout the year. Once again, CMDFA Vic ran a daily prayer session (with an invited Christian doctor to share a "Bible bite") at the annual mid-year Melbourne University student medical conference. Moreover, a large committee of students and recent graduates have begun organising IMPACT 2020 Melbourne.

'Therefore, my dear brothers and sisters, stand firm. Let nothing move you. Always give yourselves fully to the work of the Lord, because you know that your labour in the Lord is not in vain.' 1 Corinthians 15:58 (NIV)



Dr Michael Burke, (front right) introducing us to the ministry of HealthServe



Prof David Clarke (standing at right), Psychiatry Monash, speaking at a dinner event at his house.



South Australia

Things have been a little quiet for CMDFA in South Australia in recent years, so it was a real encouragement to see us formally regenerate a State Committee at the start of 2019.

A group of us had been informally meeting over the previous year to try and get things organised, inspired to see renewed life. So really, 2019 just saw us have a bit more courage under God's hand, to officially put our hands up and give it a go!

So, what did 2019 look like?

Over the past couple of years we have offered Intern Boot camp early in January, each time run by an outgoing intern, which has been so encouraging for those who have attended. We are definitely keen to continue offering this as a great opportunity for new interns to start out their year, eyes fixed on Jesus, and prepared for what can be a challenging year personally, spiritually and professionally.

In South Australia, our main emphasis in terms of 'events', has been on joining together for times of fellowship over a meal. On each occasion there has been the encouragement of seeing old familiar faces, and the delight of welcoming and connecting with students and graduates new to CMDFA. We've also used these occasions to hear from a number of different overseas mission workers, using their medical skills to bring the message of hope and healing.

Even during our quieter years, there have continued to be Saline courses offered about twice a year, including a couple held in regional SA locations. A diverse group of health professionals continue to be equipped for sharing their faith through this.

A student group has been running at Flinders University, and there are also a number of medical and dental student Bible study groups that meet under the banner of AFES on campus at Adelaide Uni, and UniSA. We are still working



CMDFA SA March meeting.

"There are many here in healthcare in South Australia committed to serving Him, and intentional about how they do this through their profession."

on how best to provide for students transitioning from University campus Christian groups, into their clinical studies, and then on into early graduate years. Your prayers in this are appreciated.

2019 saw the establishment of our first group meeting specifically for Dentists. It is a delight to see the 'D' active in CMDFA in SA!

It is always inspiring to get a sense of the wider National fellowship. Several SA members attended IMPACT and this year's National Conference in Canberra. We also had the encouragement of meeting with interstate delegates during GP19 – the RACGP's National Conference, held in Adelaide in 2019. We put out an invite to any CMDFA-ers attending the conference, and shared an informal breakfast, warm fellowship and a time of prayer. In particular there had been a plenary at the conference on Voluntary Assisted Dying so it was helpful to be able

to debrief and pray with other kingdom-minded colleagues.

At State government level, a submission was made on behalf of CMDFA to the South Australian State Parliament Joint Committee on End of Life choices, with the kind assistance of Dr Megan Best, and the National Office. CM A SA contacts were also encouraged to consider supporting a submission to SA State Parliament in regards to the Abortion Law Reform Bill.

When put into writing it is obvious to see that God is at work, and that there are many here in healthcare in South Australia committed to serving Him, and intentional about how they do this through their profession. And yet there is such a sense that there are so many other Christian doctors, dentists and students out there with whom we haven't yet connected!

Pray for us

We covet your prayers as we continue to seek wisdom for the future, to know what to put our efforts into, with our vision to see more Christian health professionals here in SA experiencing the joy of fellowship, and being encouraged in their journey of integrating faith and practice.



State Report



Western Australia

Our theme for CMDF WA in 2019 was Trust. Our theme verse was Proverbs Ch 3: 5-6: "Trust in the Lord with all your heart, and do not lean on your own understanding. In all your ways acknowledge Him, and He will make your paths straight."

We hosted three coffee and dessert nights and opened the event to all healthcare workers and students. The topics we looked at were:

- "How do we Trust God with Big Decisions" based on the life of Daniel from the Old Testament.
- "How to trust God through Difficult Times" and
- "How to Trust God with our Time" where we focused on the importance of Sabbath rest to thrive in our relationship with God.

The events were attended by many and the highlight was breaking up into small groups with graduates leading the discussion groups for students.

Intern boot camp is a feature of January each year and again it was a God-honouring event in 2019.

Our annual Thanksgiving Dinner was in June. Our focus was on cross-cultural workers. We had the opportunity to hear from those currently serving overseas and a family preparing to move to Asia in 2020. We subsidised students to attend the dinner so they had the opportunity to hear and consider cross-cultural work.

Our annual healthcare conference was held in August and was well attended. The theme was again based on Trust with two of our older graduates sharing. Michael Chong did a study on our theme verse and

what trusting God on a daily basis looks like. Sace Buma shared on trusting God in difficult places – serving God in short term trips outside of our comfort zone.

We have also had three Recent Graduate mentor dinners which aim to encourage young graduates working long hours to keep their eyes fixed and focused on Jesus. There are also mentor dinners for medical students at our three different campuses – UWA, Notre Dame and Curtin with CMDF WA graduates. In November, the first mentor dinner for allied health and nurses was hosted. Dentists have continued to meet through the year in a small group.

I am thankful to our hard working CMDF WA committee for their help in running events. In 2019, for the first time, we had the addition of an allied health worker as part of the committee. This has helped greatly with that group's inclusion.



State Report



Tasmania

Although there is no formal branch of CMDFA in Tasmania, there are many members in the state, five of whom attended the last National Conference.

For decades, there have been informal gatherings of Christian doctors in various regions intermittently, coordinated by a number of enthusiastic individuals. In 2019 a number of different activities took place in different parts of Tasmania. I will list those that I am aware of, bearing in mind that there could well have been others.

In the south, the Hobart Christian Doctors Network has been meeting on an occasional basis for several years, although this was not possible in 2019. Some of the junior medical students have recently started meeting regularly

for prayer and it is hoped that this will continue in the future.

In the north, where I am based, a weekly prayer meeting for doctors takes place in the local hospital. Apart from being a great time of sharing, fellowship and prayer for the hospital patients and staff and the Christian medical community in our area, it has also become a forum for planning other gatherings.

Over the last two years, we have held welcome BBQs to connect with incoming 4th year medical students who have come up from Hobart for the last two years of their course. Several dinner gatherings were also held during the year in a local home for students and residents to connect with local Christian doctors. We

were also able to sponsor several 4th and 5th year students to attend the April 2019 IMPACT conference in Sydney.

During this last year, two Saline Process courses were facilitated in Launceston. The first, in July, was attended mostly by doctors, with some medical students and one or two allied health professionals. The second, in November, was the opposite: a few doctors, but the majority of the 25 participants were from a wide range of health professions, including physiotherapy, speech pathology, occupational therapy, nursing, pharmacy, support workers, hospital pastoral care workers, dental mechanics and others. It has been exciting to see this growing interest in the Saline process and there are plans to run several more courses next year.



Northern Territory

History and overview

Darwin has a transient medical workforce and medical fellowship groups have started and stopped over the years.

CMDFA Darwin started meeting regularly in early 2016, when the local AFES university chaplain had the idea of bringing together Christian medical students and doctors. He saw the medical students on campus struggle in their faith as they came to busy clinical years and recognised a need for them to be connected with Christian doctors. Shortly after our initial meeting, Dr Ross Dunn (former CMDFA national chair) visited our group in his travels around the country to encourage smaller regional groups.

Currently we meet four times a year and invite healthcare students and professionals from all fields. Usually we have around 20 people attending from a variety of local churches. Every time we meet, we have a meal and share fellowship. Each meeting also has a speaker or topic that is discussed. In the past, topics have ranged from euthanasia, to overseas medical missions, and sharing your faith at work.

Seeking the prosperity of the city – June 2019 dinner and talk

In June last year we were lucky enough to be addressed at our meeting by Professor Ian Harper. Although Ian holds the title “Dr” he is not a medical doctor: he is an economist. His talk was entitled “Seeking the prosperity of the city: serving God as an economist”.

Ian was converted to Christianity when he was already well into his career as an economist. He needed to wrestle with the question of whether his secular training could be used for God’s kingdom. He found that it could. He expounded the way in which he uses his profession to serve society to the glory of God, just as Jeremiah was called to do:

“Also, seek the peace and prosperity of the city to which I have carried you into exile. Pray to the Lord for it, because if it



Darwin from up high!

Alice Springs fellowship

The Alice Springs healthcare fellowship meets approximately every 2 months on Saturdays with a range of 6 to 30 people attending in fellowship, prayer, eating and testifying to God’s work.

Contact: cmdfadarwin@gmail.com to get connected with a CMDFA group in the NT.

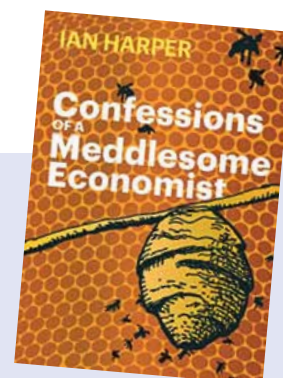
“prosper, you too will prosper.” - Jeremiah 29:7

He explained how good economic policies could benefit individuals – for example, in facilitating employment, providing for material needs, and promoting justice.

Professor Ian Harper has written a book *Confessions of a Meddlesome Economist*, which outlines some of his involvement in significant economic events in Australia’s history as well as the story of how he came to Christ.

During his career, he has been involved in such things as setting the minimum wage in Australia as the inaugural chair of the Fair Pay Commission. This work had a great impact on the prosperity of Australians. Currently he is a board member of the Reserve Bank of Australia helping to set interest rates – again, an opportunity to seek the prosperity of the city.

We were encouraged by another believer from a different discipline to see how we could serve God as we serve society in our healthcare roles. He also spoke on personal finances and illustrated how money is a great servant, but must not become the object of worship.





ICMDA Oceania Region

ICMDA's Oceania region, one of the twelve ICMDA regions globally, covers the three larger nations of Australia, New Zealand and Papua New Guinea, along with 20 smaller sovereign states and dependent territory islands.

It is a vast area covering 88 million square miles of ocean and is dotted with 25,000 islands. However, only Australia and New Zealand have fellowships that are affiliated with ICMDA, in 1975 and 1982 respectively.

There is much opportunity for partnerships and sharing and hence building and strengthening the Kingdom of God in the body, minds and spirits of individuals, communities and nations of the region.

There are 30 medical schools here, serving the region's 42 million people. The major languages are English, French and the various Polynesian languages.

There is a large Christian presence here, particularly in the smaller islands, reflecting its colonial past, but the Christian influence is being eroded by secularism and nominalism. Migration is occurring on a massive scale, with many Pacific Island ethnicities having a larger population abroad than in their traditional homeland. This places social and economic pressure on the area.

There are very few skilled health professionals in Papua New Guinea, only 6 for every 10,000 people, compared to 143 & 162 for every 10,000 people in New Zealand & Australia respectively. Most of the other major islands have between 20 and 40 health professionals for every 10,000 people.

With a new Regional Secretary, Regional Representative and Associate Executive Officer starting in 2019, we are seeking to build links with passionate people who are seeking to serve or are already active in the Oceania region within local healthcare Christian fellowships. We want to be encouraged by you and also wanting to encourage you. If you want to



learn, share or encourage and be encouraged send an email to office@cmdfa.org. marking the email for attention ICMDA Oceania.

The ICMDA Oceania Regional Conference will be a recognised part of the CMF NZ Conference in Rotorua, NZ May 15-17, 2019. All are welcome!



Dr Michael Burke,
ICMDA Oceania Regional Secretary

Michael has been nurturing and encouraging the growth and incorporation of Saline in Christian doctors, dentists and other health workers practice. Over nine hundred health workers are trained in the Saline Process. Michael is the ICMDA Oceania General Secretary and a keen CMDFA leader. He is Conjoint Associate Professor in General Practice at Western Sydney University.



Teem Wing Yip,
ICMDA Oceania Regional Representative

Teem-Wing is a globally nomadic, public health physician and GP. She is originally from Hong Kong, did her undergraduate degree in the US, then medical school in Australia. After spending 10 years in Central Australia, she has since worked in India and Singapore. Currently, she is a long-term volunteer in capacity-building in primary health care, at an Australian-funded non-government organisation in Timor Leste.



Hedwin Kadrianto,
Associate Executive Officer for South East Asia & Oceania

Hedwin is an Indonesian dentist. He has been involved in student ministry through IFES and CMDF Indonesia. He was assigned for ICMDA South East Asia student and junior graduate ministry, which was then expanded to cover the Oceania region in 2020. He has a particular interest in dental treatments for patients with HIV, as well as promoting equal access to dental treatment access for those patients in Indonesia.



ICMDA News

"I have set you an example that you should do as I have done for you. No servant is greater than his master."
John 13:15-16

We aim to walk in the footsteps of the Great Physician, the Lord Jesus Christ, who sent his disciples to preach the gospel and heal the sick. (Matthew 9:35 and Luke 9:2)

Our Vision

The **VISION** of ICMDA is to see a Christian witness through doctors and dentists in every community in every nation.

As an association, our **MISSION** is to start and strengthen Christian national medical and dental movements through:

- **CALLING** – Enabling national movements to dialogue within themselves and with each other on relevant issues in their secular or other-faith contexts from a foundation that is biblical and ethical;
- **EQUIPPING** – Training and building the perspectives, Christian understanding and witness of doctors, dentists and students for leadership;
- **FELLOWSHIP** – Bringing together members in fellowship at regional, international and other levels to support each other through mutual encouragement, prayer and learning; and
- **SERVICE** – Initiating and strengthening missions to all, especially to vulnerable communities through partnership among national movements.

Our Aims

The **AIMS** of the Association are:

- to provide national Christian medical and dental organisations with a regular means of exchange of views, information and experiences in the fields of medicine and dentistry, particularly where these concern Christian faith and ethics;

- to promote, and establish bonds of fellowship, friendship and co-operation among Christian medical and dental men and women throughout the world;
- to examine and test changes in medical and dental thought and action by the principles of the Basis of Membership;
- to disseminate information concerning and to promote discussions of, problems which arise for Christians practicing medicine and dentistry;
- to support the special needs and activities of medical and dental students and junior graduates, thereby emphasising the value of their influence
- to promote, encourage and support the work of Christian medical and dental missions throughout the world.

The ICMDA LOGO

Our logo is an ever-present reminder of the challenging call to provide compassionate care according to the example of Christ. It is inspired by the passage of scripture in John 13 where Jesus, in humility, washes the feet of his disciples and wipes them dry with the towel. The **cross**, together with a **basin and towel**, symbolise sacrificial love for and humble service to all humankind.



Report of ICMDA Summit at St Albans UK October 2019

Every two years, ICMDA holds a summit where the ICMDA CEO, Board Chairman, Regional Secretaries, Students and Junior Doctors Representatives, SJGEOs, Regional Representatives and Area Representatives come together for a week of prayers, devotion and update on ICMDA work in different regions of the world and strategising together for the next two years until the next summit. The last summit was in the US in 2017 (Bristol, Tennessee). Last year's summit was the first summit with Dr Peter Saunders as the new ICMDA CEO. The ICMDA summit last year took place from 6-11 October in the city of St Albans in the UK.

Thirty representatives from twenty six countries attended the summit. From our Oceania region, the Regional Secretary Assoc Professor Michael Burke attended the summit and represented the region.

We reviewed the vision and mission of ICMDA. We strengthened our relational basis for gospel ministry, and talked, explored and prayed about how to support Christian Health workers in their aim of being a Christian witness in every community in every nation. We explored our past, our present opportunities and challenges, and the way forward.

Partnerships were seen as a key strategy, working with Saline, PRIME, IFES, NCF and HCFI. We also want to make better use of electronic resources to build relationships and encourage each other.

ICMDA has launched its new website
<https://icmda.net/>

"Therefore, my dear brothers, stand firm. Let nothing move you. Always give yourselves fully to the work of the Lord, because you know that your labour in the Lord is not in vain."
(1 Corinthians 15:58)



Healthy Partnerships

HealthServe Australia (HSA) is most encouraged in its partnership with the Christian Medical and Dental Association of Australia (CMDFA). It has sponsored IMPACT and the National Conference and has also set up the capacity for CMDFA to gain RACGP points for CMDFA educational activities.

In 2018, HSA sponsored 14 International Christian Medical and Dental Association (ICMDA) country representatives, mostly from Papua New Guinea and Africa, to the ICMDA World Congress in Hyderabad, India. Last year, we brought two student leaders from Singapore and one from Indonesia to VISION in January on the Gold Coast. We also brought a PNG doctor, Naomi Philips, to the National CMDFA conference in October in Canberra.

HSA have set up a Partnerships in Medical Education (PRIME) programme with CMF partners in Indonesia and have seen training take place in Bandung and Jakarta. We have taught on Whole Person Medicine and Jesus as the Good Teacher. This year, we will also teach in Jogjakarta and, prayerfully, there will be palliative care workshops in various Indonesian sites.



The PRIME team at Maranatha Christian University in Bandung, Indonesia this year.



Our greatest joy is to see the printing of the Papua New Guinea Health Care Manual for village health workers. This has been a long and valued journey over many years led by Baptist Union PNG in partnership with HealthServe Australia and others. A special thanks goes to the Department of Foreign affairs for support through an Australian Friendship Grant. This assisted with printing and distribution. I wanted to especially acknowledge the leadership, both present (by Dr John Oakley and Gerri Koelma),

and past (with programme leadership by Dr Clifford Smith)

Finally, HeartStart is an award of HSA for health-worker students in Australia to seed-fund travel to a developing country to immerse themselves in a safe, resource-poor setting, develop relationships, and gather information. From this, they may be able to develop a Concept Paper for a project that may transform health outcomes for the host beneficiary group. The Award is from \$500 to \$1000.

For further details see <http://www.healthserve.org.au/projects-of-health-serve-australia/144-projects/81-heartstart.html>



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Luke's Journal Report



Spreading the word

Luke's Journal's future – Presented at the CMDFA AGM, Nov 2019

It is with a measure of trepidation and excitement that I write my first report as editor of *Luke's Journal* for the CMDFA board.

I have been part of the editorial team for *Luke's Journal* since 2015 when I responded to a request for drafting “tasters” of *Luke's Journal* articles for the website, www.cmdfa.org.au. Since that time I have had the privilege of working with John Foley and Paul Mercer as sub-editor, gradually learning the ropes of how to produce the Journal. John retired in 2016 after 11 years of service, and Paul finished up in 2019 after 14 years at the helm. Tributes to both of these outstanding men can be found in the December edition of their year of retirement. Knowing the enormous amount of work that is involved in each issue, I take my hat off to them for their prodigious work ethic, their longevity as editors, and the breadth of their vision and scholarliness.

With Paul's retirement looming over the last couple of years, it became clear that the amount of work to continue producing a journal of quality required a larger team. Over the course of the last three years, we have gradually expanded

the size of our team to include 10-15 editors, and 10-20 proofreaders. The core editorial team includes Winnie Chen, Adrianus Thio, Annetta Tsang, Georgie Hoddle, Landy Wu, Dawn Choi, Arielle Tay, Kristen Dang and, recently, Eleasa Sieh. This year, Nathan Combs has joined us from the Board, and has been pivotal in helping us move forward in our desire to transition from print to online.

“The team are keen to distribute the Journal more widely among the Fellowship. We are convinced of the value of the content, both spiritually and clinically...”

Unanimously, the team are keen to distribute the Journal more widely among the Fellowship. We are convinced of the value of the content, both spiritually and clinically, particularly to those who are new to their careers. As a practical

resource, *Luke's Journal* is the only English-speaking journal of its kind in Oceania, and has a scope and scale larger than our English and American counterparts. The essential underlying theme of the Journal has been to capture the way members of CMDFA have integrated their work and faith. The Journal shares the stories of this journey and the intellectual drivers that have sustained it – both medically and theologically. However, hard copy limits its readership and dissemination. Although it is now available as a PDF on issuu.com and through cmdfa.org.au, it is difficult to re-electronically, and neither searchable nor shareable by article. The editorial team are committed to maintaining the quality and depth of the Journal, and also to make it more accessible in digital medium.

Each of the team brings various skills and passions to *Luke's Journal*. In particular, Adrianus Thio has been instrumental with strategic skills in vision planning. He put together a proposal for EQUIP in February and subsequently met with Associate Professor Andrew Cole who has overseen a similar transition from print to electronic medium for the Australian Faculty of Rehabilitation Medicine. More specific plans and quotes were presented by myself to the

Board in June. Following that, a survey was distributed with the release of *Hot Topics #2* asking for feedback from the members regarding electronic medium. We received a surprisingly high response from approximately 125 people, with the majority preferring digital and a small number (<30) requesting print. This encourages us to continue to develop the Journal in accessible electronic format. We envision that email and Facebook will be the main vehicles for its dissemination.

We have been acutely aware of the significant cost of producing *Luke's Journal* to the Fellowship (approximately \$6000 per issue). Transitioning from print to digital will relieve much of that pressure. For those who prefer print, there is an option to use a print-on-demand service such as <https://www.blurb.com/getting-started?tab=tab-magazines> at around \$40 per copy. Ideally, we would like the *Luke's Journal* website to be embedded in the CMDFA website and formatted professionally by a web designer, but there are both time and financial constraints to this end. In the meantime, a low-cost proposal will be presented by Nathan Combs to the Board, with current staff (Ivan Smith) and volunteers to manage production.

Winnie Chen and Kristen Dang have worked together over 2019 to develop a prototype website using WordPress. They are overseeing the first issue *Laughter is the Best Medicine* going 'live' pending Board approval. Kristen has also been involved in developing templates and publishing/IT processes. Arielle Tay has developed a Facebook page for the Journal and actively calls for submissions and promotes the Journal across the states. Annetta Tsang is overseeing the *Breath of Life* issue to be published May 2020. Eleasa Sieh hopes to be doing similarly for the *Everybody Dies* issue to be published September 2020.

This year we have made extensive use of Facebook Messenger for day-to-day communication and Google Hangouts for monthly editorial team meetings. With members from WA, NT, SA, QLD, NSW and VIC this has been remarkably successful. Face-to-face Hangouts have been helpful for cohesion, as well as personal connection biannually at National Conference for those who are able to make it. Hangout attendance prioritises members' relevance to the

agenda, so there are rarely more than six present, with capacity for 25. Facebook Messenger has been a wonderful tool for getting things done and discussed easily by whoever is available.

Sadly, the Winton Award for young writers was not given this year at IMPACT due to lack of eligible writers. We are hopeful that this will change in the coming issues, as we seek submissions from writers through Facebook and personal connection. Greater use of electronic medium, and the ability to share individual articles should also attract more involvement from our younger members, and possibly promote CMDFA as an organisation more widely amongst Christian health professionals.

"We continue to encourage balance in content and argument, respecting the open, evangelical core values of our Fellowship."

For the future:

1. We would like to balance the Journal with a mix of both scholarly and personally reflective articles. Currently many of the articles are "heavy" and information-dense, at odds with the culture of shorter articles that are scanned briefly in a world of information overload. With a larger team, we are gradually gaining a broader mix of writers who will hopefully be able to write appropriately for this changing paradigm.
2. We plan to continue with a thematic path for each issue as this lends itself to stimulating thought and discussion more deeply around a topic. Writers are more likely to write when presented with a theme and a facet suited to them, and it stimulates wider reading around each topic. The themes are designed to be reflective of current issues to promote relevance and a Christian response to societal conversation. In the future, we would like to encourage print versions of *Luke's Journal* to be held in libraries, and thematic issues are pragmatic.

3. We continue to encourage balance in content and argument, respecting the open, evangelical core values of our Fellowship.
4. We hope to adapt older content to modern searchability and shareability, maximising access to the wisdom from ages past and building on it.
5. The shared Google file, *Luke's Journal* Manual, is helpful for continuity and development across the team. As we move forward, we hope to streamline processes and improve utilities like:
 - a. copyright,
 - b. an author base from the CMDFA email list,
 - c. templates for writing/ biographies/ referencing,
 - d. disseminating information strategically via CMDFA Facebook groups.
 - e. Paul Mercer is keen to develop resources to support writing for *Luke's Journal* and will have more time to do this as he steps down from his editorial role.
 - f. I am canvassing for three to four sub-editors who are able to oversee one edition each year for several years in a row.

As these processes develop, the scope of the Journal will become more robust and sustainable.

6. With a larger team, we would also like to devote some time to vision planning and direction for *Luke's Journal*, ideally in conjunction with the Board. Adrianus Thio is meeting with Dr David Strong for more specific vision direction which we will discuss over 2020 and Nathan Combs will liaise with the Board. We welcome input from the Board as it reviews the mission and direction of the Fellowship as a whole, and are eager for ideas as to the place of *Luke's Journal* in the development and encouragement of our Fellowship.

In 2016, Paul Mercer made this comment, "In this Journal we document the joining of work and faith in the power of a resurrection life and so we move forward hopefully." It is this God-given hope that takes the journey of the Journal forward, and I am excited and encouraged to move into the future with a strong and developing team.



Devotional



A friend like Jonathan

David and Jonathan
 Giovanni Battista Cima da Conegliano, c1505

The story of Jonathan is incredible. Imagine having a friend like him – selfless, encouraging and courageous! We all need ‘Jonathans’ to spur us on in the calling God has given us, and we can also be a ‘Jonathan’ to those around us. So what does this look like?

Real Friendship

“... the soul of Jonathan was knit to the soul of David and Jonathan loved him as his own soul.” (1 Samuel 18:1)

Jonathan loved David. There was no self-gain or jealousy involved in his friendship with David. In fact, Jonathan saw God’s purpose for David as Israel’s future king and supported him. The king’s son not only made a covenant with David, but also gave his robe, armour, sword, bow and belt. God commands us to love Him, and also to love our neighbour as ourselves (Mark 12:31). We have an example of this in Jonathan who humbled himself before the will of God such that his friendship with David was not marred by competition, comparison or jealousy.

Courage and Truth

It is not always easy to speak the truth or share things honestly with others. In

1 Samuel 20, we see David and Jonathan discuss whether King Saul means to harm David. David believes Saul wants to harm him, but Jonathan initially disagrees. However, instead of stubbornly insisting on his viewpoint, Jonathan goes to find out the truth. He then courageously stands up for David’s innocence before his father, and tells David the news, sending him away from harm with tears.

We might not always agree with one another and it takes humility to admit we might be wrong. To stand for truth can be scary, but it is the right thing to do and when we do this, we encourage and help others.

Encourage

Sometime later, David finds himself in the wilderness of Ziph at Horesh. He had been on the run from King Saul and had also just inquired of God to discover that the men of Keilah would betray him. In this time of distress, Jonathan comes up to encourage him.

“And Jonathan, Saul’s son, rose and went to David at Horesh, and strengthened his hand in God.”
 (1 Samuel 23:16)

Everyone goes through tough times and we can, like Jonathan, strengthen each other in God. We do this by reminding each other of God’s faithfulness, and by affirming the gifts and callings He has given us.

Colleagues and Family

We are not alone. God’s church is family and we are called to build one another up in Christ! There are opportunities to do this everywhere. We can send a message of encouragement to a colleague, listen to someone who is hurting, support someone who is taking a stand for truth, celebrate with someone in their success.

“And let us consider how to stir up one another to love and good works, not neglecting to meet together, as is the habit of some, but encouraging one another, and all the more as you see the Day drawing near.” (Hebrews 10:24-25)

Jonathan supported and encouraged David as he fulfilled the things God had in store for him. Is there someone we can encourage in Christ today?

Kristen is the artist for the front cover of this issue of *Luke’s Journal*.



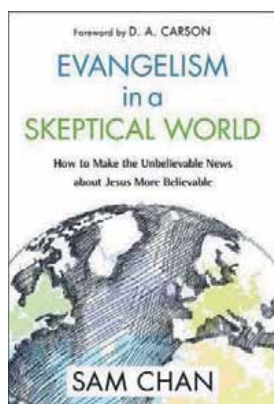
Dr Ben Tong

Book Review

Evangelism in a Skeptical World

Sam Chan's *Evangelism in a Skeptical World* is a book that provides great insights into the difficulties we face in telling people about Jesus in our cultural context. Having heard Sam Chan speak on the topic a few times before, I have long been keen to read his book in order to learn how I can better approach relationships and gospel-hearted conversations with my non-Christian friends.

The book digs deep into a variety of topics – everything from the basics of “What is evangelism?” and simple everyday “strategies for sharing Jesus”, to the importance of giving people a “contextualised gospel” and “gospel-cultural hermeneutics”. (If you’re anything like I was, right about now you’re thinking, “What the heck is hermeneutics?!”)



Whilst there were times when reading the book that I did start to feel that I was getting lost in technical terms and theory, at those moments I would come across refreshing gold nuggets of wisdom, or relatable real life examples. These often served to highlight just how accurate Sam Chan's observations seemed to be and how important it is for us to understand them if we are going to be effective witnesses for Christ.

How the book has challenged me

This book has challenged me in many different ways. In particular, it has highlighted the importance for me to develop a variety of methods in order to effectively convey the gospel message in conversations with friends.

Additionally, I now better understand that whilst it is important to present the gospel as a truth that needs to be believed, in our cultural context “facts, evidence, and data” are unlikely to convince a person of the gospel on their own. Thus, I feel it is essential that I work at putting more effort into recognising the hopes, dreams, and aspirations within my friends; what desires underlie them; and how the gospel ultimately fulfils these for them.

Why you should read it

In Matthew 28:19-20 Jesus says these words: “Therefore, 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 to obey everything I have commanded you.” (NIV)

As disciples of Christ, this command also stands for us. We are to be ambassadors for Christ and have a responsibility to tell friends, family, and others around us about the gospel. In order to do this well we need to be appropriately equipped to do so. *Evangelism in a Skeptical World* details a number of different ways to better equip yourself (and others) in having gospel-hearted conversations. If you’re serious about telling people about Jesus then you really need to read this book!



Dr Grace Warren AM

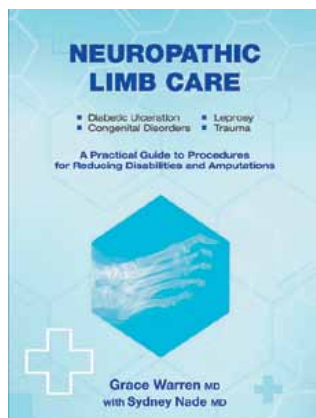
Book Review

Neuropathic Limb Care

A Practical Guide to Procedures for Reducing Disabilities and Amputations

Neuropathic Limb Care is the distillation of Dr Grace Warren's expertise, gathered over sixty years treating patients with neuropathic limbs.

It is a concise, well-illustrated and clearly written book, which brings together many aspects of the care of neuropathic limbs and provides a practical guide to optimal treatment of patients with multiple



neurological problems from many causes.

Neuropathic Limb Care will be an invaluable aid to patient self-help and medical personnel managing patients with diabetes, familial and traumatic neuropathy, as well as leprosy sufferers in developing countries. These are the patients these simple, yet effective, medical programmes were developed to aid.

Dr Grace Warren has shown that the same principles produce excellent results when applied to any patient with neuropathy problems, if the patient is prepared to do their part. Her experience has confirmed that the application of these practical but simple techniques, which are inexpensive in developing countries, will afford better outcomes than are currently achieved in many developed countries.



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I am learning (and teaching) how to infuse my Christian faith into my workplace and can honestly say I am loving the opportunities this has brought to my journey. For me taking my faith to work is now second nature and I am so grateful for how gentle yet powerful is His presence through me."

- Gabrielle Macaulay

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[see-luh, sel-uh]

'A Hebrew word referring to an intentional
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