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*The Medical
Profession:
A Vocation
for Life?*

*Healing Rains of the Heart
Conference October 2012*

**Dr Luke, Evangelist
for the Great
Physician: Jesus**

**Parallel
Careers
after
Medicine**



**Balancing
Motherhood and
Medicine**

After Medicine?

Having a Career Inside and
Outside of Medicine

Retirement – A New Career

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editorial



Parallel Careers after Medicine

The practice of medicine covers such a variety of disciplines, from the pure science of the research laboratory to the hurly-burly of general practice, the technical skills of microsurgery, the esoterics of neuro-psychiatry, the community involvement in public health, and to many others. It would seem therefore that there is a place for anyone with the requisite knowledge to find a niche suited to his/her talents, interests and calling. But as this issue shows, medicine may be a stepping-stone to a very different career.

As we consider the changes that some have undertaken, perhaps it is noteworthy that most involve serving the community in some way or other. Harvey Cushing observed that "A physician is obligated to consider more than a diseased organ, more even than the whole man – he must view the man in his world." Such an attitude has led to politics, to Christian ministry – and even to novel writing. Several of our contributors have entered Christian ministry – and besides them there are others, and at least two medically qualified bishops – which surely says something about a sense of call, of vocation. Most Christian doctors would admit to such an attitude to their profession, and those who have left have done so in response to a further such call.

The challenge to us all is to remain faithful to the personal vision that God has given us. Whether in our current profession, seeking change or having change forced upon us, may we seek like the Apostle Paul to be obedient to the heavenly vision, to discern the will of God, and to be faithful stewards of our talents and opportunities.

John Foley
Editor Luke's Journal 

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LUKE'S
Journal

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"Administrative Affairs"
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"Complimentary Medicine"
— copy by 30th Jan '13

The Medical Profession

The practice of medicine is usually considered a life-long vocation. Those who graduate with a medical degree often look forward to a career within a chosen field for the duration of their working lives.

In recent years, it has become an expectation that many younger graduates may consider changing their type of work because of the rapid changes that are occurring in society. There is evidence that many doctors change their areas of interest or specialisation within their career. Some, however, for various reasons choose to move away either partly or completely from medicine into other disciplines. Whilst this may be a new trend, there are many historical examples of doctors who have successfully made such a transition. This essay is a selective review of some doctors who have made a career change. Sometimes the changes have been geographical, such as medical missionary or explorer whilst others have involved a complete departure from medicine into fields of writing, politics or preaching.



St Luke

St Luke

A famous example of a doctor in the early Church who became a writer and evangelist is St Luke. He is identified by Paul as “Our dear friend Luke, the doctor” in Colossians 4:14. Scholars generally agree that Luke was the author of the Gospel of Luke and the Book of Acts. His Gospel is the longest in the New Testament and the two books together constitute almost one quarter of the New Testament. Although Luke is not named in either of these books, the early Church fathers including St Jerome, Eusebius and Origen universally ascribed the authorship to Luke.

Considering that a 1st century Christian doctor wrote more of the New Testament than any other author, it is interesting to analyse what can be known about his life and what caused him to change his career from doctor to evangelist and author.

Luke is generally considered to be the only New Testament author who was a Gentile Christian. The origin for this assumption is from Colossians 4:10-14 where Paul conveys his greetings from three men who are Jews or literally “those of the circumcision” and then extends greetings from Epaphras and Luke with the natural implication

that these men are non-Jewish or Gentiles. Don Carson suggests that whilst a few scholars contest this conclusion, there is merit in the suggestion that Luke was a “God fearer”, a Gentile who had strong sympathies for Judaism without becoming a convert. It suggests on the one hand that Luke had an intimate knowledge of the Old Testament in Greek, but was indeed a Gentile convert to Christianity.

According to Eusebius, Luke was a physician who lived in the Greek city of Antioch in ancient Syria. It is likely that his training as a doctor would have been by an apprenticeship and that he would have been familiar with the Hippocratic medicine. As such he came from an educated background and was trained in Greek medicine with its emphasis on rational science as distinct from earlier methods based on superstition and magic. Luke travelled with Paul on his missionary journeys and many descriptions in the Book of Acts use the “we” or first person plural to describe events with which he was associated. Luke was a companion of Paul and may have exercised his medical skills during their journeys together. Chiefly however he was a recorder of events that were carefully preserved and recorded in Scripture.

The composition of the writings in the Gospel of Luke and in the Book of Acts demonstrates a range of vocabulary and a style indicating that the author was well educated. The standard of Greek in these books is high with the introductory paragraph in the Gospel written in classical style. The rest of the chapters are in good Hellenistic Greek, but also indicate a close knowledge with the Septuagint. Several authors have drawn attention to a considerable amount of medical language in Luke and Acts and this is further corroboration of Luke’s authorship. There is also a strong resemblance between the introduction of the Gospel and a preface written by Dioscorides, a medical writer who studied in Tarsus in the 1st century. Some passages in the Gospels indicate a particular outlook from a doctor as Luke speaks of Peter’s mother-in-law suffering from a “high” fever and Matthew and Mark speak only of a fever (Luke 4:38, Matthew 8:14, Mark 1:30).

According to tradition, Luke died at age 84 in Boeotia in mainland Greece. There are many other traditions associated with his life including his reported gifts as an artist. Based on his writing and literary style, Luke has been described as an historian of the first rank. E.M. Blaiklock, Professor of Classics at Auckland University wrote, “For accuracy of details, and for evocation of atmosphere, Luke stands in fact with Thucydides. The Acts of the Apostles is not a shoddy product of pious imagining, but a trustworthy record...it was

A Vocation for Life?

the spadework of archeology which first revealed the truth.”

It is evident that Luke had a career change from a doctor educated in the Hippocratic method to an evangelist and writer. “The beloved doctor” was clearly called by God away from his profession to perform tasks which have a lasting significance and from which readers of Scripture have derived great benefit. The fact that he was a doctor trained to sift through and analyse evidence adds further weight to our ability to trust the authenticity of the matters described in these books of Scripture.

Martyn Lloyd-Jones

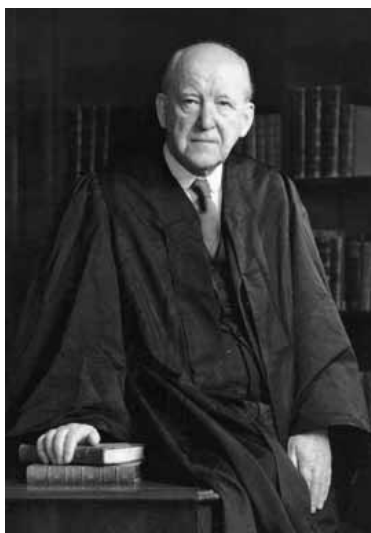
There are many doctors who have discontinued their medical practice to become ministers in the Church. One of the most famous of these from the 20th century was Martyn Lloyd-Jones (1899-1981). Martyn Lloyd-Jones was born in South Wales and brought up in the Welsh Calvinistic Methodist church in the tradition of the Welsh revival.

As a teenager Martyn Lloyd-Jones was an outstanding student and in 1916 he moved to London to study medicine at St Bartholomew’s Hospital. He succeeded in his examinations at a young age and soon after gained an MD. He became chief clinical assistant to Sir Thomas Horder, one of the most eminent physicians of his day and by the age of 26 had secured the MRCP. It seemed likely that he would excel in the medical career in front of him but in his twenties Martyn Lloyd-Jones had a call from God to the Ministry and although he retained an interest in medical matters throughout his life, ceased his medical career from that time. He married Bethan Phillips who was the daughter of an Ophthalmologist and was about to qualify as a doctor at University College Hospital. After their marriage they moved back to Wales where he pastored a church in Sandfields, Aberabon.

Whilst Martyn Lloyd-Jones was readily accepted by the church and community, doctors were initially skeptical about his appearance in their district because of his London training and position. The church however grew steadily and his reputation as a preacher and Bible teacher became well known. He became the successor of Dr Campbell Morgan at Westminster Chapel, London in 1938. Through the war years and post-war period his preaching attracted countless thousands of Christians. He influenced scores of young ministers and wrote and

published extensively under “Banner of Truth” Publishing House. He was a strong believer in evangelical unity and did not believe that denominational barriers should separate those who had a true faith in common. He counselled against making discussion over Calvinism and Arminianism a point of controversy and was responsible for revival of interest in the doctrines of grace and the teachings of the Puritans in the church. Although grounded in reformed doctrine he also emphasised the importance of experience. In particular he emphasised the necessity for knowledge of the Holy Spirit and full assurance by the Spirit.

by **Dr Don Todman**
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Martyn Lloyd-Jones

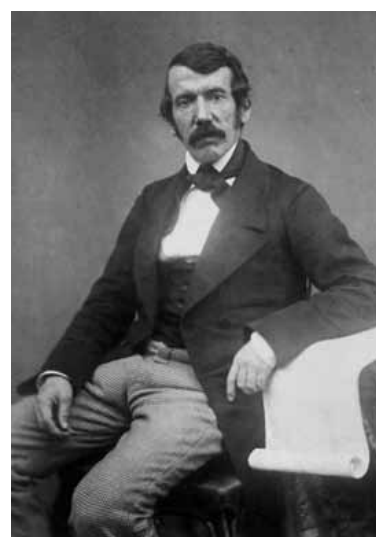
“The doctor” as he was called was undoubtedly one of the greatest preachers and writers of the 20th Century. It is said that his main strength lay in his penetrating grasp of the Bible’s central message and his ability to apply this to a contemporary situation. Many students benefited from his ministry at Westminster Chapel and he was a regular speaker at Christian Medical Fellowship meetings and conferences. He also kept abreast of medical developments and journal reading throughout his life. His writings and recorded sermons continue to influence our current generation.

David Livingstone

In the 19th Century, David Livingstone (1813-1873) was a doctor who became a pioneer medical missionary with the London Mission Society but is best known as an explorer in Africa. Through his exploits including his disappearance and subsequent reappearance he became a national hero.

David Livingstone was born in the mill town of Blantyre in Scotland where his parents were cotton mill workers. David and his brother worked from an early age repairing spinning machines in the mill.

The household was strongly Christian, initially in the Church of Scotland and then in the Congregational Church. David was an outstanding student and despite his impoverished upbringing he was able to pursue medical studies in London but also attended

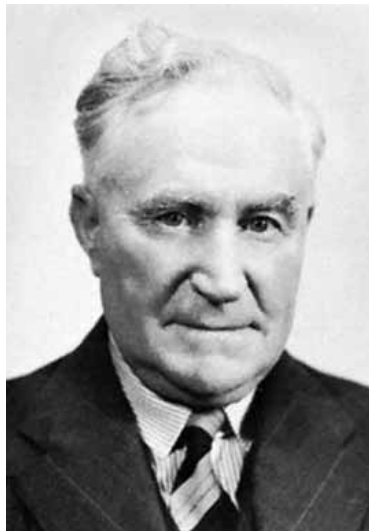


David Livingstone



The Medical Profession – A Vocation for Life?

divinity lectures in Glasgow where he became associated with the strong anti-slavery campaigning in the city. David Livingstone first travelled to Africa in 1840 with the strong desire that all of Africa should have the opportunity to embrace Christianity. His motivation was strongly evangelistic but he was also incensed at the harsh treatment of natives by Europeans and by the continuing slave trade. His achievements as an explorer are best known, especially his travels in 1855 down the Zambezi River where he discovered the Victoria Falls. During explorations from 1869 to 1871 his whereabouts were unknown. The Royal Geographical Society had sent out a search but he was not found. Eventually Henry M Stanley was sent by the New York Herald to locate Livingstone. At last he came upon Livingstone and with the famous words declared “Dr Livingstone I presume?”



Sir Earle Page

Few doctors however have made it to the highest level of politics. One exception in Australia was **Sir Earle Page** (1880-1961) a Politician and Surgeon who was for a short time Australian Prime Minister. Earle Page was born and grew up in Grafton and attended Grafton Public School and then Sydney Boys High School. After graduating in medicine at the University of Sydney in 1902 he became a resident at the Royal Prince Alfred Hospital where he met his future wife Ethel. He had prospects of a successful medical career but also considered working as a Methodist Medical Missionary in the Solomon Islands. Later he worked at a medical practice in Grafton before entering politics as a local federal member for Cowper. He was a foundation

member of the Federal Country Party, now the National Party, and in 1921 became the party leader. He entered into Coalition Government with Joseph Lyons from the United Australia Party and on Lyons death in April 1939, Page became caretaker Prime Minister for 19 days. He later served in various ministries including time as Minister for Health. Earle Page was widely respected across the political spectrum and was well thought of by Jack Lang, his opponent, who considered him to have “an unusually constructive cast of mind”.

Former Senator **Peter Baume** was a Gastroenterologist before entering politics and serving as a Minister in the Fraser Government. He lamented the fact that few medically trained people try politics, perhaps because of a cynicism or contempt for the political process. He was a strong advocate for individuals with medical training to enter the political field that is often dominated by lawyers. He considered that medical training provided doctors with a worldview that centered on the patient and gave them a greater sense of compassion for individual needs that only politicians and governments could address.

Moving into other fields

There are many examples of doctors moving out of their chosen profession into other fields including writing, ministry and mission, exploration and even politics. The motivation in individual cases varied widely but there is a certain commonality in which the doctor's education and life experiences are re-focused on other endeavors. For Christians there is clearly a sense of calling and for some this involves leaving the practice of medicine and devoting their lives to other pursuits. Martyn Lloyd-Jones spoke of his own journey from doctor to preacher as a belief that “God laid hold of me, threw me out and separated me to this work.” In his book *Preachers and Preaching* he advised his readers to do anything else in life until he knows that he is not satisfied and “The call to preach is so put upon him, and such pressure comes to bear upon him that he says, I can do nothing else, I must preach.” **U**

Further reading

- HE MacDermot, The medical language of St Luke. *Canadian Medical Assoc Jnl.* 40(1): 80-83 (1939) (Access Pub Med PMID: PMC 536956)
- Martyn Lloyd-Jones, *Preachers and Preaching*. Zondervan Publishing House, Grand Rapids, Michigan (1971)

Physicians turned Writers

Through history many physicians have been writers and some are celebrated figures in literature. Some doctors have continued in their medical practice whilst others have become full time writers and ceased the practice of medicine altogether. Perhaps because of their privileged position and contact with people during moments of high drama including birth, illness and death, physicians are often placed in a unique position to be writers. In the 19th Century, **William Alexander Hammond** and **Silas Weir-Mitchell** who were pioneers of American Neurology wrote many short stories, poetry and novels. Weir-Mitchell had some highly successful novels published including the celebrated *The Strange Case of George Dedlow*. Many of their stories incorporated medical themes or insights on human behaviour gained from their experience as doctors.

In the 20th Century **A J Cronin** was a doctor and Scottish novelist who created the Dr Finlay character with many bestselling novels including the famous *The Citadel*. **Scott Peck** was an American Psychiatrist who received acclaim for his numerous books of which *The Road Less Travelled* sold more than 7 million copies and was a *New York Times* best seller for over six years. Whilst attracted to Buddhism in his early life, he later embraced Christianity and many of his latter writings reflect changes in his own spiritual journey. Closer to home, **Nick Earls** is a University of Queensland Medical Graduate who has become a successful full time novelist. Many of his novels are set in Brisbane including his award winning *Zigzag Street*.

Physicians turned Politicians

Relatively few medical practitioners have become politicians although there are some well-known examples. In Australia, **Brendon Nelson** was recent leader of the Federal Opposition and Minister in the Howard government and former President of the AMA. **Bob Brown** has been a long-term parliamentary leader of the Australian Greens. In the United Kingdom **David Owen** was Foreign Secretary whilst in the United States **Ron Paul**, US Congressman and **Howard Dean** former Governor of Vermont are medical graduates.

After Medicine

All medicos have stories of colleagues who have left medicine to pursue other interests, ranging from planting a vineyard to entering politics. A fair number of them, at least for Christians in medicine, are stories of colleagues who have strayed from the fold to be lost in the field of pastoral ministry or the wilds of theological education. Mine is one such story.

In some ways I am an unlikely candidate for such professional apostasy. I come from an almost clichéd medical family: my mother was a nurse and my father a surgeon. I grew up in upper middle class comfort on the tattered semi-rural fringe of western Sydney, where my father had his practice. Dad, while not pushing me to ‘follow in his footsteps’ was, nonetheless, delighted when I decided to become a doctor.

So how did I come to wander so far from the fold?

That’s all tied up with my becoming a Christian and the impact it had on my head and my heart. While mine was a comfortable childhood, I did not have a Christian upbringing. Sure, I was briefly involved in a Sunday School and my family went to church at Christmas and Easter, but Christian faith played no real part in our lives. It wasn’t until about half-way through my medical degree that I became a Christian. And because the church through which I was converted was serious about evangelism and teaching and discipleship, faith was no mere veneer spread over an otherwise unchanged life. I was called to put my trust in Jesus and, having been reconciled to the Father, be transformed by the Spirit in the image of the Son. This was, as it should be, a life-changing experience that transformed how I saw the world and what I felt about it and my role in it.

And that transformation soon led me out of medicine, for a number of reasons, some good, some bad. Let me give you three of them.

Most immediately, medicine lost a large part of its personal pull. You see, I entered the field looking for a life-path that might give me meaning and purpose – foolish, I know. The hole in my life, never really satisfied by medicine, was filled by God (it was, after all, a God-shaped hole). Most unhelpfully, I also thought that a merely ‘temporal’ and ‘secular’ calling like medicine was vastly inferior to a ‘sacred’ and ‘eternal’ calling such as pastoral ministry. (Please be assured: I have recanted my error, with gratitude that the God who is rich in mercy (and truth) doesn’t treat us as our immature theologies

deserve.) Finally, and most importantly, I discovered my passion and calling – to wrestle with Scripture and help others do likewise.

The rest, as the cliché goes, is history. I trained at the Baptist College in Sydney, where my love of Scripture and theology and connecting them with the world deepened. After some experience in pastoral ministry I went on to do postgraduate training in theology (on particular intersections of philosophy and OT interpretation, in case you’re interested) and wound up training people for ministry. I now get paid to do the work I enjoy more than any other and make a contribution to the life and mission of God’s people. How good is that?

While I have ended up a long way from the medical fold, wandering in the wilds of theological education, let me end my tale with a small stop to my uneasy medical conscience. I might have left the practice of medicine, but I have not left medicine behind. Medicine has shaped patterns of thought and life and interest that I cannot change and do not want to. I cannot but see the world in light of the realities of human suffering and vulnerability. I cannot but value the great price in time and energy (and, for those who work in disadvantaged communities, in comfort and security) paid by those who pursue this calling. I cannot but affirm the value of the vocation of medicine to God, God’s people and God’s work in the world – a divine calling indeed. I cannot but see the way the gospel impacts on our understanding and practice of medicine – something I have, in fact, dared to write about as a theologian with at least a passing knowledge of the profession.

Medicine might not be my calling, but it is a calling I value and one that has left its fingerprints all over me – for which I thank God. ☐

“I entered the field looking for a life-path that might give me meaning and purpose – foolish, I know. The hole in my life, never really satisfied by medicine, was filled by God...”

by **Dr Andrew Sloane** (MBBS, BTh, ThD)

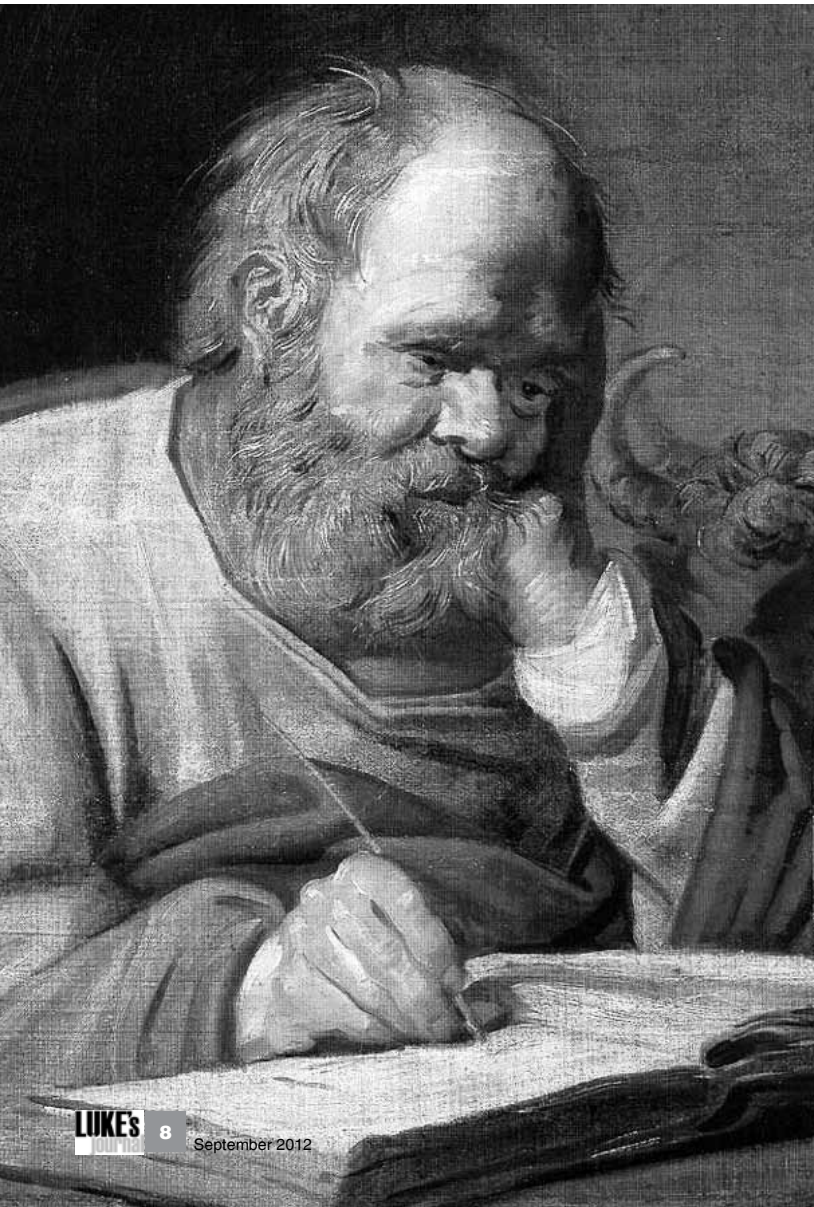
Andrew is Lecturer in Old Testament and Christian Thought and Postgraduate Research Coordinator at Morling Theological College (the Baptist theological college in Sydney). He teaches on the interpretation of various parts of the OT, as well as biblical interpretation, ethics and philosophy. His research interests include theological interpretation of the OT and the philosophy of medicine. He is married to Alison and has three young adult daughters.

Dr Luke, Evangelist for

Around 300 AD the early church historian Eusebius wrote, "Luke, who was by race an Antiochian and a physician by profession, was long a companion of Paul, and had careful conversation with the other apostles, and in two books left us examples of the medicine for souls which he had gained from them."¹

Elsewhere, Eusebius confirms that Luke was Greek in racial origin. He certainly was the beneficiary of a classical Greek education.

Antioch was a Syrian city, which does raise the possibility Luke was an Arab, but no historical data supports this speculation. Other sources point out Luke may have Roman origins. His name has a Roman feel to it and one tradition suggests he was adopted by a Roman father.²⁽ⁱ⁾ This being true or not, it seems clear Luke was a Roman citizen like Paul. Both the Gospel and the book of Acts are addressed to 'Theophilus,' who is presumed to be a high-ranking Roman.



A certain Julius Africanus (from AD 165) believed Luke to be tall, a Grecian and that he remained unmarried. Tradition holds he died of natural causes at the age of 74 in Bithynia and that in the 4th century his remains were interred at Constantinople.²⁽ⁱⁱ⁾

The literature devoted to Luke is not expansive. Professor Harnack has made a significant contribution to such studies of Luke. He says:

*"He had at his command an average education, and possessed a more than ordinary literary talent. His medical profession seems to have led him to Christianity, for he embraced that religion in the conviction that by its means and by quite new methods he would be enabled to heal diseases and drive out evil spirits, and above all to become an effectual physician of the soul. Directed by his very calling to the weak and wretched, his philanthropic sympathy with the miserable was deepened in that he accepted the religion of Christ, and as a physician and evangelist proved and proclaimed the power and efficacy of the name of Jesus and of the Gospel."*³⁽ⁱ⁾

We know Luke became a great friend and supporter of the Apostle Paul. In the book of Acts, Luke portrays much of the detail of Paul's missionary activity. In Rome, unwell and awaiting trial which almost certainly condemned him to death, Paul comments that, "Only Luke is with me." (2 Timothy 4:11). George Homan MD comments on this memory of Luke, "That his physician alone should have stood by him in his dire extremity is not singular in the record of our profession, and tends to establish the medical character of Luke. It may well be that Luke's life was spared by reason of his calling, and in consequence of the esteem in which he was held by the Roman power through his high attainments, and steadfastness thus shown in the discharge of his duties as a physician."³⁽ⁱⁱ⁾

There is some suggestion that Apollos, Luke and Paul all studied at Tarsus at the same time.⁴ That the three should be converted to Christ and become leaders in the cause of the gospel is interesting. That a Syrian/Greek doctor and a Pharisee of the Pharisees should become inseparable friends bears testimony to the gospel of Christ where there is neither Greek nor Jew. Indeed in the later 30's to early 40's AD there is documented serious hostility by Greeks toward Jews in Antioch to the extent the Jews considered burning the city to the ground. It says much of the grace of God that Luke became a Christian in this context.⁵

I have presented a quick sketch of the life of Luke the Physician. There is little but some,⁶ controversy he is the author of the gospel of his name and the

the Great Physician: **Jesus**

book of, “the Acts of the Apostles.” I now want to explore some of the details and implications of this information we hold about Luke under 5 headings.

- Greek medicine at the time of Christ
- Jewish medicine at the time of Christ
- The evidence for a medical author of Luke’s Gospel and Acts
- Luke and the healing stories of the gospels and Acts
- Does Luke present Jesus as the “Great Physician?”

Other issues could be explored i.e.; Are there different emphases on healing between Luke and Acts? What is the contribution of Greek culture to our understanding of the Gospel? Can we identify a picture of Luke as an interpreter of the gospel of Christ? To what extent does Luke influence Paul’s writings? However, I will restrain our conversation to my five primary questions.

Greek Medicine

Luke was a Greek Physician. What do we know of Greek medical practice at this time? I am sure we have all heard of the Hippocratic Oath. Hippocrates lived from 460 to 377 BC. His contribution to medical care is enduring. He is regarded as initiating the origins of scientific medicine. Prior to Hippocrates, medicine was a ragbag of philosophic speculation, superstitions, magic and religion. He developed the principle of observation, experience and rationale. Hippocratic medicine was influenced by the Pythagorean theory that Nature was made of four elements (water, earth, wind, fire) and therefore in an analogous way, the body consisted of four fluids, or humours (black bile, yellow bile, phlegm and blood). The physician had to reinstate the healthy balance of these humours by facilitating the healthy work of “benevolent Nature.”⁷ This could be described as a ‘naturalistic’ approach to medicine.⁸

Hippocrates is also famous for the oath which established the ethical basis for medical practice. The oath was not written until around 200 years after Hippocrates, but again, under Pythagorean influence he certainly set in motion the principles captured in the oath. Hippocrates’ observations allowed him to introduce many medical terms which remain in use today: symptoms, diagnoses, therapy etc. and the names of many diseases such as diabetes, cancer, coma, epilepsy et al.

In addition to Hippocrates, Asclepiades of Bithynia (124-40BC) is another Greek physician who stands tall over time. Asclepiades is recognised as the first Greek physician to bring Greek medicine to Rome. The Romans did not value medicine or the role of physicians. With a certain arrogance, they

believed a healthy lifestyle prevented disease. To be fair, improved water and sanitation systems were of great public health benefit. Asclepiades was a good fit for Rome. He was influenced by Epicurean philosophy and rejected the idea of “benevolent Nature.” He developed the concept of a molecular basis for disease. He favoured naturalistic therapeutic methods such as a healthy diet, massage and physical exercises.⁷

Above all he introduced, under the influence of Epicurus, ‘friendly, sympathetic, pleasing and painless’ treatments for patients. As founder of the Methodic School of Medicine Asclepiades’ procedures sought to help people achieve both physical and mental health and wellbeing.⁷

The arranging of disease into acute and chronic categories is also a legacy. Asclepiades rejected the notion of most Greek physicians of divine dream healings. He would not have accepted Luke’s story of the birth of Jesus. In practice Greek medicine was a mixture of philosophy, rational medicine, folk medicine and religion.⁹

An important observation of Greek medicine is to acknowledge the enduring role of water in healing, established by a predecessor of Hippocrates named Asclepius (1250 BC). Even today, ‘hot springs’ hold a reputation for healing power. Hydrotherapy pools were in use in Biblical times and were to be found at Bethesda, Tiberius and Gadara.⁹

Asclepius utilised mandrake as an anaesthetic agent to allow him to undertake surgical procedures and amputations. Hemer observes that, “Doctors were not hostile to religious cures. When the physician’s art failed, people resorted to prayers and incantations. Hopeless cases could be referred to the temple where the doctor’s responsibility ceased.”⁹

Hebrew Medicine

Hebrew medicine was based on the notion that disease is due to structural changes in internal organs. The Mosaic codes established principles of hygiene and public health which are reflected in many important health measures today. While Greek physicians were undertaking dissection of corpses as early as 300 BC, the first Jewish dissection was recorded around 100 AD. There was little interaction between Greek and Hebrew medicine, partly because of a lack of written tradition on the Hebrew side and also cultural suspicion. Hebrew medicine was not documented until 400 AD. By their commitment to the pathological basis of disease, Hebrew physicians learnt much about the

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role of bodily organs. For instance, they recognised the role of the brain in thought and the peripheral nervous system. Hippocrates did not think the brain important to human life and believed the heart to be the centre of thought. Jewish physicians didn't always get it right. The kidney is mentioned many times in the Old Testament and was considered the source of morality, ethical activity and the seat of conscience.¹⁰⁽ⁱ⁾

The prominent Jewish physician Asaph in the 6th century AD recognised the enduring ethics of the Hippocratic Oath. He added compassion for the poor and the prohibition of incantation to an oath developed for physicians.¹⁰⁽ⁱⁱ⁾

It is worth a few comments on the impact of the Essenes in the Gospel milieu. The word Essene is derived from an Aramaic word for healer. Using mandrake in religious activities, they performed 'living resurrection' ceremonies. They maintained an interest in healing from any reputable source and developed a primitive pharmacopeia of herbal and medical treatments. They were also interested in aromatics and hydrotherapy. Moss observes that first century Biblical medicine consisted of a mixture of orthodox medicine including surgery and alternative medicine including hydrotherapy and herbal medicine.¹¹

What is the evidence that a physician (Luke) wrote the gospel and the Acts of the Apostles?

There are a number of layers of evidence

- In a study in 1882, W. K. Hobart uncovered over 400 medical words in the text of Luke's Gospel. This sounds impressive, but is countered by the observation that most of these words can be found in non-medical contemporary texts. The density of medical terms however is impressive.¹²
- Kelly makes these observations of Luke: "He defines the fever in Peter's mother-in-law as 'great' and relates her cure by Jesus; recounting the fever in greater detail than Mark (a great fever probably signifies malaria). Similarly a 'man full of leprosy' demonstrates the author's medical awareness as opposed to Mark. Going further, Luke uses medical terms such as 'paralelumenous' for paralytic, 'epiblepein' for the act of consulting a patient and 'hydropikors' for dropsy compared to layman's synonyms used by other evangelists."¹³⁽ⁱ⁾

Luke's writings come across as very interested in Jesus' miracles of healing. He relates three healing stories not found in other gospels (The widow's son at Nain – Luke 7:11-17, the bent woman – Luke 13:10-17, and the man with dropsy – Luke 14:1-6). Additionally two parables, in the 'Good Samaritan' and 'Dives and Lazarus' contain healing concepts. In the Good Samaritan the pouring of wine and oil into a wound is Hippocratic advice and the Greek word 'hemithane' is a medical word for half-

dead. The case of the fitting boy in Luke 9:37-43 contains many of the features of the Hippocratic description of epilepsy. It is of interest that Hippocrates initially called epilepsy the 'Sacred Disease.' There is no value in arguing with the text which asserts the epilepsy in the boy was due to demon possession.¹³

It is also worth noting the stories in the Acts of the Apostles also contain many healing and illness-related problems.

- Some authors are impressed by Luke's attention to detail. It is suggested this represents his training in observation as a doctor. Others see this characteristic in Luke as reflecting his secular Roman-citizen status. He is prone to write 'a certain Pharisee' or 'a certain publican' so that persons unacquainted with the details of Judean geography or customs can understand the situation.²⁽ⁱⁱⁱ⁾
- Josef Neumann¹⁴ has recognised that in the gestation, birth and child development of Jesus, as related in chapters one and two of the Gospel, Luke has given particular attention to Jewish custom and religious thought in telling this part of the story. The Greek medical training he has received influences his storytelling in the remainder of the gospel. Could the more Jewish birth narrative indicate an unknown author for this gospel?¹⁴
- The writer of this Gospel communicated with an 'outsider's' feel. Luke never met Jesus. He tells the story by assembling what he has heard and the answers he has perceived from probing questions of the disciple group.

As an introduction to his translation of this Gospel, Eugene Peterson¹⁹ makes this comment, "Luke is a most vigorous champion of the outsider. An outsider himself, the only gentile in an all-Jewish cast of the NT writers; he shows how Jesus includes those who typically were treated as outsiders by the religious establishment of the day: women, common labourers (shepherds), the radically different (Samaritans), the poor. He will not countenance religion as a club."¹⁵

Healing and salvation have a close association when it comes to Luke's presentation of Jesus and the poor.

- Harnack is not so impressed with Luke's medical credentials. He speaks of Luke as, "This Greek enthusiast for Christ" and goes on, "He amply compensates us for this faith in magic (healing stories), his enormous credulity and theological superficiality, by his own peculiar quality of confident, happy hopefulness and his genuine Greek delight in telling stories."³⁽ⁱⁱⁱ⁾ While agreeing with this final observation we should be sceptical of Harnack's 'magic thesis.'

Healing stories in Luke – Acts:

Albert Schweitzer once observed, "Miracle stories were miracle stories. Greeks told them, Jews told

them and Romans told them. What could be the point of Christians telling them as well?"¹⁶⁽ⁱ⁾

In Jewish culture there was, and remains a strong sense of the demonic, magic and miracle in life. On visiting the western temple wall in Old Jerusalem recently I was stopped by orthodox Jews who prayed for me and my family. A red woollen thread was tied to my right wrist to protect me from evil spirits. Amulets and trinkets are widely sold even today. The gospel is prepared by Luke in this context.

Paul Barnett⁵ has assembled the current material we have about the sources Luke used to write the Gospel story. There is no evidence of Luke visiting Galilee or Jerusalem. Syria is on the other side of the Golan Heights from Galilee. As a Greek cultured person, Luke would have readily identified with Hellenistic or Greek speaking Jews. Capernaum was close to the Greek-cultured cities of Decapolis, and Peter, Phillip, Andrew and Paul himself were all Hellenistic Jews. There were also many Hellenistic Jews in the Antioch congregation. We know that Jesus communicated primarily in Aramaic (derived from the Persian language); however he was able to speak Greek.⁵

Luke through his connections with Paul (who became a Christian one year after Jesus' death), Hellenistic Christians and the apostles, was given both oral and written information from which he constructed his Gospel and told his healing stories. There is evidence that a literary culture existed in Galilee and Israel at the time of Jesus. Material originally written in Aramaic (from Jesus' spoken words) was first translated into Greek and handed over to Luke to work with. The key primary source document 'Q' was likely in circulation by AD 50.

Burton Mack has reviewed the theological reflections on miracle stories in the Gospels. He observes, "Liberation from the power of the demonic is what Jesus can offer. The sick are healed, opponents confronted, crowds provisioned, disciples rescued, demons cast-out, and the miracle worker revealed."¹⁶⁽ⁱⁱ⁾

He cites Gerd Theissen¹⁷ to say, "Pagan miracles only did what their reports said they did; Christian miracles did more than could be told. People were not only healed, but transformed. Miracles functioned constructively for the lower class, not only providing help, but becoming a form of political critique and resistance to oppressive institutions." Luke will strongly develop the theme, that the Gospel is good news for the poor. Under Roman rule, the plight of the poor was generally desperate.

Theissen adds that the Gospel miracles were unique because of their manifestation of divine power. This created amazement because of the improbability. Jesus performed miracles by means of a power he himself possessed.

In 1978 Anne Wire¹⁸ explored the social function of telling miracle stories. She noted that the stories were told for the sake of persons, both the person

about whom the story was told, and the person to whom the story was told. This will include us today. These are stories to engage us. Wire identified four types of story according to the forces and exchanges they reveal.

- Expelling of powers
- Expose´
- Provision
- Demand

The 'demand' story for instance functions in retelling the call to, "the hearer to break out of a closed world and to demand, struggle and realise miracle in human life."

Mack summarises the material in this way. Miracle stories are a recognisable genre by:¹⁶⁽ⁱⁱⁱ⁾

- A little test of faith or fear as a precondition in some stories
- The stories focus on marginalisation. The poor predominate, but social stigma and helplessness also are significant. No humanitarian programme is discernible.
- Total helplessness, extreme deformity and demonic possession are the rule. There is no blanket approach to all ailments and sickness.
- Jesus' miracles are not an everyday event. But the miracles attributed to Jesus are without parallel in ancient accounts of miracle workers.

In terms of verses devoted to healing stories, Luke comes in third behind Mark and John. Luke hasn't written for his medical friends only. But as we have noticed, he does relate stories and parables which are unique to his Gospel. Are there important clues to be found in these stories? I have chosen the story of healing the man with dropsy in Luke 14:1-6 as a window into Luke as the gospel evangelist and Biographer. The NEW RSV text reads:

On one occasion when Jesus was going to the house of a leader of the Pharisees to eat a meal on the Sabbath, they were watching him closely. Just then, in front of him, there was a man who had dropsy. And Jesus asked the lawyers and Pharisees, 'Is it lawful to cure people on the Sabbath, or not?' But they were silent. So Jesus took him and healed him, and sent him away. Then he said to them, 'If one of you has a child* or an ox that has fallen into a well, will you not immediately pull it out on a Sabbath day?' And they could not reply to this.*

What strikes you in this story? It would seem Luke is relaying two parallel stories: (1) The healing of a man in heart failure and (2) an ideological argument between Jesus and the Pharisees about Sabbath-keeping.

“Some authors are impressed by Luke’s attention to detail. It is suggested this represents his training in observation as a doctor.”





Two words for healing are found in these 'stories.' In verse 3, Jesus asks, "Is it lawful to heal on the Sabbath?" The word, "to heal" is 'therapeuo' in Greek. This word is used 26 times in the Gospels.¹³⁽ⁱ⁾ Matthew and Luke both use 'therapeuo' three times from the mouth of Jesus.¹³⁽ⁱⁱ⁾

In verse 4 we read, So Jesus took him and healed him." On this occasion Luke changes the Greek word to 'iaomai.' This word is used 19 times in the Gospels and most frequently in Luke.¹³ Other important words for healing are 'sozo', which loosely translated means 'made whole' and 'apokathistemi' which means 'to restore to the former condition.' It is used twice.¹³ Scholars accept that Luke uses 'therapeuo' and 'iaomai' as synonyms and he is comfortable in changing from one to the other for literary effect. Therapeuo, iaomai and apokathistemi are also the commonest verbs for healing in the Acts of the Apostles.¹³⁽ⁱⁱⁱ⁾

The verb 'iaomai' is the origin of the word 'iatros' which is the Greek name for a physician. Luke tends to favour this term to other Gospel writers perhaps because he was a physician or 'iatros.'

Back to the story; "On one occasion" (v1.) is characteristic of Luke's style. The 'meal context' is also central to Luke's development of Jesus' character. It is a little surprising to find Jesus in the house of the 'leader of the Pharisees.' The suspicion here is palpable – "They were watching him closely." Jesus is usually presented as hanging out with tax collectors, sinners and the crowds which gathered. For Luke, the 'Crowds' were disenfranchised by the scribes and Pharisees from active participation in Jewish spiritual life. Jesus always comes across as at ease no matter whose company he is in, but this story accentuates a developing tension.

With an air of surprise Luke tells us, "Just then, in front of him there was a man with dropsy." Luke never presents Jesus with a planned healing strategy. Healing is always opportunistic.

Dropsy was a debilitating medical condition identified by a shortness of breath and swollen lower limbs or lymphedema. Chronic heart or kidney diseases were the likely causes. The Rabbis believed that dropsy was a punishment for 'sexual immorality'.¹⁶⁽ⁱⁱⁱ⁾ Could such a man be healed on the Sabbath day? "Is the issue for the scrutinising Pharisees. Is it lawful? Jesus throws out a challenge. Rules, guidelines, regulations and so on are important to the smooth functioning of society and indeed the church. "What restrictions are there to the healing power of grace?" Jesus could have asked. Luke encourages our self-reflection. Do we know a gospel of freedom or of rules? A sick, disgraced person is always precious to Jesus. Grace at work in our lives urges compassion. Jesus is just as willing to heal a heart failure as to heal someone burdened by the distress of an affair of the heart. Jesus' question echoes. Luke tells us they (the lawyers and Pharisees) were silent. The inner turmoil for the Pharisees in the presence of Jesus reaches a crescendo in the story.

According to the Rabbis, dropsy is associated with sudden death in which people 'die even as they speak.' Dropsy and sudden death while speaking. Pharisees standing silent.¹⁹ This is a story which draws us from the margins to the centrality of Christ the healer.

The prophet Ezekiel longs for the day when God, "Will remove the heart of stone from their flesh and give them a heart of flesh." Ezekiel 11:19. Only now, "Will they be my people and I will be their God." Ezekiel 11:20(b).

In the silence everyone can feel the beat of their own heart. Boom boom. Boom boom. Luke gathers up his story for the audience with a simple, "So Jesus took him and healed him and sent him away." Luke 14:4(b)

Are you under the judgement of others?

Do you have heart disease? Or are you suffering with an affair of the heart? A hard heart?

Does sexual sin now or in the past make you feel like you will 'die if you speak?'

Luke's words ease the tension for you.

"Jesus took him away (away from accusing Pharisees) and healed him and sent him away," in freedom. We could speculate about the exchange between Jesus and this heart-sick man. What do your symptoms mean to you? Have your symptoms made you an invalid? Tell me about other things that take your breath away. Has suffering dried up your Spirit? Do you doubt God's love for you and your family? Perhaps Jesus quotes Exodus 15:26, "I am the Lord who heals you."

With our nameless, heartbroken victim healed and released, Jesus turns up the tension screws for the Pharisees.

They cannot refute his challenge in first healing the man with dropsy and then quibble about the

need for quick action to save a child or an essential animal from falling into a well on the Sabbath. Or can they?

No one in their right mind would let their own child die for the sake of keeping a religious regulation. Even a Pharisee will be drawn beyond the law by an innocent child in mortal danger.

In Hebrew thinking, the heart is the seat of our emotions. In Greek medicine the heart was regarded as the place of the mind. For Jesus, compassion is always a no-brainer.

We have discovered that Luke has used the words *therapeuo* and *iaomai* as synonyms, but this may not be so in the case of Paul and Luke's enforced rest at Malta in Acts 28:1-10.

Let us hear this healing story also.

"After we had reached safety, we then learned that the island was called Malta. The natives showed us unusual kindness. Since it had begun to rain and was cold, they kindled a fire and welcomed all of us round it. Paul had gathered a bundle of brushwood and was putting it on the fire, when a viper, driven out by the heat, fastened itself on his hand. When the natives saw the creature hanging from his hand, they said to one another, 'This man must be a murderer; though he has escaped from the sea, justice has not allowed him to live.' He, however, shook off the creature into the fire and suffered no harm. They were expecting him to swell up or drop dead, but after they had waited a long time and saw that nothing unusual had happened to him, they changed their minds and began to say that he was a god.

Now in the neighbourhood of that place were lands belonging to the leading man of the island, named Publius, who received us and entertained us hospitably for three days. It so happened that the father of Publius lay sick in bed with fever and dysentery. Paul visited him and cured him by praying and putting his hands on him. After this happened, the rest of the people on the island who had diseases also came and were cured. They bestowed many honours on us, and when we were about to sail, they put on board all the provisions we needed."

The preceding context is a ship-wreck as Paul and Luke travel to Rome. Now, they are cast ashore on the island of Malta. The locals observe a venomous snake attach to Paul's arm as he put brush wood onto the fire. Paul shakes the snake off back into the fire. Locals mused Paul was a murderer on the run for such an incident to occur. They expected Paul to, "Swell up or drop dead," but he was unharmed. Gossip in the crowd changed from 'murderer' to 'a god.'

News quickly spread to the 'leading man of the island' called Publius. He invited Luke and Paul to his home. They were given 5-star Maltese hospitality and in the context of much bonhomie they became aware that Publius' father lay sick in bed with fever and dysentery.

Verse 8 provides the commentary, "Paul visited him and cured him by praying and putting his hands on him."

The words 'cured him' here is 'iaomai.' This news quickly spreads and we are now informed, "The rest of the people on the island who had diseases came and were cured." The word for healing here is 'therapeuo.'

Professor Harnack has argued that Luke was involved in the healing of the disparate sick on the island and that the gifts described in verse 10 were a type of payment for services rendered. Note the gifts were given to 'us,' that is both Luke and Paul. Other commentators see this as an ingenious suggestion but find a general consistency for Luke to use 'iaomai' and 'therapeuo' interchangeably.¹³⁽ⁱⁱⁱ⁾

Touch is never used in Old Testament healing stories but it is undoubtedly important in the mode of healing Jesus passed onto the apostles and to us in the church. Jesus, according to the gospel writers, healed by touch on seven occasions. Touch joins the sick with the person who prays in the power of the Spirit. It is an act of solidarity. It is a comfort of reaching out in compassion. It is a restoration of dignity.

Touch in the form of laying-on of hands is associated with healing throughout the history of the church. Healing prayer in James chapter 5 is associated with such laying-on of hands. Inappropriate touch such as in sexual abuse within church institutions adds complexity to this kingdom practice. There is a medical condition called Malta Fever. It is a medical term for brucellosis which is not a type of dysentery, so it not relevant to our story.^{13(iv)}

Does Luke present Jesus as "The Great Physician?"

In Luke we have discovered a Greek physician who finds much professional stimulation in telling the healing stories around Jesus and the early church. It would be easy to link Luke with the proposition that Jesus is the Great Physician. It would be a very tidy metaphor.

In reality the first author to call Jesus a physician was Ignatius of Antioch (AD 35-107) in his letter to the Ephesian church. Clement of Alexandria (AD 150-215) called Jesus the "All-sufficient physician of humanity," and Origen who was enthusiastic in calling Jesus, "The good physician."¹



In Colossians 4:4, Paul describes Luke as the much-loved physician. Luke's persona clearly made an impact on Paul and the early Christian community. Luke with all the gospel writers presents Jesus as a healer. The metaphor of 'The Great Physician' fits easily against this background. Luke presents Jesus indirectly as a physician at his first sermon in Nazareth. In telling the story of the congregation response Luke paints Jesus as sensitive to praise. "Doubtless you will quote me this proverb, 'Doctor cure yourself.'" Luke 4:23.

"Those who are well have no need of a physician, but those who are sick, I have come not to call the righteous but sinners to repentance."

These days doctors are urged not to cure themselves but to find a doctor like everyone else! For Jesus, hometown familiarity has impacted on the responsive faith of Nazarenes.

Subsequently in Luke 5:22-32 a story is told of Jesus calling Levi a tax collector to follow and become a disciple. A massive party is generated by this occasion and the legalistic scribes and Pharisees start complaining about Jesus' social circle and apparent freedom to live life. I quote Jesus' response, "Those who are well have no need of a physician, but those who are sick, I have come not to call the righteous but sinners to repentance."

Jesus the Great Physician is a physician of a generous grace.

Luke 9:1-2 reports that Jesus gave the disciples authority to heal (therapeuo) and then sent them out to heal (iaomai). Dr Luke himself however never claims he exercised this gift of faith healing. 'Healing' isn't a way to express the full sense of the gospel; however, the good news of the kingdom in Jesus is a holistic vision for social, psychological, physical, emotional and spiritual health.

Within this vision there is space for both a physician and spiritual power to heal. If Luke were alive today, how amazed would he be at the scientific progress in terms of diagnosis, understanding of pathology and treatments available to the sick and suffering? Luke's commitment to Christ, the Great Physician, is quite straight forward. Healing still occurs in the name of Jesus and the power of the Spirit. This would be a deep joy for Luke.

Greek medicine placed great value on written records and case histories. This emphasis led to improvement in diagnosis.¹⁹ In writing this gospel, Luke undoubtedly is the most widely-read physician in history. Thomas Browne suggests that, "An occasional perusal of this early Christian doctor and biographer might tend to invigorate the psyche of the modern physician."^{2(iv)}

George Homan makes a concluding remark for us.

He accepted the office and laboured in his calling a trusted follower of the founder of his faith whose true, strong and fitting title is simply the Great Physician, as it was that aspect of Christ's

ministry which first drew the attention and claimed the support of this Greek lover of his kind – the artistic, scholar, dramatist, poet and scientist – all harmoniously blended in the life, character and work of the illustrious apostle, Luke, the Beloved Physician.^{5(iv)}

Some read Luke as a historian, some a storyteller, some a theologian and evangelist for Christ.

How do you read Doctor Luke? 

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Balancing **Motherhood** and Medicine

The most common question that medical students ask me is 'how do you balance your job with your family?'. My reply is invariably: 'badly!' And while I am being facetious, I am also reflecting how I am sure most working mums feel.

We have four small children, aged 11 months to 5 years, and with no family nearby we have found it a struggle. I have continued working part time as a GP through all four pregnancies, then returning to work one day a week shortly after each baby was born - mostly so that I keep up to date with current medical practice, but also because as a rural GP there is always a lack of sufficient locum cover. Each time I took leave I was essentially asking my colleagues to work extra hours in their already busy schedules. I currently have to resist the urge to take on more hours, either in clinical or teaching work, despite the fact that the two days I now work are a refreshing break from changing nappies, cleaning, and fighting chaos! At least in my role as a GP I am able to finish a cup of tea while it is still warm. And the students I teach seem to want to hear what I say... and sometimes spontaneously thank me! However, two days away from my beautiful children is all I have decided I can personally handle at this point.

I read an article a few years ago about a prominent female surgeon who had a three year old daughter. While much of the article focussed on her incredible talent and success, the part that struck me most was her answer to the question: 'how do you handle the long hours away from your daughter?' Her reply was that she reminded herself that her patients needed her more than her daughter, and that one day her daughter would understand. She admitted it was not always easy, especially when her daughter blocked the doorway pleading and crying for her not to answer her pager, saying 'please don't go mummy'. Perhaps her daughter will understand one day, but reading that scenario broke my heart. I decided that my children only have one mummy, and my patients can find another GP.

Having a family has certainly curtailed my career - I would have pursued a more research-based academic path if not for having children. Yet those very children have undoubtedly made me a more empathetic, patient, kind, and understanding doctor. It has also given me a fuller and deeper appreciation of my God, whose unconditional love never really made sense to me until I held my first baby in my arms.

Medicine and dentistry are careers that can be flexible, depending on the training pathways we choose. One of the most important things I have learnt is that there is a huge variety of ways to approach the challenge of becoming a mum while keeping medicine as a career. CMDFA has myriad successful female doctors in a wide variety of specialties, who have also managed to be wonderful mums. Their example to me was hugely encouraging as I was contemplating how the interface between the two would work. Some people needed to slow or even stop training, others managed to time things so that their training was completed by the time children came along. Some had supportive husbands, but others did not. Some chose 'lifestyle-friendly' career paths (like General Practice), but others succeeded in more time demanding specialties. Some even managed to take their children rurally or overseas for long periods of time, and their children invariably seemed to have thrived rather than suffered from the experience! I personally have had to let go of a lot of perfectionist tendencies in order to cope - despite the fact that I have been blessed with a supportive husband and healthy children. I have had to learn to accept help from others, worse still to actively seek help and admit that I need others - something this self-sufficient doctor finds incredibly humbling to do.

"CMDFA has myriad successful female doctors in a wide variety of specialties, who have also managed to be wonderful mums."

I am sure there are those who have trained as doctors and dentists, then chose motherhood as their full time career; I heartily applaud their decision and trust that they continue to thrive. However for those contemplating trying to do both I hope to pass on this encouragement: it can be done. It is possible to balance motherhood and a medical career. It requires creativity and sacrifice, humility and commitment, courage and flexibility. For me, motherhood has enriched my faith and improved my medical practice. **U**

by **Dr Natasha Yates**

Natasha graduated from UQ in 1999 and trained as a rural GP. In 2003 she moved to rural NSW (near Canberra) after marrying David, and worked as a GP in Bungendore and Braidwood. She was REGS worker for CMDFA from 2004 to 2008, and Regional Student Secretary for the ICMDA Oceania region from 2002 - 2006. Since moving to the Gold Coast in 2011 she has worked at Griffith University and Bond University as a tutor, as well as in clinical practice. David and Tash have two sons (5 years and 3 years) and two daughters (2 years and 11 months), and they worship at Newlife Uniting church, Robina.

A Personal Journey

As a septuagenarian, looking back at where God has led me over these many years, I wonder if I could have imagined that I would have traversed through four different careers along the way.

Sixty years ago, at fourteen, I became a Christian through the faithful ministry of a lady who ran a Youth Club at the Methodist Church in a small country village where my father was School Principal. So I asked God to guide me in career choice when I left school.

Even as a child I was fascinated by things biological and medical and dreamed about doing medicine. When incidents occurred, such as when my father drove an axe into his shin while chopping wood for the stove, I was the one who controlled the bleeding while my mother fainted at the sight of the blood! But I had moderately severe asthma, and my parents doubted my physical stamina to cope with a busy career in medicine, and suggested doing an ancillary course to see how I coped, with the possibility of doing medicine later if still motivated to do so.

“My counsellor training had helped me to develop ‘ears to hear’ what people were not necessarily saying.”

So I chose Pharmacy at Sydney University, graduating at nineteen. Because one could not be formally registered until twenty one (and be in charge of a retail pharmacy), I went into hospital pharmacy for four years, thus taking me back into a medical environment.

During that time I became very interested in overseas missions, and expected to ‘be called’ as a pharmacist, knowing that one was needed in Thailand then. I was just waiting for God to confirm to me to go to Bible College in preparation. But that didn’t happen.

At that time I read the biography of an American woman gynaecologist and was deeply impressed about the special opportunities that presented for a woman, and had a deep sense of the call of God to pursue medicine, which I did. That sense of call sustained me many times when the going got tough. Having used my Commonwealth scholarship for pharmacy, I needed to work to pay my University fees and to support myself.

Whilst most students and many RMOs are unsure at that stage which direction their medical career may take, my interest in obstetrics grew, with a fascination with embryology. After graduation and two years of residency, I successfully applied to the



Crown Street Women’s Hospital in Sydney, probably the best known obstetric hospital in the southern hemisphere at that time. As an RMO then a registrar over six years, this place became like home to me – I loved it, and successfully completed my specialist training and examinations.

After gaining more experience in the UK, and then a further year back at Crown Street Hospital, I joined Drs Ted Giblin and Peter Vines in a very happy Obstetrics and Gynaecology practice at Tamworth in country NSW. This was a busy but rewarding practice. I regard this as the major of my careers. I became particularly interested in infertility, which became a subspecialty with further training in gynaecological microsurgery, the practice of which was very interesting and rewarding.

Being in the country, there was opportunity for considerable involvement in the community, golf, music and particularly in my church. Thankfully, during all these years, I had only one hospital admission for asthma.

But in 1990, a new medical problem developed, which ultimately involved a craniotomy. This seemed to take the ‘stuffing’ out of me for continuing with the demands of 24 hour availability, and so I considered retirement.

However, during the last few years in medical practice, I had become interested in psychodynamics, psychosomatic medicine, and

through **Four Careers**

counselling, and completed a two year counsellor training course part-time. To my surprise, this unexpectedly changed the face of my practice. It seemed that 'out of the woodwork' there emerged many women who spoke to me about deep personal issues such as a past history of sexual abuse. I wondered why there was such an increase in the incidence of people with this history. Then I realised that it wasn't the incidence that had changed, but that I had. My counsellor training had helped me to develop 'ears to hear' what people were not necessarily saying. Sometimes I think they were 'checking the place out' to see if it was safe to share deep personal issues which they had sometimes never shared with anybody before. And previously I had not picked up the cues, or even avoided them, as I hadn't known where to take them, but was now more comfortable in doing so.

Another significant area of change was in the area of perinatal mortality. As an obstetrician, I had my share of patients with perinatal loss. I was often aware of a concern for other children in the family when this occurred.

When I was 11 years old, my mother told me that there was going to be another baby joining our family. I was so excited about this. I longed for it to be a little brother for my young sister and me. Several weeks later, one morning I got out of bed, looked around the house for Mum and couldn't find her. I found Dad in the laundry washing blood stained sheets. "Where's Mum?" I asked. "She is in hospital" he replied, then added "There isn't going to be a baby". Those were the only words he ever said about it to me. Of course I was very sad about this, and imagined it wasn't true. But it was – Mum had had a midtrimester miscarriage. And I was shattered. But I believed that I could not talk to my Mum about my sadness and disappointment because she had a history of clinical depression, and if I told her how sad I felt, then that would make her sad and she would get depressed again, and it would all be my fault! So I remember putting on a brave face, and saying nothing to anybody about it, but it stayed tucked away in my memory.

Some forty years later, one day during my counselling training course, something triggered my awareness of that time, and the deep emotions connected with it, that had stayed tucked away in my cognitive and emotional memory all those years. I was able to express and work through the emotions in the safety of that situation. Suddenly I was aware of where that sense of concern for the other children in the family was coming from when there was a perinatal death. Very significantly, this freed me to work much more comfortably and empathetically with mothers, fathers and their children in situations of pregnancy loss.

It was at about this time that there was a major change in obstetric circles in thinking and practice about

management of perinatal loss – from trying to 'save' people from painful emotion by trying to avoid it, to hide from it, and 'forget it', to facilitating expression of it. This I strongly supported and practiced.

In 1992 I prayerfully decided to retire from clinical practice, with a view to perhaps doing more training and pursuing part-time counselling. During a busy O and G practice I had not had the opportunity to do much serious theological study and decided to do so before pursuing counselling, and spent two years in full time study at Ridley Theological College in Melbourne, which certainly extended my theological horizons and understanding.

On return to Tamworth I completed a degree in Counselling, worked in a counselling agency for a while, then opened a private counselling practice, as a Christian counsellor, right back in the complex where I had practiced O and G! This proved to be one of the most rewarding times of my several careers. Interestingly, although I never particularly sought it, the two areas in which many clients came to me were people with a history of childhood sexual abuse, and grief and loss counselling, in both of which I felt very comfortable.

After eight increasingly busy years in this, I felt that it was again time to retire. Amazingly, at this very time I noted an advertisement in *Luke's Journal* seeking a part-time CMDFA Staff Worker in NSW. They were seeking a doctor who was a member of CMDFA (I had been so for nearly forty years) with good organisational, communication and counselling skills, willing to work two or three days a week. The committee thought I fitted the bill, and so began six rewarding years in that role, until I thought that it was time for a younger person 'closer to the rock face' to take over.

So, looking back over four very different yet interrelated careers, I see God's hand in leading and guiding me, and giving me opportunities to serve Him that I would not have imagined when I left school in 1954. To Him be the praise and the glory.

But I don't think that the word 'retirement' really exists in God's vocabulary. I am still involved in pastoral care in my own church, and on various committees, and hopefully will continue to do so whilst He gives me the opportunity and capacity to do so. ■

by **Dr Margaret Payne**
Ph.C, MB BS, FRANZCOG,
FRCOG, B Couns., Adv.Dip.Min.

"I see God's hand in leading and guiding me, and giving me opportunities to serve Him that I would not have imagined when I left school in 1954."

A Personal Journey into

Many years ago as a young medical graduate I read the autobiography of AJ Cronin, "Adventures in Two Worlds", in which the famous novelist humorously shared about his dual career as both doctor and writer. Never for a moment did I think that one day my own experience might be somewhat similar.

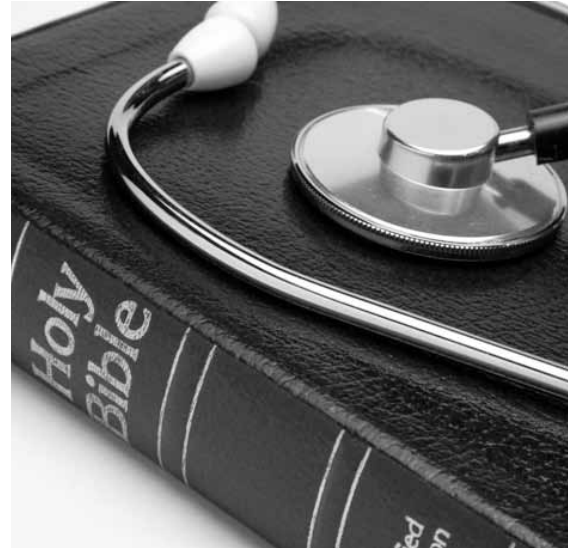
From an early age growing up in Papua New Guinea my heart was set on medicine. Following six years of boarding school in Brisbane and studies at Queensland University, in the providence of God this dream became reality in 1976. As a Christian I never doubted that God was ultimately in control of my life and I wanted my medical career to be a means to serving Him. In fact I fully expected that this might lead to medical missionary service.

The next ten years of my life were dominated by long hours of hospital-based work, marriage and involvement in the local church when able. Over this time, through the vagaries of the Queensland Health system, I found myself working in Brisbane, on the Gold Coast, and then in Biloela, a small farming town of 6,000 people, two hour's drive from Rockhampton. I was the superintendent of the 45 bed hospital, but had the support of four other procedural GPs in the town. These were fulfilling years both professionally and personally. During the six years spent at the hospital in Biloela my

"I had never for a moment doubted my commitment to career medicine, but I desperately wanted to be obedient to the Lord."

wife Debbie and I were active in the local Baptist church, and this provided excellent opportunities for us to serve in a variety of roles and ministries. We loved the place, the people and the privilege of seeing God at work in our church. In hindsight these years were pivotal in what was to follow. We had come to realise that the most fundamental need of the human condition was the gospel, and wherever we ended up, caring for the souls of people needed to be part of our work. At the time we saw these years as preparatory to whatever God had in store for us in the future.

In early 1987, with our two young sons we said goodbye and headed for Bible College in Brisbane. We embraced campus living and after years of the busy, on-call lifestyle of a country doctor it was rather liberating to be able to spend time reading and studying and discussing the Bible in depth. In particular I discovered a love for church history. I soon realised how limited and even deficient my medical education had been! However, I continued to provide a bulk-billing medical service to the



college community, and the intention to return to full-time medicine was never in question. Over these two years I deliberately avoided some of the pastoral subjects in favour of missions courses, and we began the process of exploring options for procedural doctors on the mission field. We prayed, read widely, checked out opportunities, met with mission leaders and wrote to doctors on the field, but found ourselves constantly frustrated. Doors were not opening... they only wanted doctors to work in primary health care, we didn't speak French, missions were handing their hospitals over to the government because they were too expensive to run, and so on. Sensing that these were temporary obstacles I applied to do the DTMH at Liverpool (UK) in 1989 and was accepted into the September course. Our plans were still on track.

Having finished my theological studies it was time to look for some work and an opportunity came for me to do a three-month locum back at the Biloela Hospital. However, in the Lord's timing this coincided with the need for a pastor at our old church. Despite a serious search by the church leaders, they had been unable to find someone to accept a call. When the church heard that we were returning for several months I was asked to fill the pulpit and help where possible in a pastoral capacity. With quite some trepidation I agreed. This was a very unexpected development and a whole new experience for me. Meanwhile the search for a permanent pastor continued. After my locum job at the hospital had concluded, and with still no pastor on the horizon, the church asked me to continue on in a full-time pastoral role for a further three months. By this time I was beginning to feel less daunted by the role. In many ways life as a country pastor shared similarities to life as a country doctor. It was during this time that the church approached me to consider accepting a formal pastoral call. As Isaiah

Murray has been the senior pastor of City North Baptist Church (Brisbane) for the past 10 years, a growing church known for its Bible teaching, ministry to young adults and emphasis on cross-cultural missions. Prior to this Murray was involved in bi-vocational work as both pastor and doctor in the small Central Queensland town of Biloela for 13 years. He is the father of six mostly young-adult children, and lost his wife to breast cancer two years ago

Two Worlds

55:8-9 reminds us, God's ways are not our ways, and it was a time of real heart-searching for Debbie and me as we faced this major decision: What about the mission field? Was this the end of my medical career? What was God saying? We didn't want to get it wrong. Up to that point I had never for a moment doubted my commitment to career medicine, but I desperately wanted to be obedient to the Lord.

After several weeks of serious prayer, talking to colleagues, and discussions with church leaders I accepted the call, with the proviso that I be allowed to do 10 weeks of locum work in the town per year (scattered in small blocks throughout the year). The other doctors were very happy about this arrangement and it enabled me to maintain my skills... just! There were still many unanswered questions such as how long the pastoral life would continue and whether we would ever get to the mission field. But that decision turned out to be the beginning of 13 years of life as a country pastor-doctor. In a very gracious way the Lord had gradually, perhaps subtly, eased me out of full-time medicine and into pastoral ministry. I never did get to Liverpool or Africa or India or PNG. But interestingly, my oldest son recently completed the DTMH in Liverpool and is now serving at an SIM hospital in Zambia, along with his wife and young family. God's ways truly are so much higher than ours. Perhaps also His sense of humour!

During our Biloela ministry years (1989-2001) our family grew to five sons and one daughter. Life was very full. I recommenced theological studies, and it took six years of part-time external study before I was ordained. At times new people in the town had difficulty figuring out whether I was "actually a doctor" or a pastor. Even visiting the hospital was a problem for the staff, so they would check to see whether I was carrying a Bible or a stethoscope! At times I had the sad responsibility of signing a death certificate for one of my patients then conducting the funeral a few days later. On a happier note, I also had the privilege of teaching RE to children I had delivered some years earlier. Or conducting the weddings of people I had cared for medically over the years. Only once can I remember actually having to leave the pulpit mid-sermon because of a medical emergency. The hospital staff understood my blended roles and covered for me admirably. For me personally there was never a great confusion in my self-identity. I came to see myself first and foremost as a pastor, yet could easily slip into medical mode when the situation required.

In May 2000 our world was rocked when Debbie was diagnosed with breast cancer with nodal involvement, requiring mastectomy, chemotherapy and radiotherapy. She handled this well and we

continued on in Biloela till the end of 2001 when we sensed the leading of the Lord to accept a call to the City North Baptist Church in Brisbane. It was difficult to leave Biloela and our church family after so many years. Still today the memories are vivid. But God leads forward and once again we found ourselves responding to a new challenge. City North is a larger church in the inner northern suburbs, very different from rural Central Queensland. Among other strengths the church has a significant number of students and young adults, and also an active missions programme. Apart from a weekly Bible teaching ministry I spend regular time in mentoring Bible College interns and other younger pastors, including two on the staff at the church. I am now in my eleventh year at City North and continue to find daily joy in demands of pastoral ministry.

I have not practiced medicine since moving to the city and have somewhat reluctantly admitted that this phase of my life is over. A recent letter from the Registration Board has confirmed this!

After ten years of mostly reasonable health, Debbie passed away in September 2010. This has been a deep journey into the theology of suffering and the love of a God who doesn't make mistakes. Her encouragement, prayers, clear thinking and practical help are a huge loss, both to me personally and to my ministry. In so many areas we served together, and increasingly so as the children grew older. However by God's grace we as a family press on and His generous mercies come to us "new every morning". I am constantly thankful to Him for the capacity and desire to continue in my ministry role.

As I reflect on my life I readily concede the rather unconventional path it has taken. It has surprised me as much as anyone! But I live with no regrets and I have certainly never felt as though I sacrificed a promising medical career. I have only ever wanted to live my life in obedience to the Lord and this was the course He charted for me. In many ways I feel doubly blessed to have had two wonderful callings, and so often over the years I have been thankful for the way medicine has complemented and enhanced my pastoral ministry. It's not unusual for me to feel inadequate in myself, but God has never failed nor forsaken me. And I can sincerely say that whether as doctor or pastor it has been a true privilege to be counted worthy to spend my life for Him. **||**

"I live with no regrets and I have certainly never felt as though I sacrificed a promising medical career. I have only ever wanted to live my life in obedience to the Lord..."

Retirement a **New**

***What do you “do” these days?
– a fairly common enquiry from a casual
acquaintance up the street in downtown Mornington.
In other words, how do I choose to define myself
since retirement on June 30th 2003 from a
public and private general surgical practice?***

I always thought of myself as a “doctoring Christian” rather than a “Christian Doctor” and my retirement from a money-earning role has reinforced this perception and been quite a liberation as a human being.

I “tied the knot” or “cut the cord” fairly abruptly after nearly 30 years of surgical work I thoroughly enjoyed – especially the spectrum of patient-contact and the camaraderie of the public and private hospital community – although I can’t say I regret having to get up for an emergency testicular torsion at 3am on a winter morning.

I didn’t rush out and buy a yacht or a local winery or even take a long holiday. Rather it has been a gentle transition into the adventures of a “third-age”.

***“The lesson of my
experience is to
make sure you have
some interests or
even passions woven
into the time God
had...”***

In fact the thing I did in my first week was to join the local V3A and enrol in a local Astronomy Group.

I have enjoyed the possibility of expanding existing non-surgical interests; the lesson of my experience is to make sure you have some interests or even passions woven into the time God had given me since I took up medicine

as a career. For example, I had for over 30 years volunteered for short assignments in exotic places like Thailand in the central paddy fields in 1974 with my young family of 3; returning there on 3 or 4 occasions until 2002 in an OMF Mission Hospital that extended the full range of skills I had trained for as a truly “General Surgeon”

I also did short term work in Kathmandu, Nazareth and even Central Liberia on a Russian Medical Cruiser within the Arctic Circle.

Since retirement, I have developed a new “country of interest” in Timor Leste – whose independence in 2001 was connected with a ruthless and destructive genocide and whose suffering under a 24 year Indonesian regime had cost them 200,000 lives in a population of 1 million.

East Timor since WWII, had a war history closely intertwined with their close neighbour Australia;

it seemed a natural transition for me to visit and then return 10 times in 10 years and to link surgical work there in Baucau with more general community development in the poorest area nearby, and the township of Lospalos.

I became involved with a brilliant Kenyan surgeon at first and then morphed into a monitoring and encouragement role with the friends of Lospalos under the auspices of the Mornington Peninsula Shire. There are about 55 of these friendship groups that have sprung up since Independence around Timor Leste and each has a Shire or municipal based committee which links with a group of volunteers from all community sectors in the host town.

So I now have some working knowledge of the challenges of projects such as digging a 30 foot community well, building a community basketball court, painting kindergartens, growing mulberry bushes for silk worms and providing generators and piping for an agricultural nursery farm. I’ve also developed a 40 year interest in leprosy with the Leprosy Mission.

I have also learned to work with the local Catholic Orphanage and the rudimentary East Timorese public schools in the provision of 3 year scholarships for over 80 students for a mere \$100 per year – and we now have 7 primary teachers at the Baucau Teachers College.

Here there is a real sense of helping to “make poverty history” in a community where the gap between those with wealth like those of us in Mornington and those with nothing seems to be widening relentlessly.

These brief engagements with real people in real poverty has actually helped fill my fancy iphone contacts list – they are actually friends, and I mean more than Facebook phantoms.

Friendships and time to nourish them are increasingly a central part of my life and a reason to get out of bed in the morning. The serendipity of a chance contact with an old school friend or Essendon supporter; a regular Friday morning Chai Latte with a church friend sure beats trudging off to ward rounds.

Over coffee we “chew the cud” and “change the world” – we reflect on the environmental challenges around us and he feeds me articles from the “New Scientist”. We open up, we go in deeper than at “Larrender” Conferences; I meet young people who challenge the dominant self-serving paradigm and help me understand the brave New World and cyberspace and Facebook but I still prefer friends I can touch.

Career

by **Dr David Price** OAM
David retired in 2003 after 30 years of
General Surgical Practice at Frankston
and Mornington on the Mornington
Peninsula in Victoria. Dr Price has
also worked in Thailand, Nepal, Israel,
Liberia and East Timor.

I love the way Amnesty International can rustle up a million signatures in a week to oppose an Arms Trade deal – the strength of a network for justice is very empowering.

I have always been fond of our fabulous temperate forests in Victoria and bush-walking and camping have been passions from way back. I even got into some radical activism over 20 years ago to try to protect our old-growth forests in the belief that plantation timber was enough for community requirements and now at last, the Gunn's behemoth in Tassie has reduced to half and its share price is down.

My most prolific internet advocate for Palestinian people is almost totally crippled with Multiple Sclerosis. In retirement there come the inevitable health issues of increasing age, and illness, cancer, dementia and death are all around. A Christian doctor's perspective on diseases, death and dying is increasingly relevant.

The Peninsula Musical Chorale has been a haven of interest for 20 years – before and after retirement. Mozart's Requiem in a packed local hall was the outcome of sustained regular practices with fine, like-minded people.

I have even learned how to tie knots! Our church for over 20 years, has had a Men's "Tie Up" Group, which operates from a brick shed every Tuesday at 8.00. About 10 of us gather and with good humour and jocularly, we tie up collected newspaper and magazines. We fill a semi-trailer every 3 weeks, and over a year raise \$4,000-\$5,000 for charities we collectively choose. It is a great opportunity to connect with some non-church men and for all of us it is fun and therapeutic.

Gardening has never been a 5 star talent of mine, but I do like growing a few vegies and we have some lovely aromatic old roses. This led me to volunteer a couple of years ago to commit to one of 60 plots in a local community Rose Garden. You are supposed to put in 1 hour per week.

I have become an honorary member of a local Rotary Group, which I could never contemplate during my working career. These people are a constant window and connection with the real world and I occasionally get a chance to share my passion for East Timor and the Leprosy Mission work there.

These Rotarians represent the wide diversity of community sectors whose friendship and service is always refreshing and stimulating.

The other passion that has taken a lot of my time for 20 years is working with the ACCESS Ministries School Chaplaincy Program.

I was involved in the original Chaplaincy formed on the Mornington Peninsula and have been proud to encourage the development of 12 Chaplains in now 14 secondary and private schools. Our "umbrella" Regional Group Committee was responsible in 2006 for the authorship of the proposal that went to Parliament and resulted in bipartisan support of a boost to Chaplains all over the country, to the tune of over

\$300 million. That little acorn certainly grew.

I suppose the thing I enjoy most each week is teaching religious education to grade 5-6 youngsters at the local primary school. What a privilege ACCESS Ministries has to be able to access the secular educational system for ½ hour per week. It keeps me honest and on my toes but it is engagement at the coalface with the teacher always present listening – no "conversions" in 25 years, but some amazing seed-sowing interactions. Sharing my faith is still the most important and satisfying thing I do – especially at those precious teachable moments when you sense that the youngsters are actually listening.

I suppose the best lesson I have learned about retirement is that it doesn't really exist – just a change of focus and emphasis.

I don't play golf much now but even that could be developed. I know some people manage to learn a new skill (e.g. play the piano or another instrument) but for me I just enjoy a bit more time to swim laps at the beach or local pool. I also enjoy taking a small share in the endless joy of looking after a growing bunch of grandchildren especially when camping on Mt Buffalo over January holidays.

Books I still find much harder than many to really get into regularly. I've been too conditioned to reading synopses and articles in the surgical context – maybe one day I'll get to read some of those treasures in my book shelves again or even write a book of my own...

The ultimate jewel in the retirement crown is undoubtedly the experience of grandchildren whose life and development is a constant source of wonder and never-ending joy.

My wife and I, tonight for instance, are going to our 12 year old granddaughter's school concert where she will be playing a euphonium of all things.

Babysitting 7 grandchildren, book-reading together, the passions of AFL footy, camping each summer, Christmas and holidays – can heaven be better?

Bert Facey in his 80s wrote on scraps of paper in a family desk drawer the story that became *A Fortunate Life*.

Without wanting to write my own epitaph, I would have to concur with that sentiment, especially in the context of a very generous, faithful and forgiving heavenly Father. My atrial fibrillation seems controlled and I can still ride my mountain bike and I am lucky enough to be able to travel next week for a month to St Petersburg and down the river Volga with my wife of 46 years.

Like all retirement years, I cannot pretend to know the crises and personal or family dramas ahead; but I do see the future on this wonderful earth as an ongoing adventure over some testing terrain of frequent ambiguity – under the leadership and inspiration of a God who still knows, cares and travels alongside. [J]



A Different Way of

I was only fourteen when I decided I was going to become a medical missionary. In my fourth year of medical school, when it was time to decide where to spend my elective term, I assumed I would be going to Africa – back then I thought all missionaries went to Africa!

I was surprised to learn that female medical personnel were most needed in Muslim countries, where many women died because there were no women doctors to attend them.

So I ended up doing my medical elective term at the Pennell Memorial Hospital in Bannu, north-west Pakistan. It was in a compound with high fences and armed guards. Women were not allowed outside the compound alone, and we had to cover every part of our body including our head. I have pictures in my mind of old rusty beds, surgical gloves hanging out to dry after use, hot sweet tea and lots of kids with thin mums. Women would travel great distances to come to this hospital, some even on horseback from Afghanistan, to see the famous obstetrician Dr Ruth Coggan.

Stomping on Baby's Bottles

I started to think about holistic health and doing medicine in a different way, after I witnessed a nurse at Pennell Hospital stomping a baby's bottle under

her foot. Her strange action started making sense after I learned that bottle-feeding contributed to the malnutrition, infection, growth retardation – and even the death – of babies there.

Big multinational companies sold their milk formulas cheaply, and promoted bottlefeeding as the way of the West, until it became a common belief that good mothers bottle-fed rather than breast-fed. However, many poor village women watered down the formula to make it last longer, depriving their babies of the nutrition necessary for growth. Not only that, the lack of clean

water and inability to sterilise bottles frequently led to infection and diarrhoea, then dehydration and death.

My brief time at Pennell Memorial Hospital taught me so much. I learnt the importance of preventative and community medicine. I learnt that even though curative hospital care was exhilarating and necessary, prevention is better than cure. I began to understand that people's health is more than physical, and that it is bound to their poverty, education level, status,

economic means, gender and religious beliefs. In short, I had begun to understand about holism.

I probably could not articulate it at the time, but it was there I first understood that being healthy is not as straightforward as I had previously thought. As I began to consider the type of medicine I wanted to be involved in, it was very clear that, even though I enjoyed hands-on healing, my future lay in primary health care, community medicine, teaching and training.

Theological study

I reached another turning point in my Christian journey in Pakistan. While visiting Multan Christian Women's Hospital I had the opportunity to go on an evangelistic ward round. The hospital evangelist would share the gospel with the captive audience of the patients' friends and relatives, who stayed there to care for, wash and feed the patient. I thought it was great that the gospel was shared, but I was uncomfortable with the division: doctors dealt only with the physical, and evangelists dealt only with the spiritual. I didn't want to restrict myself to being only a doctor; I wanted to share the message of Christ myself, and to teach from the Word of God. I realised two major things then: I did not want to do medicine full-time, and I was going to need more theological training than I'd previously thought.

So in 1990 I began full-time theological study, while also working part-time as a GP to help pay my bills. After I finished my theological training, I worked in churches and as an itinerant speaker, still juggling that with part-time GP work. During this time of doing two jobs I was able to reflect on the interaction of the physical, emotional and spiritual. I also did a counselling course which was based on an integrated understanding of the person. We are complex beings and being healthy is a complicated business. Our emotions, hidden or conscious, have a powerful effect on our wellbeing and our perception of the world, and the way we impact others.

Community development

When I applied to become an Interserve Partner, I was willing to go where I was most needed. That turned out to be Central Asia, where the church had grown exponentially since the fall of the Soviet Union, but leaders were young in years and young in faith. I would be serving there as a General Practitioner training other GPs.

This role was a concern to me. Even though the GP training programme was vitally important (it was part of a reform of the whole health system from being very hospital based to one that is more primary health care based), it was not the grassroots, community-based medicine that I wanted to do.

“People's health is more than physical: it is bound to their education level, status, economic means, gender and religious beliefs.”

Doing Medicine

My first year there was focused on learning Russian, but I also attended community development training. This was another significant turning point, as I caught the vision of impacting communities in a holistic and grassroots way, where they could be empowered not only to recognise their own problems, but also to solve them with local resources.

By the time my language learning ended, there was a breakthrough in my work situation: my organisation decided to start a community development department. It meant that I got the opportunity to work in a small team that, among other things, did health screening and trained village health workers. Working in the project team was quite a cross-cultural experience, with sometimes four languages needed for everyone to understand what we were going to do, or what we were thinking. I would say something in Russian, for example, then my Russian-speaking friend would translate it into the local language for my Korean colleague to understand, then she would say something in Korean to her husband, and he would then respond in English! It was a wonderful experience, but needed lots of patience.

Initially there were two doctors (myself and another) available to meet the villagers' needs: we would see patients in the morning, then move on to teaching the local health workers how to prevent and treat common problems. However, I came to realise that I was undermining what we were trying to achieve in the project: as long as there was a doctor available, people wouldn't bother to learn how to prevent the problems themselves. That is when I decided my main role would be to train and coordinate the work of our community development workers, rather than be directly involved in the community myself.

We had a few different ways of selecting communities and entering them. One involved doing health screening at schools and then presenting the findings to the parents at a public meeting. We then offered to help them, but made it clear that we offered training, not money. We began by training the people in identifying needs and problem solving. Our lessons covered many topics, such as physical health, income generation, agriculture, emotional issues and moral values like honesty and forgiveness.

Sometimes we were able to incorporate stories from the Bible in our teaching. One very powerful lesson on forgiveness was taught by using the story of the prodigal son, but adapting it to 'the prodigal daughter-in-law'. This seems to be the relationship with the most strain here, the one between the wife and her husband's mother. Wives go to live with their husband's family, and the wife has to do the bidding of the family matriarch – her mother-in-law. Most women are not free from this until they become mothers-in-law themselves. We saw many people recognise the destructiveness of unforgiveness after this lesson, and many were willing to do the homework we set them, which was to forgive someone!

Most of the communities we worked with knew we were followers of Jesus, and through years of interaction they

developed a more positive understanding of Christianity. We do this work not as a means to evangelise or plant churches, but because it is good in itself and demonstrates the love of Jesus to broken people. In many places around the world, however, the natural consequence of such holistic community development is that, over time, churches are planted.

TEE and discipleship

A great number of local church leaders, when surveyed, said the biggest need in their church was for discipleship. The local church is great at evangelism and church planting, but after people turn to Jesus there are many obstacles that prevent them from growing in their faith. Many groups are started in small and isolated communities as people respond to the good news, but without local leadership they often go for months without receiving any biblical teaching.

Theological Education by Extension, or TEE for short, addresses this issue. Group members can study the Bible wherever they are. Books of self-study material become the tutor. Someone needs to know how to be a facilitator or group leader, but basically the group learns together, has home-study tasks and practical ministry assignments.

In my last term overseas I was asked to help develop a TEE programme for one of the Bible Colleges. A few of my former students were keen to work with me on this, as they realised that TEE was the best way to help the church grow, especially in remote areas. Mars, a gifted church planter, used to be a Muslim mullah until he encountered Jesus as he was saying his prayers. As Mars began small groups, he found he didn't have the time or resources to follow them all up. Now, through TEE, the groups are provided with the resources they need to grow in Christ.

We have a big vision for our TEE groups: we want to use them to address the needs of the whole person. We plan not only to offer theological training in these groups, but also to pass on life-skills and knowledge in the areas of health, parenting, intensive gardening, income generation and so on. It is our hope that group members will become lights in the community which others are drawn to and want to learn from. This is still in process as change is slow.

When there is harmony between people and God (the spiritual dimension), among people (the social dimension), within the person (the emotional dimension) and between people and their environment (the physical dimension), we have holistic health. Illness is a breakdown of these relationships. As Christians we work to reveal the reconciliation that Jesus achieved through His death on the cross. He is Lord of all and has reconciled all things in heaven and earth to Himself (see Colossians 1:15-20). If He is Lord of all, He is Lord of every aspect of this world and of our lives. That's holism. **||**

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It only takes a

The call of the Imam via a horn echoes throughout the city. The evening breeze gently caresses the Nilgiri Hills, even as the beeping and blaring horns of holiday traffic sound off in the distance. Yes, I am on holidays and this one was much needed. Whilst seeing our son in India, we were given some time to reflect on our last few years of service. Even as we spent time together in the Guest House for M's inside a tea plantation, we drifted through the balmy nights either playing board games or reading or better still, catching up on sleep.

Whilst in the tea plantation we were joined by a bus-load of Indian youths, brimming with enthusiasm and laughter. With vitality and lots of energy, they built a bonfire and began to sing Christian fellowship songs. I recognised some of them and found myself humming to some of the tunes which I had sung in my own youth. Youth, what a fleeting word. I remember when I was just 6 or 7 years old, just like it was yesterday. Now forty years have passed as if in the blink of an eye...

Singing with young friends and praising the Lord, just like now really except my friends are no longer that young. Let me tell you about some of my friends and how we fellowship in the Lord in His work.

Big Al

Big Al, one of my prayer partners, called me the other day about a sick child he is looking after. Not one of his own, but a child from the orphanage that he looks after in his own home. Little Mei is a 4 month old child with Down Syndrome and a heart defect. She has had a fever for ten days and not only is the fever not abating, but it is getting worse. What can be done to help? My mind raced with all the things that could be causing the fever from bronchiolitis, to pharyngitis, to UTI and endocarditis. I said a short prayer in my heart: "Lord, help! Amen." Then I advised Big Al to take the child to the nearest Kids Hospital. Big Al and his wife have big hearts. They have two teenage kids, but look after several disabled baby orphans as well, to provide for them a loving home for the first

few months of life and medical help as needed like surgery. When I saw them last, they looked tired – bone tired. "How do you do it?" I asked. "Only by His grace. We are learning what it means to care like this", even as they gesture to a boy with a

malformed hand. Their teenagers get into the act as well, taking it in turns to feed, to wash, change nappies and to care. "These kids are adorable and they are His treasures" commented Big Al. "Yes, they like to test our limits and in the morning we hear them on the baby monitor colluding in baby language about how they are going to test us on that particular day! Ha Ha!"

Little Mei was admitted for two weeks with presumably a chest infection and was subsequently discharged. If she was not looked after at the time and expense of this couple, I wonder where she would be now? That little spark of love from the Divine heart seen in Big Al and his family may not mean a whole lot to the world, but to Little Mei it means a BIG deal. When she grows up, she will know that someone cares for her in this world.

Sister Noni

Sister Noni loves kids! We saw her playing with children in the Sunday school in the International fellowship here. My wife got to talking to her and found that she has a passion for kids ministry. So they began to pray regularly about this, and that is how the disabled project began. Together with our sister, we sat down and prayerfully asked what the Lord would like us to do. In the end, we ended up partnering with the local rehab association to start a school for autistic children. This was not as easy as it sounds. Those years were brimming with challenges and difficulties, as well as with joy and testimonies of His faithfulness. Faithfulness in helping us to handle tough situations with local workers not being cooperative, of children possibly possessed of evil spirits, of seeing lots of seemingly hopeless parents. Through the thick and thin of all of that, sister Noni stuck faithfully to the goal of seeing the Autism centre become a reality. Now it is up and running by itself; sister Noni was humble and didn't take any credit for that achievement. It is wonderful to have this fellowship where we see His love and His humility working through our dear brothers and sisters. It's like 'honey running down Aaron's beard', the sweetness of the Lord seen in His Holy work with the precious disabled children.

Brother Andy

One evening, we were walking outside of our home to go outside for dinner. My wife asked if we could see brother Andy and his wife on the way there. Feeling hungry I said, "If we go there, we could be stuck for hours chatting. Can we not go this time?" How prophetic those words would turn out to be! We did go up and chatted for a few minutes, but just as we were on the way out, I spotted a bandage on Andy's left hand. "What happened?" "Well, I was out in the villages and was helping the villagers make something. I was using a screw driver to screw

"It is wonderful to have this fellowship where we see His love and His humility working through our dear brothers and sisters.

Spark...

in something and my hand slipped and the screw driver went into the first webspacer only one inch (!!), it's nothing really." I took that bandage off only to find the wound still oozing blood and one that needed obvious suturing. For most folk, I would tell them to go to the hospital for stitches. Not brother Andy though, this time I was going to escort him and supervise his care directly. Why you may ask? Because brother Andy is on the field with his wife both aged in their late 60's. He came from a very comfortable middle life as a graduate of Cambridge University and was an engineer for Rolls Royce(!), to help poor villagers to have help in everything from drip irrigation to pure drinking water. The Lord lavishes His love to these villagers through this clever man and his wife.

This chap incubates chicken eggs in his vest to hatch them, so that the villagers can have new chicks! He uses all sorts of local materials to build contraptions for all manner of disabled, even making a wheel chair that can negotiate rocky roads. He has trained himself to make knee joints for the prostheses of the disabled, and blessed a lovely disabled lady who is a dwarf, by making her a 'Rolls Royce' of her own: a small electrified scooter board that gets her from A to B. Anyway, we took him to get his hand stitched up and he told me about his heart in the old days when he went door to door knocking to invite perfect strangers to Bible Studies. Praise the Lord for such selfless giving!

A band of surgeons and anaesthetists sit inside a noodle place eating noodles and sharing a devotional in the morning. They are very good at what they do and have had twenty plus years of doing the same: operating on poor village kids and giving them new faces, hands and feet! We

eat together before operating, reflecting on His goodness to us in our lives. Everything we have comes from His hand, how can we give any less? On that day, everyone was to operate together on just ONE kid: one who was burned on the face, hand and leg. His leg was so burned that the dorsum of his foot was adherent to his shin. We found him deep in the wilderness, forlorn and broken as a person. Shy and embarrassed at his deformities he looked down on himself and was miserable. After three operations his hand and feet could be used again! He couldn't believe that he could be restored to wholeness. It was almost too much. Yet, He too gave his life to the one who came to give him life. All praise to the Lord for His faithfulness in this disabled man's life!

"He... was an engineer for Rolls Royce... came to help poor villagers in everything from drip irrigation to pure drinking water."

As the youths continued to sing around the bonfire outside my room, I was once again reminded of a song sung in my youth: a song of the heart...

*"It only takes a spark to get a fire going.
And soon all those around,
will warm up to it's glowing!
That's how it is with God's love.
Once you've experienced it.
You want to sing, it's fresh like spring,
You want to pass it on!"*

It indeed only takes a spark of love to get us going.
Can we pass it on?

Bless you! 🙏

INTERNATIONAL HEALTH & DEVELOPMENT NEWS



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Best of **Both** Worlds?

I had a wonderful first year at medical school. I arrived at University a brand new baby Christian and enthusiastically threw myself into the life of a local church.

I attended every small group imaginable. At the end of the year, it was a little disconcerting to sit exams in anatomy and physiology rather than biblical theology. I failed dismally. While my fellow students enjoyed a summer in the sun, I crammed nine months of study into the long vacation and managed, by the thinnest of margins, to scrape through the retakes. Over that summer, I was faced with the very real possibility of being thrown out of medical school. It occurred to me that what I really wanted to do was to teach the Bible.

I spent my second year working much harder on my pre-clinical studies, but not without a few regrets: in the depths of neurophysiology, I couldn't help but wish that I had been chucked out after all. Clinical medicine was a far more positive experience and I loved nearly all of it. The Lord continued to give me many opportunities to teach his Word and I felt that I had gifts in this area that needed to be further developed. I began to explore the possibility of full-

time ministry, and considered both medical mission and ordained ministry as options. I used my medical elective to visit Amp Pipal Mission Hospital in Nepal. I was entirely captivated by the cross-cultural experience, but was disconcerted to find that I spent a great deal of time preparing staff Bible studies. Rachel and I married later that year, knowing that my career in medicine would be short.

“I don't consider my time in medicine to have been a mistake or a 'false start' but rather a good gift from God. “

I worked as a junior hospital doctor in the UK NHS for three years, half of that time as a Senior House Officer in Psychiatry. They were immensely fulfilling and enjoyable years and I enjoyed working as a Doctor a great deal. I was stretched and challenged in my faith in many ways. I know that a life spent as a Christian serving the Lord Jesus within the medical profession would have been utterly

worthwhile and fulfilling. But the seed that had been sown seven years earlier continued to grow. Instead of MRCPsych, I headed to theological college, ordination, local church ministry and then mission service in Kenya.

I don't consider my time in medicine to have been a mistake or a “false start” but rather a good gift from God. Medicine has formed me in many ways: it has shaped my thinking, built my resilience and grown my people skills. However, as I look back on my own journey I have a number of reflections that relate to the decision I made – things that it would have been good to have thought about in more depth.

- It would have been a great help to me as a medical student to have had a stronger sense of what it meant to be a Christian doctor. As Christian medical students, the issues we grappled with mostly related to medical ethics. In my immaturity, my image of a Christian doctor was someone who didn't perform abortions and tried to evangelise their colleagues. I did not have a sense of how the gospel might transform my whole understanding of work. I do not remember being challenged to think through what it might mean to love my patients with the self-sacrificing love of the Lord Jesus.
- It would have encouraged me to have seen how a doctor with Bible-teaching gifts might use those gifts from within a career in medicine. Today I know many Christian doctors who use gifts in Bible-teaching to build up God's people. But within the context of a large student church, those models were hidden from me and the choice seemed much starker. The message I heard, and again maybe this was my immaturity, was that I had to leave medicine if I wanted to exercise a Bible-teaching ministry. For me, and for many others, this might well be where the Lord takes us. But it should not flow from dichotomistic thinking that removes a Bible-teaching ministry from other spheres of professional life. **[1]**

by **David Williams**

On Having a Career **Inside** and **Outside** of Medicine

When approached in writing this article I was hesitant because I haven't had groundbreaking times of the "Super Christian". However, as people we're all sinners and fall short of God's glory and we're to honour him in all we do, so with that in mind, I started writing.

My journey into medicine was typical, I enjoyed science and wanted to help people. During my studies there were key people who shaped me and I'm honoured to count amongst my closest friends.

Paul Douglas came alongside me when I was questioning my decision to do medicine, we sat and chatted over many weeks, this led to our praying together and my committing myself to God. Prior to that I didn't have a true, personal relationship with God.

Years later, my belief in being able to access the Bible led to my sourcing for my mother, a copy of the Old Testament in her native tongue, Greek (She already owned a New Testament). The Orthodox Faith doesn't easily make complete Bibles accessible to those within their community.

My initial purchase, the Septuagint wasn't met warmly, as my mum found it challenging to read. Eventually, I found one in more Modern Greek, and this has brought her much comfort.

After working at Royal Brisbane Hospital for several years I joined the RACGP to become a GP. When negotiating the terms and conditions for my first GP placement, I found the suggested terms were terrible!

I'd joined the ranks of people with a mortgage so I was going to fight this; I ended up becoming the chair of GP registrars in QLD and joined the AMA Committee of Doctors in Training. Eventually sitting on committees that put together fairer terms for GP registrars.

At the time many doctors didn't seem to care about the unfairness of what was proposed, or if they did, they didn't show it. This reminds me of the saying "There are some people who make things happen, and others who stand by and wonder what happened."

After working as a GP for several years, I discovered it wasn't my passion and couldn't really picture myself staying as a GP for life. Then I decided to do an MBA (Masters of Business Administration) with a major in Entrepreneurship.

During my MBA studies, I came to realise I needed to fund my studies, but not with GP work; I then stumbled

across work as an assistant surgeon. For me this was like manna. This was something that I thoroughly enjoyed and still enjoy to this day.

After the MBA, I did further studies in Finance, then worked in the Financial Planning industry for several years. I then left and set up BusinessMarketingconsultant.com.au to offer marketing and online marketing (including website development) for businesses. A few years later I also set up MedicalWebsiteDesigns.com.au to provide services to doctors.

Another friend, Anthony Herbert, suggested I attend the 2006 ICMDA Conference in Sydney, this was a turning point as this caused me to become involved with CMDFA.


God has gifted me to see outside of the box and to think strategically. I sat on a committee for several years that determined which overseas projects were funded by TEAR Australia. I now sit on the boards of Healthserve Australia as well as CMDFA. As well as being on the ICMDA Oceania regional committee supporting Christian medical and dental organisations in the Oceania region.

What's Next?

I am grateful to God for continually forgiving me, as I know I keep on stumbling on a continual basis and am grateful for the gifts that I've been blessed with. Over the next few weeks I will be setting up BrisbaneDayOfPrayer.com.au which will be an annual event bringing Christians together in Brisbane for prayer, this is due to run in September.

Since June 2012, I've begun to focus on bringing ideas for products to the marketplace with JHProductDesign.com as I've had various people over the years come to me and share with me their ideas and now, God willing, I want to be of service to people to bring these ideas to fruition.

I have also sought out mentors; both within the business and marketing sphere of my life, some of whom I have paid to help guide me. For the other areas of my life I've been blessed in having Frank Garlick who has been graciously meeting with me for a fair time now, to chat and pray.

Having my faith, a strong network of supportive friends, and mentors has proved to be invaluable in my career and life, I commend this to the readers of *Luke's Journal*. 

by **Dr John Hagidimitriou**



From Medicine to

There is really very little resemblance between my present life and the life I thought I would be living now.

I began my adult life as a student at St Thomas' Hospital, London, studying surgery and anaesthetics, and went on to become an operating department practitioner. I assumed I would continue to pursue a career in medicine but God had other plans. The world I occupied then is completely different to the one I occupy now, but nevertheless I learned some valuable lessons – not least the ability to react quickly to situations. When a patient goes into cardiac arrest you have to react immediately. When someone points a gun at you, intending to pull the trigger, you must also react immediately. If you have to think about dodging a bullet, it has already hit you. On the streets of Baghdad, my medical training has probably been more use to me than my theological training in Cambridge.

It was while working and training at St Thomas' that God called me and set me on the path that eventually led me to Iraq. One night I was on call to deal with any cardiac emergencies as part of the hospital's Crash Team and stepped outside for a while to get some fresh air and to pray in the hospital grounds. I looked across the River Thames towards Big Ben on the opposite bank. I was thrilled to be at St Thomas' and I remember thanking the Almighty that I had successfully completed my training. I was fortunate to be doing the very thing I had always wanted to do in the very hospital where I had always wanted to work. I asked God what should be the next step in my life. Like a thunderbolt the answer came to me, but it wasn't the one I was expecting. I felt very strongly that He wanted me to offer myself for service in the Church of England.

Remarkably, as a child of ten I had said that I wanted to be an anaesthetist and a priest. But that was then and this was now. I no longer wanted to be a priest; I was enjoying my work at St Thomas' too much to give it up. Yet I know, without a doubt, that God had spoken to me. For a few hours I struggled with His words, but eventually gave in and decided that obeying His will would be best. As I did, I was immediately aware of the presence and glory of God in a way I had never known before. As I returned to the operating theatre in the early hours of the morning, the Lord was there. When my shift ended and I went home, God was there also. He was at St Mark's, Kensington, where I went to church, in the Christian Union at work and at my home group. I felt so acutely aware of God's presence all the time, in fact, that I must have appeared rather strange to my friends. A few of them told me as much!

One friend who accepted me as I was, however, and never ceased to encourage me was Malcolm Mathew. We spent a lot of time together. Malcolm looked out for me, on one occasion coming to the hospital and forcing me to go home with him, knowing I had worked for forty-five hours straight without a break! Each Sunday he and I would take patients to the hospital chapel and afterwards we would go on to Speakers' Corner in Hyde Park, where I would take my turn to preach. It was a fertile training ground for later in life when I would frequently be called upon to speak in public.

More than twenty years later Malcolm is a consultant anaesthetist at King's College Hospital in London. He is still a member of the Territorial Army, as he was back then, and has often been in Iraq at the same time as me. Malcolm and his wife, Alison, are godparents to our eldest son, Josiah, and he remains one of my closest and longest-standing friends in life. Added to this, Alison and my wife, Caroline, are the closest of friends. Our friendship has been a double blessing: I have a friend who understands what it means to live out one's faith under fire – and we each have a wife who knows what it means to have a husband with such a calling.

Fulfilled ambition

Whilst continuing to work at St Thomas', I commenced a long, slow journey towards ordination. Eventually I attended a selection conference to see if I was the right type of person to be trained for ordination, and I was selected and offered a place at Ridley Hall, Cambridge, to study theology.

I began to prepare studiously for this next step. I remember trying to learn Greek while still working at the hospital! In the end I decided to take a few months' break before moving to Cambridge, intending to spend some time praying in a monastery, but first I wanted to visit the Kingdom Faith Bible Week to hear Colin Urquhart speak. Colin, himself a former Anglican priest, had made a significant impact on the life of St Mark's, Kennington. I volunteered to serve in the clinic on site where several thousand people would be camping. I had a wonderful week there and our team saw a number of miracles and I looked forward to what God might do next.

But for all my excitement about moving into training for ordination, I had one regret, perhaps better described as an unfulfilled ambition. I had not managed to achieve the one thing I had always wanted to do at St Thomas' – to run the Crash Team. I had been called to assist them on many occasions, and had even volunteered for unpaid duties to gain more experience, but it was my ambition one day to head up the team. God, in His graciousness, decided to lend me a hand.

Ordination to Politics

This was in the days before mobile phones. I remember calling home to speak to my mother, as I usually did, and she sounded frantic. She told me she had been desperately trying to get in contact with me for two days. When I asked why, she told me that St Thomas' Hospital had been trying to call me and urgently wanted me to contact them. When I called the hospital I discovered, to my astonishment, that they were having some serious problems in the cardiac emergency unit and had been forced to suspend most of the Crash Team. They asked if I would be willing to come back and run the team until they were able to resolve the problem. I didn't need to think about it – I said yes immediately. I was being given the chance to fulfil my ambition! I returned to St Thomas' for several months and experienced the most wonderful days of my entire medical career.

I ran the Crash Team right up until the day before I was due to begin my studies at Cambridge. The next day my life changed radically. I went from the hospital corridors, where my day was spent literally running from one crisis to the next, to the corridors of learning where I was engaged in studying and more studying! At first I felt very much out of my depth. Previously I had known what I was doing and I was good at my job. Now I suddenly felt very unskilled. Worse than that, before I had enjoyed a constant awareness of God's presence. Now I felt as though I had stepped into a spiritual desert. From this point on God seemed strangely remote – not only to me but to many of my fellow students. This is not an uncommon experience. My friend and fellow canon, J. John, told me that for him seminary was more like a cemetery! For many, theological training involved periods of real doubt. I thank God that, despite my difficulties, doubt was never something I experienced then (or at any time, for that matter).

An unexpected turn

Despite my training at Cambridge being mentally and spiritually taxing, I was still enjoying my time there. It challenged me to think deeply about many issues I had previously dismissed as irrelevant and it ultimately taught me that when God seems distant, He is actually very near. But in my second year a new challenge presented itself. I became very unwell, noticing that my coordination was bad, and I frequently felt dreadful. My energy levels were constantly low and I developed serious neurological symptoms. I was eventually admitted to Addenbrooke's Hospital in Cambridge, but after a short time there and several examinations the doctors told me there was nothing wrong with me. I'm not sure how they reached this conclusion, as I left the hospital barely able to walk! But I was taken back to Ridley Hall and cared for in the Principal's Lodge. After several days I was taken home to my parents' house where I was confined to bed until the next term began three months later.

I returned to Cambridge to recommence my studies, but still felt ill and worked from my bed much of the time.

In order to attend lectures I had to be wheeled around in a wheelchair. But I was determined to keep studying despite these difficulties. I continued to be observed by my doctors and was eventually diagnosed with myalgic encephalitis (ME), also known as "chronic fatigue syndrome".

In all I spent four years at Cambridge, with part of it spent in Jerusalem studying Judaism. Apart from one period of twelve months when I was too ill to do anything, I would return to St Thomas' during my vacations and work there. I was paid locum rates for this work, which meant I earned as much in one year as I would have done if I'd been working there full time. I often thought I must be the best-paid student in the country!

It was during my time at Cambridge that the foundations for my later work in the Middle East were laid. Judaism became my main area of interest. I studied under Professor Nicholas de Lange. He was not only a Hebraic scholar but also a Reform (modern) Rabbi. To this day I consider him to be the most significant and influential lecturer I had at Cambridge. I also began visiting the Orthodox Synagogue in Cambridge, where I learned a great deal – not least the Orthodox Jewish ways of workshops, interwoven with centuries-old prayers. At no time did I feel that my own faith was challenged in any way; in fact it just grew stronger.

My journey into reconciliation

Then an event occurred that would be pivotal in shaping the rest of my life. The university's Christian Union (CICCU) was holding its major triennial mission and it decided to invite Jews for Jesus, a major evangelical organisation that targeted Jews, to take part. The university's Jewish students were in uproar – so much so that one Jewish newspaper in London ran the headline, "Holy War in Cambridge". Since I was the only Christian anyone knew who went to the Synagogue and the Jewish Society, as well as the Christian Union, I was asked to mediate. I didn't realise it at the time, but God was positioning me for a particular service to Him and this was the beginning of a lifelong ministry of reconciliation. I spent many hours discussing the issues with both CICCU and the Jewish Society. It helped me understand that, above all else, people in conflict need to learn to listen to each other. In the end there was no compromise offered from either side and the event still went ahead, but subsequently I and some other students formed a society called Cambridge University Jews and Christians (CUJAC) in an effort to encourage peace and mutual understanding. I was appointed its first President and within a short while the society became a major force for reconciliation between Jews and Christians.

I was amazed at how God took this small step of faith and expanded it into something much larger. As CUJAC's first President, I found myself playing an increasing role in reconciliation in the UK and beyond. Three people were significant in my life at this time and instrumental



during these early stages. Paul Mendel, who at the time was Deputy Director of the Council of Christians and Jews (CCJ), was a great advisor and became a good friend. With his assistance CUJAC was soon a branch of CCJ. Then there was Sir Sigmund Sternberg, who was a member of the CCJ committee, but also the Chair of the International Council of Christians and Jews (ICCJ). The third person was Dr Elisabeth Maxwell, a great scholar of Jewish-Christian relations and the wife of Robert Maxwell, the infamous owner of Mirror Group Newspapers. Throughout the rest of my student days in Cambridge these people remained very important to me.

It was not long before Sir Sigmund got me involved with the work of ICCJ. Headquartered in Germany, this was the body that brought together all the national branches of CCJ from around the world and it wielded considerable influence. Every year ICCJ held a major international conference hosted by a different nation and this was always preceded by a conference for its Young Leadership Section (YLS), geared towards those under thirty-five years of age. I remember receiving a desperate phone call only a matter of weeks before this conference, asking me if I would help to organise it – even though I had never been to one before! Near to the end of the conference there was the usual annual general meeting which elected the board of the YLS. I decided to put myself forward as a candidate and, to my surprise, I was not just elected to the board but invited to be its President. It was a position that afforded me a lot of influence and proved to be significant during the early years of my ordained life, since I didn't hold the post just for one year (like most of my predecessors) but was re-elected each year for five years.

“Take risks, not care”

When I first went to Israel in 1988 my expenses were paid by two further people who became friends: the late Duke of Devonshire, who was the patron of CUJAC, and the Jewish philanthropist Sidney Corob CBE. Both were deeply involved in Jewish-Christian relations and both became very important to me. Between them they not only paid for all my studies in Jerusalem (at the Hebrew University and then at an Ultra-Orthodox Jewish seminary) but all my subsequent visits to Israel as well. I found it strange that a young seminarian like me should become so familiar with the great and the good.

It was an invitation from Sidney Corob to a function at one of his bases in Mayfair that led to my first meeting with the man who would become my mentor in life: Lord Donald Coggan, the former Archbishop of Canterbury and the President of the ICCJ. I had heard him lecture many times, but had never met him personally. We immediately became friends. At the time I had no idea just how significant he would become to me. As we left the meeting that day, I walked down the road a little way with him before saying goodbye. As we parted he hugged me warmly (as was his custom) and said the words that would become my motto in life: “Don't take care, take risks.” That phrase embedded itself in my spirit and I have sought to follow his advice ever since.

Because of my ill health, my time at Cambridge was extended by one year so that I could complete my studies. Increasingly I spent my time studying in Israel, paid for by my friends. My time in Jerusalem added to the foundations

already laid for what was to come. I learned a great deal about Judaism and indeed the Hebrew language, and also realised I needed to learn about Eastern Christianity and Islam – a journey that continues to this day. One day, my ultra-Orthodox rabbi told me I needed to go and meet a certain lady. It surprised me that such a conservative rabbi should tell me to go and meet with a woman – that was unusual in itself – but even more surprising was the fact that she was a Christian who led a worship centre based in her home in East Jerusalem. I attended one of her services and it was unlike anything I'd experienced before. I could only describe her as being very large and very Pentecostal! Her name was Ruth Heflin and I have often since referred to her as the most frightening woman I've ever met.

Ruth preached powerfully and loudly, and sang a lot. I was slightly puzzled as to why the rabbi thought I should meet her, but God used her to speak into my life. At the end of the service Ruth singled me out and began prophesying over me. She said that my calling was to work for peace in the Middle East. At the time I presumed that this meant a life spent in Israel. In the years that followed, when I was working there, I often recalled her words and knew that they had been fulfilled. Now that I am based in Iraq much of the time, I think about her words even more. I only met Ruth three times in total, but each time God used her to impact my life powerfully.

When I returned to England it was time to look for a parish in which to serve my curacy. My health continued to be problematic and although I was able to function – just – I experienced many ups and downs. The Bishop of Southwark, Ronald Bowlby, and his suffragan in Kingston, Peter Selby, were both very supportive. Bishop Peter very much wanted me to go to St Mark's, Battersea Rise. Though they raised serious questions about my health during my interview there, I was eventually offered the job. I left Cambridge in June 1990, returned to Jerusalem for a couple of months, and was ordained at the end of September that year in Southwark Cathedral. I greatly enjoyed my three-year curacy and learned much from the vicar, Paul Perkin, about how to run a church in a professional manner and get things done. Friday was my day off, in theory, but I frequently returned to St Thomas' on a voluntary basis to work as an assistant in Anaesthetics. I didn't imagine there were many curates doing anaesthetics on the side! I have never been one for taking much time off.

In addition to my various duties as a curate I continued to fulfil many diverse duties in the ICCJ. As well as making trips to the ICCJ's headquarters in Heppenheim, Germany to spend time with Lord Coggan, I also visited CCJ bases in a number of other countries and was even granted regular audiences with Pope John Paul II, as in 1993 the Vatican was preparing to begin the process of recognising the State of Israel. I admire the Pope and he became a genuine friend. Looking back on my curacy, I am acutely aware of the graciousness of my vicar, Paul Perkin. Few vicars would have allowed their curates to do the things I did!

It was near the end of my first year at St Mark's, while I was preaching at the Sunday evening service, that I spotted someone from the pulpit I had not seen before. She was young and beautiful, and I confess that in the midst of my sermon I thought, “I like what I see!” After the service I went and talked to her. She told me she had just moved

to St Mark's from a church in the City of London. At the time I was busy organising a mission at the church with J. John, so I asked her if she would like to help. I didn't really know anything about her, but this would give me an excuse to meet with her again! I was delighted when she agreed. I soon discovered that her name was Caroline and that she was a lawyer in the City. In a matter of days we fell in love with each other and began a relationship.

The next step

Just six weeks later I took Caroline to Cambridge and we went punting on the Cam. Somewhere between Clare College and King's I asked her to marry me. I had decided several years before that if I ever proposed to anyone, it would be at that very spot. Being a lawyer, Caroline's immediate response was, "Maybe"! But a few moments later she said "Yes", and from the end of the punt I threw her the ring I'd had made for her. Later we travelled down to Hampshire to visit her family so I could ask her father's permission for us to get married. He agreed, though he commented that it was happening much sooner than he'd expected. Ten months later we were married by Lord Coggan in a remote little church near the farm where Caroline grew up. We spent part of our honeymoon in the Golan Heights and part of it in Jerusalem, where I arranged a party so that Caroline could meet all my friends. We had no idea what our life together would be like. Already involved intimately in inter-religious affairs, I had every intention of maintaining this "interest", but assumed my life would primarily be spent as a cleric back in England.

Marriage has a way of exposing a person's true nature and I soon learned that I was quite a strange, even difficult, person. I well remember one day getting annoyed and telling Caroline that she was cutting the carrots wrong. I told her that in our house we always cut them lengthways! Fortunately, the woman I married is wonderful and utterly patient. Instead of becoming irritated by my idiosyncrasies, she was always understanding and willing to teach me how to improve my odd ways! Many years later she continues to do so.

Towards the end of my curacy, in 1993, my archdeacon, David Gerrard, suggested I should put myself forward for a position at a nearby church in Clapham: the Church of the Ascension, Balham Hill. The congregation there was seriously dwindling and the idea was to do a church plant or "graft" with people coming from St Mark's, Battersea and Holy Trinity, Brompton to inject fresh life and energy. One other person being considered for the role was the curate of John Sentamu, the current Archbishop of York, who at the time was a vicar in nearby Tulse Hill. I was offered the job and soon Caroline and I were moving a mile up the road to the biggest vicarage I had ever seen.

The new church was a real challenge. We were introducing a group of around fifty young professional people into a small congregation consisting mainly of elderly, working-class and black people. But at the same time it was a wonderful experience and I loved the people there. It provided me with another opportunity to hone my skills as a reconciler. Our worship was very broad: we always started Sunday morning with a traditional Anglican Eucharist, while in the evening the service was informal and very much in the charismatic tradition. Despite the

very different focus of each service, we enjoyed great unity. The church grew and I became involved in every aspect of community life, from community centres to local schools to local politics, often finding myself being a member of or chairing committees.

I continued to be very involved with Jewish Christian relations and travelled internationally to engage with various religious leaders on behalf of the ICCJ, increasingly working closely with the Vatican.

I continued to meet regularly with Pope John Paul II and managed to take Caroline to meet him on one occasion. In August 1996 our first child, Josiah, was born. I was delighted that he was delivered at St Thomas' Hospital where I had trained and worked. Josiah was baptized in early December by Lord Coggan in a truly wonderful, memorable service.

During this time my involvement with the local council increased. Council-related meetings would often be held in our vicarage and eventually I was asked if I would stand for Wandsworth Council. I discussed the matter at length with our church leaders. The great majority, though not all, were in favour of me standing. In fact, most people locally seemed to approve of the idea of their vicar standing for elected office. Polling day arrived and I did a little canvassing in the evening before going to the town hall to wait for the results. To be perfectly honest, I wasn't that bothered whether I won or not – but my pile of votes got bigger and bigger and when the final results were announced, I had won my council seat with a very large majority.

The ward included my parish and two others. I had to make it clear to everyone that in these other parishes I was only concerned with council and not church work. I was given specific responsibility for social services and quickly discovered that much of politics has to do with making compromises. There were many times when I disagreed with decisions that were being made. On one occasion I felt so passionately about an issue I was voting against that I told my colleagues I would be forced to resign from my role of leading social services. On that occasion the decision was reversed and I remained.

There are big differences between local and central government, but many principles can be transferred from one to the other. Little did I know how useful this experience would prove to be in the future. Not least, I learned a great deal about how to maintain your faith in the face of opposition and how to be led by the Holy Spirit through the metaphorical fire. God was preparing me for the next phase of my life.

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"I learned a great deal about how to maintain your faith in the face of opposition and how to be led by the Holy Spirit through the metaphorical fire."

Prepare for the

On the weekend of 3-4 June 2012, I was the on-call Respiratory registrar for my hospital. I received a phone call from the emergency department (ED) about a 26 year old girl who had returned from overseas travel in East Asia with a cough productive of haemoptysis and fevers. I had heard from ED that the girl they were referring to me had found out the news of being pregnant, on the day of presentation to ED. Her last menstrual period had been 5 weeks before this, and she had not expected that she would be pregnant, but her immediate response was prompt – she said in ED: “How do I kill it?”

Later, I discovered from the mother that the ED consultant had said that the way to do it was not right there in this ED, but needed referral to King Edward Memorial Hospital where the baby could apparently be aborted. In her case, because the baby was still early in development, a hormonal pill method could be used, rather than dilation and curettage.

As well as addressing her respiratory illness, I spoke to and did not avoid the elephant-in-the-room issue of her newly discovered pregnancy.

I approached the subject by clarifying her understanding and perception, having heard that she had already found out in ED: “Do you understand that you’re pregnant?”

Girl: “Yes.”

I went on to ask: “So how are you feeling? Is this news a shock, finding out you’re pregnant?”

I had heard about her initial response. Her response now was to-the-point: “I hate children, I never want to have children. Children disgust me. I’m going to kill this baby as soon as I get discharged from here.”

The intensity of her attitude was striking to me. I gently said: “Do you know how this could have happened?” She replied without hesitation: “Yes. I had sex. But I’ve had unprotected sex for 4 years, I didn’t think I would get pregnant.”

I explained to her that although she had indeed had some significant previous medical issues that reduced her fertility, she was female, and therefore if she had sex, even relatively infertile women, before menopause, could get pregnant. Then I ventured: “And what are your feelings now on this pregnancy?”

She replied: “I’ve finally reached a place where I’m having a good time, I’m not going to let this get in the way of it. I won’t let a baby get in my way.”

I discussed reasons to carry through with her baby first. Particularly given her issues with fertility, I highlighted this to her: “Whilst you can and have become pregnant, your fertility has been affected. Do you realise that you may not get another chance to be a mother?”

The girl said that she was sure that she didn’t want kids, that she hated them, and shrugged off the gentle observation that she was once a kid herself.

Although I was only a couple of years older than her, she listened when I said that people sometimes felt sure at the time about decisions made when they were young, but sometimes could not see the lifelong implications at that stage. However, she just shared that she had previously tried to push doctors to give her a hysterectomy, but they had not granted her this as they had said the same thing as me. They had felt she was saying whilst young that she didn’t ever want babies, and might change her mind.

Her mother was present at this time, and said to me: “If you knew her, you’d know she’s extremely selfish, she’s high maintenance, she looks after herself and wouldn’t look after anyone else.”

Girl: “I’d prefer to spend my money on myself, I’d rather buy myself some clothes than spend money on a child.”

It was surprising to me to see her being so unashamedly and blatantly self-centred, but I held my response in check and went on to discuss reasons why not to “terminate the pregnancy”, which is ironically a euphemism used by healthcare workers to make the issue less confronting. In stark contrast, the girl actually involved was a lot more frank about not hiding the real issue. So I didn’t use the euphemism, and spoke to her using her own language: “I believe you said it yourself – that it’s killing your child. Are you really sure you want to live with that on your conscience?”

She was not perturbed. “I just want to go back to [East Asia], and go and have fun. It’s my life. I’m not going to let the baby stop that.” I was more non-plussed than she was: “Why so sure? How is killing your own child so easy... does it make it easier that your baby is smaller and more vulnerable than you?” But she quickly shrugged off this too – “It doesn’t matter about being smaller. Don’t think it’s about the baby being smaller; if people stopped me from doing things how I want, I would kill them – the only thing that would stop me is if I would go to jail.”

I had to clarify: “Really, you would kill people to get what you want in life, as long as you wouldn’t go to jail?” She was as hard-as-nails: “Yes. Wouldn’t you?” I couldn’t quite believe people could be so satisfied to live so selfishly without care for consequences, unless

Abortion Request

it impacted their own selves. I responded to her, thinking on my feet, by saying: “No I wouldn’t. Although there are some people who kill other people and live with that, such as people in some gangs who make it their lifestyle, I don’t think most people would be at peace with doing that.”

Afterwards in retrospect, I realised I could have replied to her question by explaining more about why I wouldn’t, saying that I believe God gives value to life, leading into sharing about who God is to me. I would have shared with her that God has not discarded me even though I actually deserve that (Romans 5:8) – and that instead of discarding me, He has adopted me so that I am His son, shown mercy and love and care. And so I live for Him as my king, rather than just for self, and I care for what and who God values. This leads me to value the life of her baby, dependent on the parent for care. This also impacts my care of her, and motivates me to spend my time having this conversation with her, whilst I was feeling sleep deprived on this weekend on-call, because I want to show her I care. I could give care to her, because I know I have received care from God – even though I don’t deserve Him. I cared for her baby, significant to God not just from birth, but from conception (Psalm 51:5).

I went on with discussing the pregnancy though, so taken aback by her hardened self-absorbed attitude that I could have been stunned into silence otherwise. To keep the conversation going, I went on with my (previously planned) series of thoughts to raise with her about the pregnancy specifically. So I went on to raising alternatives to abortion with her: “Have you considered options besides getting rid of your baby, as you’ve wanted? What about giving your baby up for adoption?”

Her reply was again prompt: “But then I would have to carry this baby in my body all that time. I don’t want to have to carry a baby in my body!” I suggested, “Perhaps that would be a comparatively short time compared to a lifetime for the baby, or a lifetime of living with having done it...” But she was undeterred and astonishingly callous: “No, I don’t want to give time out of my life to this baby. You can’t even sell your baby like you can in the US, so there’s not even that perk of keeping the baby alive.”

Instead of expressing astonishment at her selfishness – whilst I appreciated her frankness about the only reasons that she would be motivated to not abort her baby – I asked: “That happens in the US, people are selling their babies?” I was informed: “Yes, and people are using women to be surrogate mothers to carry their babies for them.”

Girl: “Anyway, I do things my own way. I don’t need anyone to tell me what to do.”

I responded: “You’re right, that you have to make the decision yourself, because you will bear the responsibility for your own decision. But this is not a light decision to make, this is significant for you as well as for your baby.


I need to help you to consider what’s involved in your decision, just as before you went for the high resolution CT of your chest, the radiology doctor came to inform you about the risks of being irradiated, weighed up against the reasons for doing the scan. You could go ahead without understanding the factors involved that you might not have otherwise considered, but you might end up with consequences that you hadn’t thought about if you just went ahead. So it’s important to discuss things now.”

The girl nodded. She actually did seem to appreciate and agree with this, and didn’t rebut it. She seemed remarkably unperturbed by her own admissions of selfish motivations and frank about her willingness to kill in line with that, and I wondered if other girls would have questioned themselves more. She had also been remarkably cheerful about her mother’s description of her as being extremely selfish.

Her mother said: “I’m against abortion myself, but she’s an adult and has to make her own decisions.” The mother asked me: “Are you going to give her a referral to get an abortion?”

I said: “I’m not. And actually, I also don’t even know how that gets done.” Her mother said: “It needs a referral to get things done at King Edward Memorial Hospital. It’s alright, we’ll go to my GP and get a referral.”

I had done what I could to counsel this girl about issues she needed to think about, to help encourage her to keep her baby alive and not kill the baby. It was remarkable to me that she was so unafraid to recognise this as killing, and call it as it is, and so upfront and sure about her selfish motivations. Praying for her that night, I hoped that some of the things I’d raised with her would stir her to rethink her planned course of action.

I was grateful for the opportunity to engage in a conversation usually presenting to GPs, ED doctors and obstetrician/gynaecologists. And I was concerned and curious about what was going on for other patients in such situations. Were other Christian / non-Christian doctors having these conversations, and what were they saying? What a real responsibility for Christians, who might help make a significant life-or-death difference. I know that from my own training in medical school’s general practice and obstetrics/gynaecology terms, there had been little mention of how to approach requests for abortion, and much less about encouraging girls to consider the issues involved and to be supported through the pregnancy. Even in the local Christian healthcare students group, there had been limited preparation for this conversation, up to date. Role-play scenarios to rehearse an approach for guiding such a conversation, and to plan responses to anticipated reactions from pregnant girls, would have been useful. I imagined that an article stirring people to prepare their approach would be helpful. 

by **Anonymous**

A TRIBUTE

Alf W Steinbeck

A Founder of CMDFA

Professor Alfred Steinbeck was born in Sydney on April 4, 1920 and died on June 12, 2012 aged 92 years. Alfred Steinbeck is survived by Charmian, children Katharine, Mark, Christopher and Jonathan, a son-in-law, daughter-in-law and two grandsons.

He attended North Sydney Boys High where he developed a strong Christian faith. Steinbeck enrolled in science at the University of Sydney, and then transferred to medicine, a course fast-tracked by the war. During the war, Steinbeck was drafted to the coalfields. His brother Keith was shot down over Germany during the war.

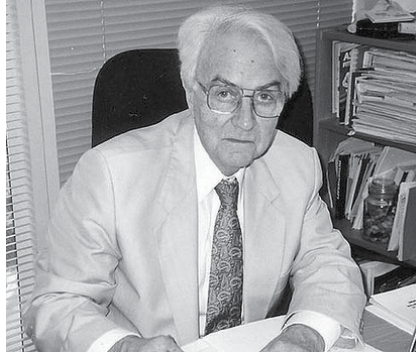
After the war, he commenced research at Royal Prince Alfred Hospital and married Shirley Armstrong, a nurse. He then went to the Royal Postgraduate Medical School at Hammersmith and trained to be an endocrinologist. Two years later, Steinbeck, with a PhD and MRCP, returned with his family to Brisbane.

He was appointed the second full-time academic in the Faculty of Medicine, University of Queensland, as Reader in Medicine. He brought experience in using cortisone to treat Addison's disease and had developed a technique of diagnosing Addison's disease in the laboratory.

In 1961 he returned to Sydney and worked with the late Professor Ralph Blackett to establish the faculty of medicine at the University of NSW. He became foundation Professor at the UNSW and established the teaching hospital and clinical school at Prince of Wales. He gave instruction during a lifetime of teaching to as much as 30 per cent of the clinical practitioners in Sydney. Steinbeck remained a driving force behind the development of the faculty of medicine at the University of NSW until his mandatory retirement at 65.

Sadly, Shirley died of a brain haemorrhage in 1965. In 1966, Steinbeck married a social worker, Charmian Bentley. He was a lay preacher at St Michael's Anglican Church, Vaucluse.

Steinbeck was a founder of CMFA. In personal correspondence dated 18 October 2009 he noted "When Jean Benjamin, as secretary, and I as Chairman of Medical Graduates / NSW Graduates Fellowship started organising moves to invite all the medical groups into CMFA we had one aim prayerfully – to make it possible. DJ (Douglas Johnson of IVF and CMF UK) had been suggesting it was "overdue". We arranged a meeting at Deaconess House, Sydney, for a weekend for discussion with a hope that CMFA might develop".



Murray Clarke from Victoria and Evan Thomson from Brisbane among others were also at this meeting in 1962. A decision to create CMFA was made without objection. Ron Winton became the first president. At that time a decision was also made to rotate the Chairmanship from state to state, so that no one state would dominate.

Steinbeck was also a foundation member of the Endocrine Society of Australia and spent many years on the board of New College, University of NSW. He retired in 2010 at age 90 due to failing health. We give thanks for the contribution of Alf to the medical profession, and in particular CMFA (now CMDFA). Alfred Steinbeck's life was one of service to the community, practising medicine for 66 years. "He was driven by a belief in what he did, and a deep compassion for his patients, which never wavered in all his years as a doctor and endocrinologist."¹

In the words of a colleague he "supported patients through their illnesses and gave them hope when there was none left to give, and stood by them in their darkest moments ... a complex man, open and yet private, deep and intellectual, who could touch people from all walks of life".¹ He had particular interest in the welfare of the disconnected and the marginalised.

References

1. Malcolm Brown, *Sydney Morning Herald*, July 26 2012 <http://www.smh.com.au/national/obituaries/decades-spent-giving-patients-hope-20120725-22qi7.html>
2. <http://www.endocrinesociety.org.au/lifemembers/index.cfm>

We acknowledge Malcolm Brown in providing most of the content of this obituary.

Dr Frank Garlick was a "junior" when the Christian Medical Fellowship formed in Queensland and was a Senior Surgical Registrar at the Royal Brisbane and Women's Hospital at the same time that Alf Steinbeck was beginning his career as a consultant physician. Frank went on to work at the Christian Medical College and Hospital (CMCH), Vellore, as a surgeon and also became a co-founder of the Evangelical Medical Fellowship of India (EMFI).

Dr Anthony Herbert is a member of the National Board of CMDFA and works as a paediatrician in Brisbane. He has an interest in the history of the formation of the CMDFA.



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*The Expert Panel on Asylum Seekers:
A Response to the Response*

By Graeme Swincer

Graeme Swincer looks at the government response to the expert panel. What is the Good, the Bad, the Ugly, the Inadequate and the Unconscionable?



Love the Strangers

By Philip Zylstra

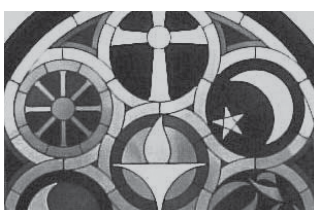
Will 'sheep' who love the stranger or self-interested 'goats' characterise our nation? Will Australian Christians rise to the challenge of love?



*Seeking Life on Other Worlds
– And What It Means for Life on This One*

By Roger Morris

NASA has pulled off an amazing technical achievement with its latest Mars landing. What are we hoping to find on Mars and what does it mean for us?



*Religious Vilification Legislation
– An Aid to Freedom, or a Source of Confusion?*

By Doug Hynd

The ACT has joined in the trend for the Nation State to seek to 'protect' us from 'religious vilification'. Do such measures help or hinder our communities?

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