

# Luke's Journal

of Christian Medicine & Dentistry  
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CHRISTIAN MEDICAL  
& DENTAL FELLOWSHIP  
of AUSTRALIA Inc.



Can Type 2  
Diabetes really  
be Prevented?

DISORDERED  
EATING AND  
THE CHRISTIAN  
DOCTOR



Can Calorie  
Restriction  
Help You Live  
Longer?

Hunger  
VS  
Appetite

Aviatrix  
Dr Dorothy  
Herbert

**"You are  
what you eat"**

# Luke's Journal



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Vol 18 No 2	Aug 2013	Conscience in Medicine
Vol 19 No 1	Apr 2014	Historytaking and Historymaking
Vol 19 No 2	Sept 2014	Integral Mission or Holistic Transformation

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Other issues may be obtained from your Branch Secretary or from the national office.



# editorial

## "You are what you eat"

**This edition of *Luke's Journal* takes up the challenge of unpacking a familiar Proverb. There is no doubt we live at a time of profound paradox around food.**

The commercialisation of food from production to point of sale has emphasised convenience, efficiency, choice and pleasure. The consumer rights movement has reacted to brand power by bringing ethics, standardisation, safety and 'organic local' choice into the market.

As doctors and dentists we seek to speak truthfully about food. We advocate for healthy choices and when specialised knowledge is required we seek to involve dietitians and orthodontists etc. Healthy food choices include: balance between processed and unprocessed food; calorie intake to suit exercise levels; plenty of fruit and vegetables (I advise patients to eat foods which represent the colours of the rainbow); moderation in everything especially alcohol. We need adequate intake of essential nutrients such as iron, calcium, iodine etc.

The science as it is, suggests the healthiest diet in terms of longevity is a low fat, low protein and higher carbohydrate diet. We also know illness exerts broad demands on our nutrition and adjustments need to be made.

As Christian doctors and dentists, our challenge is to be grateful for God's providence in food security.

Such grace is a constant reminder to receive all of God's good gifts. Our God invites everyone to taste and see he is good. For Christian professionals, the challenge is also to be faithful and 'open to the integrity of the prayer,' "give us this day our daily bread."



### **Can we maintain a sense of wholeness and integration between food, professional life and faith?**

While we can't explore each of these interesting areas in detail we will bring some challenges to you in this edition. *Time Magazine* October 20, 2014 devoted a lead article to the question "How to eat now." With nearly 2/3rds of Americans (and Australians) eating fast food at least once a week, Mark Brittman asks "why aren't we cooking at home and sharing meals together?" Is the abundance, convenience and availability of food such, that we are facing a social and spiritual crisis around food and eating? Brittman kicks off his *Time* magazine article this way. "Just two generations ago, preparing meals was as much a part of life as eating. Now we've given up what is perhaps our best excuse to get together and spend time with people we love – meal time – and someone else stands at the stove. We're either watching cooks on TV like we would a spectacular sport or grabbing grub, bagged and eating it alone and on the go."

In our increasingly atomised world, food has as some have noted,

*continued page 7*

## Contents



### Theme

- 4 Food: Too Much or Too Little? A Global Dilemma – Stephen Leeder
- 6 When Evidence and Logic Coincide – Garry Egger
- 8 Hunger vs Appetite: The distinction could be important – Garry Egger
- 9 How to Increase Obesity – Garry Egger
- 11 Can Calorie Restriction Help You Live Longer? (...or does it just feel like it?) – Garry Egger
- 13 Can Type 2 Diabetes really be Prevented? – Garry Egger
- 14 We are what We Eat – from the diet to the dental to the divine – Garry Egger
- 16 A Spirituality of Eating – Charles Ringma
- 20 'Lord What Shall I Eat? How Much Should I Weigh?' – Laurel Rae Mathewson
- 24 Disordered Eating and the Christian Doctor – Dr Tyler Schofield

### Other Articles

- 28 We're on a Mission from God: Christian discourse in international development – Susan Clarke
- 31 Book Review: Faithful is Successful
- 32 Book Review: What Would Jesus Eat?
- 33 Book Review: Eat Less Meat
- 34 OBITUARY: Aviatrice Dr Dorothy Herbert
- 36 Next Year in Jerusalem! – Dr Michael Burke
- 37 CMDFA Notices
- 37 Instructions for Contributors
- 38 Vale Dr Cliff Smith
- 39 What is the CMDFA?

## Luke's Journal

Theme for next edition:

**Christian Professionals and Public Debate and Advocacy**

– copy by April 2015

**Family Values** – copy by Aug 2015

**Life before Birth: the ethics of prenatal diagnosis and practice**

– copy by November 2015

# FOOD

## Too Much or Too Little? A Global Dilemma

by Stephen Leeder

Stephen is an emeritus professor of public health and community medicine at the University of Sydney. In 2013 he was appointed editor-in-chief, Medical Journal of Australia.

**According to the World Food Program – WFP – there are 805 million (that’s equivalent to US, Canada and Europe combined) undernourished people in the world today. “That means,” WFP says, “that one in nine people do not get enough food to be healthy and lead an active life. Hunger and malnutrition are in fact the number one risk to health worldwide – greater than AIDS, malaria and tuberculosis combined. Nearly 600 million of those live in Asia – not Africa.”**

The World Food Program can supply a child with enough food for the day for 25 cents. There is enough food produced to feed these people, which brings us to the politics of food supply and distribution.

Famines don’t happen as a result of climate or crop failure alone: they occur when states fail or lose their connection with humane concern. Wikipedia provides the following comment on the Irish Potato Famine that killed one million people in Ireland between 1845 and 1852:

*Although the potato crop failed, the country itself was still producing and exporting large quantities of food. Ireland exported approximately thirty to fifty shiploads per day to Britain, which was more than enough to feed the population. The food exports in conjunction with draconian laws have led some historians and authors to use the term genocide in relation to the tragedy. Up to 75 percent of Irish soil was devoted to wheat, oats, barley and other crops that were grown for export and shipped abroad while the people starved.*

During World War II, Burma ceased to be an effective food supplier to Calcutta and a famine followed. But India had enough food to relieve the famine that ensued but politicians and civil servants from the provinces such as Punjab prevented grain being sent to Bengal, Madras and Cochin. Corruption and power plays were at the base of the problem.

So we have a problem and it is not a technical one, and it is this. With nearly one billion people with too little to eat, despite flourishing world food production, how secure are we that our social ethics are guiding us in the right direction? If the world was the Garden of Eden, how well could we be said to have looked after it? I do not write this to make you feel miserable, but we need to start from the right origin if we are to make

progress in solving this problem. Peter Singer, a prominent ethicist, makes a good suggestion for us each time we go out to dinner and spend let’s say \$200. Send an equivalent amount to a charity of choice to save the lives of two children.

We live in a country that has astonishing wealth. Most of us contribute to charities such as Freedom from Hunger and Oxfam and that’s terrific. But when elections come along or we meet politicians socially, it’s an easy question to put: what is Australia doing to help relieve global hunger?

OK – so what about at the other end of the scale (so to speak)? We know that lots of people carry excess amounts of body fat and that when this reaches the point of obesity, health consequences are clear, most notably type 2 diabetes and cardiovascular disease. World Health Organisation estimates from 2008 reveal

- More than 1.4 billion adults, 20 and older, were overweight.
- Of these overweight adults, over 200 million men and nearly 300 million women were obese.
- Overall, more than 10% of the world’s adult population was obese.
- In 2013, 42 million children under the age of 5 were overweight or obese. Once considered a high-income country problem, overweight and obesity are now



on the rise in low- and middle-income countries, particularly in urban settings. In developing countries with emerging economies (classified by the World Bank as lower- and middle-income countries) the rate of increase of childhood overweight and obesity has been more than 30% higher than that of developed countries.

Despite appearances of being a simple problem – eat less and exercise more – obesity is not simple, neither metabolically nor in its social origin. The power of the processed food industry to shape our tastes and determine our opportunities for making food choices is immense. So is the power of developers who design our new suburbs with regard to walkability.

A PhD student working with me recently researched what it would take to remove or reduce trans fats from the Indian diet. Rapidly she came up against deeply entrenched patterns of trade relating to palm oil (not good if you want to avoid trans fats), the uniquely Indian food chain with many small operators and a dense bureaucracy. This is tough stuff.

Most quality studies of ways to achieve weight loss show that we have no effective methods save for bariatric surgery. Of course, we all know people who do achieve weight loss, but studies of sizable groups of successful weight-losers show

that they need to become obsessive and completely reorder their lives to maintain reduced weight for more than two years.

But one good piece of news comes from randomised trials of helping people on the brink of diabetes draw back through 10% reductions in weight and modest increases in physical activity. For reasons not fully understood this approach substantially reduces the risk of diabetes.

**“With nearly one billion people with too little to eat, despite flourishing world food production, how secure are we that our social ethics are guiding us in the right direction?”**

Beware stigma. People with mental illness can tell you all about it: some politicians regard mental illness skeptically and largely as a failure of willpower or character. This preposterous attitude is in fact popular – hence our dithering and inadequate efforts in the mental health field. This is where people who love others irrespective of their size can contribute – perhaps not to weight loss but to quality of life.

As with malnutrition so with obesity. We have an obligation to do our bit as individuals and also to support political and social action. Consumers

have had huge influence on the food companies in relation to lite food formulation, food labelling and much else.

The church that my family and I attended in New York in 2003-4, the Church of St Paul and St Andrew or SPSA, ran the largest food pantry in that city. It operated from the church basement like a supermarket without a checkout. Poverty is not confined to sub-Saharan Africa. A tweet from SPSA in May this year read “Hundreds

of people at the food pantry today. What economic recovery?! Help if you can.”

So there are global problems that we can address through our giving, national approaches that can be modified by our willingness to engage in political and social conversation, and occasionally personal things that we might do through our local church. I’m attracted to a statement of St Francis of Assisi that said: “Start by doing what’s necessary; then do what’s possible; and suddenly you are doing the impossible.” ●

# When Evidence and Logic Coincide

by Garry Egger

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Reprinted with permission from the *Medical Observer*.

## When does evidence-based medicine (EBM) override logic-based medicine?

More often than it should, according to a punchy piece in a recent edition of the *British Medical Journal*.<sup>1</sup> Scottish GP Des Spence decries the defiling of the EBM model as a 'loaded gun at clinician's heads'.

He claims the drug industry has benefited most from EBM, by 'widening drug indications and legitimising illegitimate diagnoses' to the point where logic alone 'no longer has a seat at the guidelines table'.

And he may be on to something. Take exercise (or more correctly physical activity). Since humans crawled out of the primordial sludge we've had to move for our daily bread. It's really only over the last century that this has changed dramatically, as seen in the diagram (below).

Logic dictates that feed-forward mechanisms from such an evolved process may have held in check a number of diseases that now predominate in modern, post-industrial societies. Yet clinicians are often reluctant to prescribe physical activity when an easier alternative (ie. drug), with a vested interest funded evidence-base (viz. blood pressure, weight control, blood lipid pills) might exist.

Does this come from a lack of confidence in compliance (which, co-incidentally is not all that brilliant with drugs anyway) – or a downgrading of the logic-base relative to some, often unfinished, evidence-base? More specifically, could it be a misunderstanding of the requirements of the evidence-logic base?

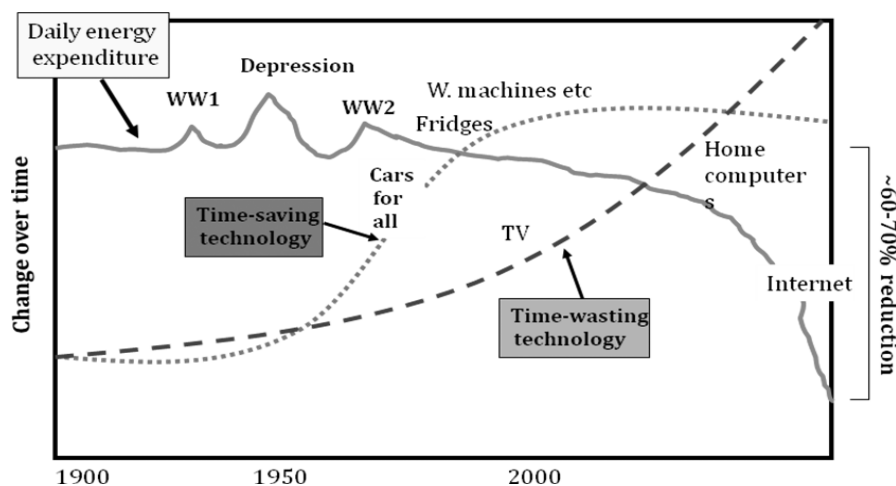
This was addressed at a recent conference on exercise as treatment for chronic disease within the Faculty of Health Sciences and Medicine at Bond University on the Gold Coast. A range of speakers presented clear logic – supported by research – to show the value of specific exercise prescriptions in various chronic diseases, and in many cases superiority over pharmaceutical and other interventions.

Yet most decried the lack of adoption at the clinical level.

Clear evidence was presented to show for example that exercise and lifestyle advice have the same effects as metformin in reduction of HBA<sub>1c</sub> in Type 2 diabetes. Professor Maria Fiatorone Singh from Sydney University, discussed why, despite the paucity of data, resistance exercise shows even more promise than drugs, and why, contrary to expectations, older and more frail patients benefit most.

Strong logic, although limited evidence, was also presented for the role of exercise in Chronic Obstructive Pulmonary Disease (COPD), reducing side effects and improving quality of life in post-cancer patients, falls prevention in the elderly, improvements in osteoarthritis and management of chronic (although not acute) back pain.

Even in late stages, such as post heart failure, well-designed exercise programs have been shown to increase survival by 13% according to Professor Tom Briffa, an expert in cardiac rehab from the University of WA. And while nothing seems to be very effective for chronic fatigue



Hypothesised changes in activity levels over time with changes in technology<sup>2</sup>



syndrome, well designed graded exercise programs developed by Professor Karen Wallman, also from UWA, have made her exercise protocol sought world-wide because of its effectiveness.

The key, it seems, is in selection of specific and graded exercise regimes targeted for the individual patient. In all cases where exercise is effective, it comes down to specific prescription provided by expert teams over a 6-12 week program. And while this can be complex and reasonably expensive, nobody has yet been able to claim a prescription-related, inexpensive short-term fix for chronic disease. So the comparison that is rarely made with drug-company funded research, really needs to be made.

Exercise therapy has come a long way in recent times and clinicians can now involve Exercise Physiologists (EPs) in team care arrangements. Qualified specialists in different areas can be accessed through the Exercise and Sport Science Association of Australia (ESSA) at [www.essa.org.au](http://www.essa.org.au)

As pointed out by Dr Paul Glasziou, head of exercise science at Bond, despite the history of phamacoceas, there is no non-drug pharamacocea, although a Handbook of Non-Drug Interventions (HANDI) now on the RACGP web-site ([www.racgp.org.au](http://www.racgp.org.au)) is a living document of interventions with evidence levels that could be more widely used in relation to exercise and other lifestyle interventions.

"If exercise was listed on the stock exchange, the advice from any financial advisor would be to 'buy, buy, buy'", says Tom Briffa. It's where logic and evidence coincide. But where are the 'exerceutical' companies to fund the much touted evidence-base for such a treatment? ●

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## EDITORIAL

### "YOU ARE WHAT YOU EAT"

– FROM PAGE 3

become the new 'sexy', with its mystique, political correctness and attendant 'joy'. We are so 'alone,' food is the satisfaction we can't get anywhere else. Prime time TV dines out on this reality.

Paradox continues in the threat to life from gut-wrenching poverty and hunger only to be now challenged by the rise of globesity and chronic disease. Food is becoming a question of clinical decision making, both at the individual and population health level.

In this edition, we open a debate around some ethical issues relating to food. Professional practice is always ethical in nature. On October 7th, 2013, the MJA published material of a debate about the ethics of food security in Australia. Questions were posed about the environmental impact of food production/harvesting techniques and the downstream consequences for human health. In an age of globalisation, corporatisation and the highly technologised packaging of food, an "amoral" space around food appears. Should we ask again the old question "Can we eat meat offered to idols?" There are many important ethical questions around food which do impact on clinical contexts.

As a boy I would often hear older adults quote the mantra, "an apple a day keeps the doctor away." The ancient voice of wisdom was seeking to influence my eating habits in a simple, healthy, disciplined way. In our day of smorgasbord choice, the humble apple is under threat. The scientific method of evidence-based medicine is increasingly being expressed in the food market place, but are our interpretation skills able to withstand the 'web' of spin doctor advertising?

So where does this take us? We hope Christian professionals can see in 'food', a genuine opportunity for integrating faith and work. We trust that as readers of *Luke's Journal*, you will be always 'feeding on the bread of life' as you face the challenge of patient care and decision making. The seer John encouraged his

### Food is becoming a question of clinical decision making, both at the individual and population health level.

readers to take the 'scroll', the word of God and eat. We hope this challenge engages us today so that we live out our careers in humble faithfulness before God and for the sake of the world. Scripture reading can be as vital as our 'daily bread' for enduring good health. Again in the Gospel of John, we find Jesus speaking to his disciples (4 v 34), "My food" said Jesus, "is to do the will of Him who sent me and to finish His work." To imitate Jesus, is a call to integrate food, professional life and the journey of faith so that "we are what we eat."

**Paul Mercer**  
Editor



# Hunger vs Appetite

## The distinction could be important

by Garry Egger

See bio on page 6. Reprinted with permission from the *Medical Observer*.

**When it comes to issues of lifestyle and health, there is a lot still to be learned. There are also areas of confusion, sometimes just in terminology, that clouds our understanding, and sometimes advice.**

Look up a medical dictionary for example for a definition of 'hunger' and 'appetite', and you'll find basically the same thing (ie. 'a physical sensation usually associated with a craving or desire for food' (Mosby's Medical Dictionary).

But look up an English Dictionary and you'll see they are quite different, in ways that are important for anyone interested in the finer aspects of lifestyle-related health problems, like obesity.

The Macquarie Dictionary for example defines 'hunger' as: "The pain sensation or state of exhaustion caused by the *need* of food". Appetite, on the other hand, is: "A *desire* for food or drink."

It doesn't take a degree in English Literature to understand that 'need' and 'desire' are two separate things, and that a misunderstanding of this could be significant in any health prescription.

Basically, hunger is the biological *need* to have to eat. It's a constant, urging drive to seek out food, which doesn't go away with distraction.

Appetite on the other hand, is a learned desire to *want* to eat, that develops largely through learning.

It can go away when distracted and is therefore generally easier to deal with than genuine hunger, when trying to reduce one's food intake.

### But how do you tell the difference?

Genuine hunger can be rated on a scale from 1 to 8, where 8 is 'ravenously hungry' and 1 is 'full to the point of wanting to throw up'. Anything beyond about 6 is likely to be genuine hunger, whereas anything less than 4 is just a learned need.

Appetite develops from experience. If it's the normal experience to eat a three course meal every day at a certain time, whether hungry or not, the appetite for a meal at that time is likely to increase – irrespective of hunger.

Studies with obese and normal weight individuals in a controlled environment where the clock is sped up, show that the obese eat when the clock indicates that it's lunch time; the normal weight eat when they get hungry.

Snacks are probably even more importantly influenced by appetite. A cup of tea, coffee or a glass of beer for example, if accompanied by nuts, chips, or anything else that is enjoyable, will usually lead to a pairing of those two stimuli (classical conditioning). Ultimately, this means every time you have a drink, you'll get a craving for that type of snack.

Kids given a soft drink after a game of sport, or when they're thirsty, can become conditioned to the effect that thirst = soft drink, rather than, as it should; thirst = water.

If a mid afternoon hunger craving is satisfied with chocolate, the next

time mid-afternoon comes around, there's an increased chance of a chocolate craving, irrespective of whether genuine hunger is the driver. And the more times this is satisfied, the greater the chance of a mid afternoon urge developing.

Appetite is the simple one of the twin drives to deal with. Studies have shown that if a supposedly hungry person is given a fright or sexually stimulated in some way, the desire for food often goes away. If the desire for food is still the over-riding drive, then it's usually genuine. If not, it's probably just appetite.

Hunger, on the other hand, is much more difficult to deal with. Because it's biological, it needs to be satisfied, but this can be done in all the wrong ways eg. with high energy-dense foods. The trick is to fool the body: Foods that are high in fibre, protein, low-glycaemic index content, and even water, tend to reduce the energy, or calories taken in, whilst satisfying hunger.

Pointing this distinction out to people trying to change their food intake, such as in a weight loss program is often revealing. Because of the availability of food, genuine hunger is rarely an issue in a modern society like Australia. But appetite certainly *is* an issue. And as Pavlov showed over 100 years ago, it's not just the feelings, but the physiology that accompanies this, such as salivation in preparation for ingestion, that can influence total energy intake

Tip 1 is to recognise the difference between learned appetite and genuine hunger; Tip 2 is to satisfy genuine hunger with low energy-dense, filling foods. You can actually lose weight by eating more, using this method. ●



# How to Increase OBESITY

by Garry Egger

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**'Negative brainstorming' is a process of reverse thought engineering, designed to highlight problems by conceiving of how you could cause them in the first place.**

How do you spread malaria for example? Infest a swamp near unprotected humans with Anopheles mosquitoes carrying the sporozoites parasite. So how can you prevent malaria? Drain humid swamps; stop the parasite; kill mosquitoes; protect humans from mosquitoes etc.

Similarly, how would you make a population fat? Here are some suggestions that might not usually be considered – not necessarily in any order – and for which the alternatives might seriously be considered for decreasing obesity.

- **Allow private interests to fund election campaigns:** Political lobbyists sprang up to allow vested interests to influence policy makers. Fuel and motor vehicle lobbying for example allows the subsidising of cars and fuel at a rate that discourages 'person power'. Food company lobbying has resulted in little meaningful labelling and reduced costs on manufactured 'junk'

foods, which can impact the consumption of these. Public funding of election campaigns could be one of the least obvious obesity reduction approaches we could make.

- **Build more freeways and less public transport:** Public transport users are generally leaner than those who use their own vehicles for commuting. Building more freeways and providing less public transport is likely to increase individual levels of obesity. It should be a signal to transport and health authorities to work together.

*continued page 10.*



## HOW TO INCREASE OBESITY



**“Interactive media in children’s bedrooms are more fattening than passive technologies (like TV and radio).”**

.....

- **Provide no infrastructure for cycling or walking:** Only the boldest cyclists will continue to get their weight stabilising exercise this way when the risk of being crushed by motor vehicles remains as high as it does in many cities of the world. Adding infrastructure development to health studies might be an indirect way of decreasing obesity.
  - **Over-produce abundant and superfluous processed, but nutrient poor foods:** This burns fuel in production and most readily adds fuel to the human body. Encouraging a greater consumption of natural, whole foods might be a way around this if keeping obesity at low levels is a health priority.
  - **Abolish all legislation restricting greed:** In the words of Gordon Gecko (Wall Street), ‘greed is good’. It makes the economic wheels turn. Or at least it did. As with everything however, the time comes where a ‘sweet spot’ is reached and passed. Unfettered greed is now responsible for over- (and superfluous-consumption (and hence obesity)). Attempts to abolish legislation restricting greed is a sure fire way to fatten the population.
  - **Provide ever-increasing incomes to corporate executives:** According to Richard Wilkinson and Kate Pickett (‘The Spirit Level’) income inequality is a sure way to encourage lack of trust in a community. This leads to the drive for all to have more – just to keep up – and in doing so, to be fearful of everyday activities, such as walking the streets. Inequality is an increasingly recognised way of both decreasing health as Wilkinson and Pickett show from studying OECD countries. Greater income equality through a ceiling on executive incomes, such as in Japan, or increasingly progressive taxes, such as in Scandinavia, may be a way of controlling obesity through the under-recognised means of income equality.
  - **Increase production and support for intensive feedlotting of meats, chickens etc. that are fed on plant-based foods:** Not only are these likely to be more obesogenic, they are more energy consuming and, in the case of beef, more methane producing, hence harming the environment. A trend towards plant-based diets and greater government support for this should have an effect on obesity and healthy nutrition.
  - **Provide incentives for bio-fuels to take up land that could otherwise be used for growing food:** Despite popular belief, the burning of bio-fuels provides little less emissions than carbon-based fuel sources. The use of land for this purpose also encourages less plant-based, and more processed food production, thus potentially increasing obesity. Allowing more and more land to be used for bio-fuel production could help make us, and the air around us, all fatter.
  - **Encourage the production of technologies for children and adolescents to use in bedrooms:** It’s now known that interactive media in children’s bedrooms are more fattening than passive technologies (like TV and radio). Rapid development and replacement of such media is also a source of high-energy production.
  - **Keep health specialists off food authorities and advertising councils:** Such people are likely only to interfere with the unrestricted marketing and promotion of fattening and unhealthy foods. At present their numbers are limited in relation to the numbers of industry representatives.
- A quick peek at all of the above suggests we have all the processes in place for fattening the population. Now, for how to reverse this. ●

# Can Calorie Restriction Help You Live Longer? (...or does it just feel like it?)

by Garry Egger

See bio on page 6. Reprinted with permission from the *Medical Observer*.

**Two themes in nutrition have recently come together: The first, calorie restriction (CR), involves reducing total energy intake (by up to 30%) on a permanent basis. CR has been shown consistently to increase the longevity of a number of different species of animal, as well as reduce weight.**

The second theme, intermittent dieting (ID), or reducing energy intake on some days but not others, has spawned yet another dietary craze that is dominating discussion at the dinner parties of middle suburbia.

Being battered and bruised by the numerous false starts in the dieting game, it's tempting to pass both of these off as fads. But the interest of some hard-nosed nutrition scientists makes a second look warranted.

Dr Eric Ravussen from the Pennington Institute in Arizona is a world expert in energy metabolism and obesity. For some time, he and several Post Graduate students (including several high level Australians) have studied the mechanisms involved in CR.

Speaking at a recent Australian and New Zealand Obesity Society (ANZOS) conference, Ravussen described two forms of ageing: Primary ageing is determined by genetics and natural factors. Secondary ageing is related to lifestyle and environmental

factors. Together these determine one's maximum lifespan.

From animal studies it's known that rats that are able to run daily, live longer than those deprived of exercise. But when a CR diet of about 30% total energy restriction is introduced, they live even longer. Possible explanations for this are the reduced cellular oxidative stress from food, decreased DNA damage, decreased inflammation and autoimmunity, and increased metabolic efficiency.

For obvious reasons such a study over a lifetime in humans has not yet been done. Those that have been carried out opportunistically for short periods (such as during

*continued page 12.*





## CAN CALORIE RESTRICTION HELP YOU LIVE LONGER?



does believe that there might be something in the 5:2 diet, and that the approach could be improved by using different degrees of energy restriction. So far, studies with humans suggest that weight loss may be more (and easier) with an ID plan like this.

Given that most people won't have the opportunity to calorie reduce (at least in a healthy fashion) for life, the question though becomes, what advantage is there for someone trying the process in middle life?

There's little doubt that (short-term) weight loss at least will be an outcome, but adverse effects, according to Eric Ravussen are cold intolerance, decreased libido, constant hunger and reduced desire to exercise. Reversion could also lead to increased difficulties with weight. Based on animal studies, Ravussen has calculated that a 50 year old human could be expected to live a measly two months longer! So is it all worth it anyway?

wars and in the human biosphere study) show a negative bounce-back in weight gain and health after the CR period.

Physiological studies carried out by Ravussen's group however show molecular changes that are reflective of potential longevity advantages. There's also no doubt that weight loss follows such a regime – if it can be maintained.

A different way of restricting calories is through intermittent dieting popularised by the 5:2 diet, and TV doctor Michael Mosley. ID involves two days each week of energy restriction of around 2500-3000 kJ (600-700kcal) with ad-lib intake over the remaining 5 days. Exponents claim not just weight loss but reduced chronic disease risk. And while there is not a lot of data to support the latter, there is good support for the former – strangely even with an increased overall food intake.

Dr Amanda Sainsbury-Salis from Sydney University's Boden Institute of Obesity, Nutrition, Exercise & Eating Disorders and author of *The Don't Go Hungry Diet*, is currently doing the tests in mice. While the results are not yet published, she

**“There's also no doubt that weight loss follows such a regime – if it can be maintained.”**

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### If not weight, then what?

The use of BMI in diagnosis of metabolic disorder has come under question from a number of perspectives: The measure (weight over height squared) measures mass only and doesn't take account of body fat. This then discriminates against mesomorphic body shapes – like some short male athletes – and the aged whose height may decrease with age while weight remains stable. On top of this, BMI is not a consistent measure of ill-health as illustrated by the 'obesity paradox'.

Talking at the 22nd Australian and New Zealand Obesity Society (ANZOS) meeting in Melbourne, Garvin Institute researcher Dr Dorit Samocha-Bonet has shown that almost 50% of expected risk can be explained by other, easily measurable factors. The cumulative of risk for each is:

HDL Cholesterol	26%
HBA1C	35.5%
Systolic Blood Pressure	43.2%
Tryglycerides	46.7%

According to Canadian lipidology expert J-P Despres, a Tg of >2.0 and a waist circumference greater than that recommended for ethnic groups (usually around 100cm for men and 90cm for women) – called the 'triglyceride-waist', adds even more to diagnostic value. It may all make BMI less relevant at the clinical level. ●

# Can Type 2 Diabetes really be Prevented?

by Garry Egger

See bio on page 6. Reprinted with permission from the *Medical Observer*.

**In a recent English study, a very low energy diet (~600kcal a day) was able to reverse the diagnosis of type 2 diabetes (T2D) in almost all of a small number (24) of test subjects.**

The study is interesting because it reinforces the link between T2D and food intake. (It's worth noting in this context that T2D was almost non-existent in pre-industrial times, and is still extremely rare – if not non-existent – in current tribal societies).

But 600kcal a day? That's a high price to pay for a healthy metabolism in an energy-abundant environment. And even if it could be adhered to for the 3 months of a research program, it's unlikely it could be maintained for life – which is what is required for long-term diabetes control.

## What's the next best approach?

Because we know that T2D has a large lifestyle and environmental aetiology, perhaps the best place to look is amongst those living in the modern environment who have significantly reduced rates of the disease compared to the general population.

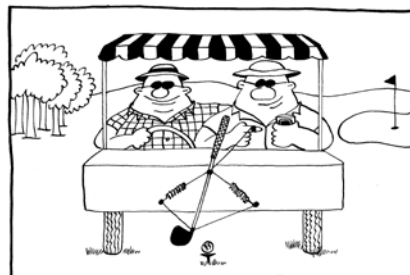
The Seventh Day Adventist (SDA) religious group have been studied over several decades because of their philosophy of a (predominantly) vegetarian diet. The first Adventist study, published in the 1970s, showed that in general, Adventists are more healthy and live 2-3 years longer than non-Adventists. In a second Adventist study, with a specific emphasis on diabetes has been published in the



*Journal Nutrition, Metabolism and Cardiovascular Disease*. This followed over 40,000 disease free individuals with different levels of strictness in their diet to see if there was a relationship between diet type and development of T2D.

In a relatively short follow-up period (2 years), the differences were striking – and almost linear, when compared with non-vegetarians (the reference group). Those on a vegan diet (no meat, fish, eggs or dairy products) fared best with a 62% reduction in risk; semi-vegetarians a 52% reduction and lacto-ovo vegetarians (no meat, but eggs and dairy) had a 39% reduction.

Although the confidence intervals (and time period) were not sufficient to provide significance between the different forms of diet, the directions were strongly suggestive and all were



*Eric the Idle – testing his latest energy-saving invention.*

significantly more effective than a normal diet.

Interestingly, those with a fourth eating pattern, 'pesco-vegetarians' (fish but no animal meat) did not differ from non-vegetarians. In a discussion of why this might be so, the authors suggest that the modern preparation of fish (fried, battered) could change the potency of long chain fatty acids (Omega 3s) which can have a protective effect against T2D.

The findings support a growing number of international prospective randomised controlled studies which have consistently shown a 50-60% reduction in risk of progressing from pre-diabetes to full diabetes through a change in lifestyle, including a hypocaloric diet.

The longest of these, the Da Quing study from China, has now reported 20-year follow-up results showing the long-term benefits of such a change.

All of these however have used a parcel of lifestyle changes (reduced energy and fat, increased exercise, increased fibre, stress management), and reports are averaged across

*continued page 15.*

# We are what We Eat

## – from the diet to the dental to the divine

by Prof Laurence J. Walsh

Laurence is Professor in the School of Dentistry, University of Queensland.

**A dietician would say that we are what we eat. More broadly, we are influenced very much by what we consume, be that food, entertainment, or other things which are pleasurable to us. In a world where arguably there is too much focus on the problems of the “worried well”, as health providers what scriptural principles can we bring to bear to the question of what we eat?**

During the time of the Second World War, there were restrictions on many things, including the supply of sugar and other high energy foodstuffs. Perhaps not surprisingly, it was documented in subsequent years that the change in nutritional habits enforced by the stringency of a nation being at war had a range of impacts on health. The reduction in the sucrose intake caused a dramatic reduction in the level of tooth decay (dental caries) in the Australian community during those years.

Looking at the situation today, there have been steady elevations in the prevalence and severity of dental caries since the mid 1990s in Australia, continuing on to the present day. Put into perspective, the mean values for dental caries prevalence in Australian children are not that dissimilar today than they were in the early 1980s. What is very different today is the form in which children are receiving their sucrose – no longer is it only confectioneries; rather now there is a very significant contribution from acidic drinks, and particularly from black cola soft drinks. These drinks exert a battery

of effects on the microflora of the mouth, and drive what has been termed “an ecological catastrophe” in terms of changes in the composition of the normally healthy biofilm of the mouth. These changes are directly responsible for dental caries.

It never ceases to surprise me the levels of intake of these drinks in some individuals. In my own

**“These [soft] drinks exert a battery of effects on the microflora of the mouth, and drive what has been termed ‘an ecological catastrophe’...”**

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clinical practice, we keep a record of the maximum levels of soft drink consumption that patients admit to us or that we calculate from their dietary histories. The current standing record is around 9 litres of black cola soft drink per day. That an individual would choose a behaviour which puts their dental health and their general health at significant risk remains a considerable clinical challenge for me to manage.

As well as dental caries, acidic drinks are a major risk factor in dental erosion, where there is acid dissolution of the structure of

teeth and accelerated tooth wear. The acids present in common soft drinks and so-called energy drinks dramatically impair the ability of saliva to replace the apatite minerals which have been lost from the surfaces of teeth by these frequent acid attacks. Of the normal everyday wear which results from contacts of teeth with one another is greatly accelerated, and the exposed root

surfaces of teeth can become very sensitive.

Moderation in all things is a recurring principle in the New Testament. How we came to a situation where a drink such as a soft drink, which was associated in the past only with a major celebration and was only consumed a handful of times each year, has now become something which individuals choose to drink each day (and often several times per day)

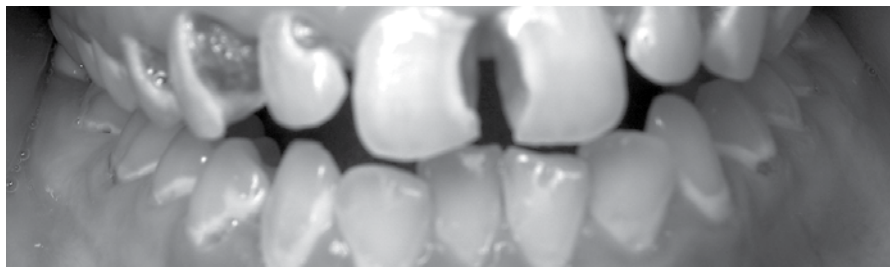




deserves serious reflection. Arguably, every day is not in itself a reason for such a great event of celebration, so the simplistic link between soft drinks and celebration is certainly not the driver. Is it rather just a matter of indulging oneself?

In the time of Christ, family celebrations and events such as weddings were the cause of great mirth and joy, and the host was expected to provide good quality food and drink to his guests. The first

appreciate the grace of God which is the reason for the bounty which joins. When he dies, he is told that he has already enjoyed all good things during his life on earth. The poor man on the other hand, is told when he dies that much good is in store for him. Only after death and in the suffering which comes from separation from the most High God does the rich man truly come to his senses and realise the depth of his spiritual poverty – and by then it is too late.



*The effects of dental erosion.*

recorded miracle of Jesus, turning the water into wine, occurred in exactly such a context. If we look at a modern wedding reception, we can see the same elements of celebration and the sharing of the fruits of the earth with our friends and relatives. Of course, such things only happen from time to time during the year, and are not everyday events.

The parable of the rich man and Lazarus springs to mind when one thinks of indulgence with food and drink on a daily basis. Here we have the rich man whose table is covered by good things, most likely more than he is capable of eating, contrasted with the poor man who has nothing. Looking deeper into this parable we see the elements of spiritual poverty in the rich man, who has much in the way of earthly goods, but lacks a proper spiritual perspective on his life. He fails to

**“If we learn as a child that celebrations are accompanied by soft drinks and ice cream, you will enjoy [them] as adults...”**

.....

When the extraordinary becomes the ordinary, we become desensitised to it. If we learn as a child that celebrations are accompanied by soft drinks and ice cream, you will enjoy soft drinks and ice cream as adults – but it is not good for us to consume either in great quantity everyday. They are nutritionally bankrupt but amazing sources of both excess calories and fermentable substrates for our dental plaque bacteria and fungi which readily produce lactic and other organic acids in great quantities when provided with such a surplus of carbohydrate.

The temptation that we face today is to want everything right now, at our fingertips, and delivered by express. As a society, we are becoming more and more impatient, and despite our connectivity we can feel more alone than ever. However, a thousand years to the Lord is like a day – a statement which challenges our busy lifestyle. Are we doing the things that really matter, or are we just indulging ourselves? Are we eating the wrong foods excessively in order to comfort ourselves, when we should be seeking the solace of Him whose burdens are easy to bear? There is much food for thought in reflection on just that point. ●

## CAN TYPE 2 DIABETES REALLY BE PREVENTED?

– FROM PAGE 13

different levels of adherence. The SDA 2 study is one of a growing number of studies to show the effects of strict dietary changes alone.

In one of these, scientists from the George Washington University School of Medicine, led by nutrition specialist Dr Neil Barnard, showed that not only is reversal of T2D possible on a vegan diet, but that lipid-lowering and other medications could be significantly reduced on such a dietary regime.

Of course the obvious question is whether the longevity benefits gained are real, or whether it just *feels* like life takes 2-3 years longer on such a restrictive program. In an accompanying paper Barnard dismissed this by showing that adherence to a vegan diet is comparable to any conventional diabetes diet.

A suggestion is that hunger might be better controlled when relying only on plant, rather than animal, protein.

In any case, the conclusions are stark: Type 2 diabetes is preventable – and, in many cases may be even reversible. The more serious an individual is about changing his or her diet to do this, the greater the chances of becoming and remaining disease free. And we haven't even talked about the added benefits of exercise, adequate sleep, quitting smoking and controlling stress and depression – all independent risk factors for what is known as one of the most prevalent 'diseases of civilisation'. ●

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# A Spirituality of EATING

by Charles Ringma

Charles Ringma is Professor Emeritus, Regent College, Vancouver, Canada.

To link spirituality and food is not immediately obvious. We more readily link spirituality and fasting as a spiritual practice that has a long history in the Christian tradition. But eating is not simply intrinsic to life, it is also an important dimension of the life of faith, community, and that of witness and service. This is so because spirituality is not a *part* of life, but has to do with the *whole* of one's life. Thus we may define Christian spirituality as "a lived encounter with Jesus Christ in the Spirit."<sup>1</sup> And this on-going encounter is to shape the entire gestalt of one's life. To explore this further, we will listen to some of the biblical narratives, listen to the wisdom of church's long journey in history, deal with the problem of dualistic thinking and embrace a sacramental vision of life and faith.

## A Cultural Starting Point and a Missional Outworking

Before I unpack the introduction, it is relevant to acknowledge my upbringing. I grew up in a Dutch family in Holland and in Australia. We were members of the Reformed church. Meal times were important. The meal was framed by prayers and reading from scripture. And particularly the Sunday meal was a time for guests and for discussion. It should be mentioned that all meals were home-cooked and nutritious, although we



undoubtedly ate too many *gebakjes*, cakes.

In the nearly two decades of subsequently working with marginalised urban youth, particularly those with addiction issues, meal times featured prominently in a way of life that sought to be restorative and life-giving. We grew our own vegetables, had chickens, baked our own bread and shared meal preparation responsibilities. And particularly the evening meal was in the "slow lane" – always an hour and sometimes much longer. One of the features was that each person could share something of their day. And one meal in the week was marked as a "love feast" in the tradition of the Moravian communities and had a Eucharistic celebration at its centre.<sup>2</sup>

These two major segments of my life have made a profound impact on my understanding of the spirituality

of eating. And these events shaped my reading of scripture, to which we never come with a blank slate.

## Glimpses from the Biblical Narratives

While we may be tempted to start with Israel's festive celebrations in gaining a glimpse of the link between religiosity, community and eating, we need to start much earlier in the biblical narrative in order to gain a picture of what it means to be human. The human being created in the image of God is neither wholly spiritual nor wholly earthly. Thus he/she can't be thought of solely in spiritual or in biological terms. Thus neither scientific reductionism nor spiritual idealism help us into the mystery of our integrated complexity. John Polkinghorne points us in a better direction with his notion that we are a psychosomatic unity "able to participate in a noetic world of ideas and purposes, as well as being able to act within the

physical world.”<sup>3</sup> For our purposes we could simply say that we are people who dream and act, pray and eat, and relate to God and neighbour.

The Eastern Orthodox scholar, Alexander Schmemmann, sharpens these insights for us. He notes the fundamental emphasis on eating in the early Genesis narrative (Genesis 1:29, 2:16, 3:3-6, 3:12-13, 3:17-19) where eating is set in both provisional and problematical terms. The point there is clear: it's not just a matter of eating to sustain life, it is also that we be rightly related to God in all we do, including our eating. Schmemmann in gender specific language notes: “Man must eat in order to live; he must take the world into his body and transform it into himself, into flesh and blood.”<sup>4</sup> But there is more. “In the Bible the food man eats, the world of which he must partake in order to live, is given to him by God, and it is given as *communion with God*.”<sup>5</sup> Thus we receive our food not simply with gratitude but eat it sacramentally. Schmemmann concludes:

*A meal is still a rite – the last “natural sacrament” of family and friendship, of life that is more than “eating” and “drinking.” To eat is still something more than to maintain bodily functions. People may not understand what that “something more” is, but they nonetheless desire to celebrate it. They are still hungry and thirsty for sacramental life.*<sup>6</sup>

With this starting point we can see something of the spirituality of eating. Eating is to sustain us, not in our autonomy and self-sufficiency, but in our relationality to God, to nature, to work and labour, and to each other. Thus eating is powerfully symbolic, and this poses a challenge to our contemporary pragmatic and utilitarian attitude to food and eating.

It is this symbolism that is everywhere in the pages of the biblical narratives. Abraham and Sarah's entertainment of the heavenly visitors (Genesis 18:1-8), Joseph's provision for Egypt and his alienated family (Genesis 42), God's

provision in Israel's desert journey (Exodus 16:4-12), the festivals and eating (Leviticus 23), and the prophetic vision for well-being and sustenance (Isaiah 65:17-25). If we link this with Israel's sacrificial system then a clear picture emerges. “Food” is offered to God in worship, obedience and penance. But this is framed by the God who gives us the provision of the earth and the gift of human labour. And eating is thus about gratitude, celebration and community. Put much more bluntly: food is about relationship with God.

**“Eating is to sustain us, not in our autonomy and self-sufficiency, but in our relationality to God, to nature, to work and labour, and to each other.”**

.....



One needs to be only minimally familiar with the pages of the New Testament not to be struck with the emphasis on table fellowship. The feeding of the five thousand (Luke 9:10-17), the return of the Prodigal son (Luke 15:11-32), the counter example of the rich man and Lazarus (Luke 16:19-31), the parable of the wedding banquet (Matthew 22:1-14), the Last Supper (Matthew 26:17-29), and the post-resurrection breakfast (John 21:1-19), are but a few significant accounts.

What is striking about these and many other accounts, is, that it is about eating. But it is more than just eating. The Last Supper is foundationally sacramental, the Emmaus account is revelatory (Luke 24:13-35), the post-resurrection breakfast is relationally restorative, and the parable of the wedding banquet, and many other parables of Jesus, are parables of reversal where “the poor, the crippled, the blind, and the lame” (Luke 14:21) are welcomed home while others excuse themselves from celebrating God's provision.

Eating has significance. And in the pages of the New Testament, as in the Old Testament, the matter of food and eating is both provisional, paradoxical and problematical. Eating acknowledges God's gifts of creation. Eating is paradoxical in that “one does not live by bread alone” (Matthew 4:4), and while one may enjoy feasting, there is also a time for fasting (Matthew 9:14-17). And it is problematical in that one can fail to

share one's food and resources with others as is evident in the story of the rich man and Lazarus. In fact, the gospel suggests that in giving food and drink to the others, we are in fact serving Christ himself (Matthew 25:31-46).<sup>7</sup>

That eating is not simply for now is the theme of the resurrection and the coming into being of new heavens and a new earth and the

*continued over page*



## A SPIRITUALITY OF EATING

eschatological hope that we “will eat and drink at my table in my kingdom” (Luke 22:30). Since Jesus is the bread of life (John 6:35), a spiritual participation in Christ and eating as celebration, sustenance and worship will continue to be our creaturely reality in the final Reign of God.

### Overcoming Dualist Thinking and Practices

The fundamental Christian reality is dialectical and paradoxical. God is wholly distinct from the world, but also upholds all things. Christ is Son of God and Son of Man. The Christian, in the theology of Martin Luther, is sinner/saint. We are *homo faber* but we are also *homo adorans*. We are truly earthlings, but we may also have the gift of eternal life.

Living the tension of our creatureliness and that of our eschatological feature is never easy. And so we are ever faced with the temptation of various forms of reductionism. While present Western culture wants to negate the religious dimensions of life, in the history of Christianity there has been a persistent stream that has sought to negate the earthly.

The latter perspective was clearly expressed by Eusebius (c260-c340), bishop and church historian:

*The one [way of life] is above common human living; it admits not marriage, property, nor wealth but wholly separate from the customary life of man devotes itself to the service of God alone in heavenly love. The other life, more humble and more human permits men to marry, have children, undertake office, command soldiers fighting in a good cause, attend to farming, trade and other secondary interests.<sup>8</sup>*

For Eusebius, and for many others in the long history of the Christian church, the former rather than the latter was regarded as living a full Christian spirituality.

As a consequence the following bifurcation occurred –

*Virginity rather than sexuality  
Spirit rather than the body  
Fasting rather than eating  
Withholding rather giving  
Sobriety rather than celebration  
Relinquishment rather than engagement  
Prayer rather than action.*

### “In the biblical narratives eating is relational and celebrative. It is an act of worship.”

Clearly this dualist thinking is reductionistic and unhelpful. It loses the dialectical nature of Christian existence where one is called to be fully immersed and engaged with our world and to be fully with God who seeks to redeem and renew the world. Karl Barth emphasises that the church exists for the world. It also exists for God. And since God exists for the world, the people of God also exist for the world. As such, Barth notes, Christians “are made jointly responsible for it [the world], for its future [and] for what is to become of it.”<sup>9</sup>

An emphasis on life that follows the contours of Eusebius does not celebrate the much richer themes of the biblical narratives and makes our eating functional and pragmatic rather than celebrative and worshipful.

As a consequence, we are challenged from both directions – from the world and from our partially warped Christian tradition. Both fail to reflect the integral nature of what it means to be human in Kingdom of God. Both fail to hold together the vertical and horizontal dimensions of life. Both fail to maintain our humanness and spirituality, and our life of prayer and eating.

### Conclusion

Eating is life sustaining. Assuming of course that one eats well, and that one does more than simply eat. But there is a lot more to eating. Much more than what our Western culture emphasises. Here food is fast and utilitarian or an elitist fetish, but simply an end itself. In the biblical narratives eating is relational and celebrative. It is an act of worship. It has God the provider in view and the wider human community through whose labour we enjoy the gifts of creation.

Eating together is a significant reminder of our connectedness to God, to the earth, and to each other. Just as life is mediated to us through food, so food is a symbol and reminder of all the other ways in which we are sustained both practically, relationally and spiritually.

Eating reminds us of our fragility and vulnerability and our need for the human community and the inter-relatedness of all of life. It also calls us missionally to the task of radical hospitality.

But most fundamentally eating calls us into a paschal spirituality. This emphasises that what is given as gift enters “death” in order to give life. This points us to the Christ event. The Lamb of God slain for the sins of the whole world! And thus whenever we partake of food we enter into the great gift who is the Bread of Life and whose life and death is for the life of the world. ●

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# 'Lord What Shall I Eat? How Much Should I Weigh?'

by Laurel Rae Mathewson

Laurel Rae Mathewson was an editorial intern at Sojourners when this article appeared. Reprinted with permission from Sojourners, (800) 714-7474, [www.sajo.net](http://www.sajo.net)

## A reflection on healing our relationship with food.

Mireille Guiliano begins her book *French Women Don't Get Fat* with this story: She went on an exchange to America. She got fat. After returning to France, she relearned how to eat, the French way.

I did the opposite: The year before I was a senior in high school, I went on an exchange to France. I got skinny. When I returned to America, I felt great, looked great, and received high praise. That post-France pinnacle of svelteness is where my troubles with food began in earnest. Any more pounds represented failure, a deviation from "my best self." I began eating emotionally. I gained 10 pounds.

At New Year I decided to get serious about getting back to the "right" size. In good-student fashion, I read reputable books and magazines and followed all the rules. I was the ideal dieter. I ran and lifted weights. Mathematical tricks of weight-loss became second nature: The calories in an apple (small, medium, or large); which foods satisfy most for the fewest calories (pancakes

are great for this). I steadily lost 1.5 pounds a week for eight weeks and was in better shape than ever. My dieting was officially healthy, nutritionally balanced, and utterly obsessive.

**"Diets fail to produce long-term results as much as 95 percent of the time."**

Body-image trouble seems to be rampant in America: An estimated 80 million people will go on a diet this year, many eating in a literally "disordered" way without realizing it; 80 percent of American women and 45 percent of American men are dissatisfied with their bodies; 24 percent of women and 17 percent of men say they would give up more than three years of their life to attain their weight goals. Diets fail to produce long-term results



as much as 95 percent of the time, according to the National Eating Disorders Association.

Each day, the media and pop culture confront us with a barrage of "perfect" bodies. Even for those who know the models are airbrushed, the body types genetically improbable, psychology studies show the images still leave their mark: dissatisfaction.

Christians are not immune, of course. Jacqueline L. Salmon recently noted in *The Washington Post* that "no faith has seized on the religious approach to weight loss as emphatically as Christianity." Diet books, plans, and web sites "have attracted millions by using Christian imagery and theology." Yet few links exist between these Christian dieting programs and actual long-term weight loss, according to a 2004 University of Texas study.

The effects of body obsession range beyond individual self-esteem problems. Eve Ensler, creator of the play *The Good Body*, asks us to consider the "time and attention [we spend] on fixing ourselves when we could really be directing that out to serving others." Noting that we spend \$40 billion a year on beauty products, she remarks, "It's a capitalistic distraction, and keeps women hooked on this hate-myself, consume, hate-myself, consume treadmill. If women actually loved their bodies, how much more energy and time and money we would have to enter into power in the world."





How do we escape the snares of body image neurosis and yo-yo dieting? The framework we use to think about food and our bodies is broken. Trying to drag God into the mess doesn't seem to help. Is there any hope?

"The idea of fidelity is perverted beyond redemption by understanding it as a grim, literal duty enforced only by will power. This is the 'religious' insanity of making a victim of the body as a victory of the soul. Self-restraint that is so purely negative is self-hatred," writes Wendell Berry. But the faith I had in my own self-restraint made it impossible for me to conceive of it as self-hatred, or as anything negative at all.

Being a perfectly disciplined dieter for eight weeks didn't end my food and body woes. Soon I returned to emotional binge-eating. That fall, I left for college; stress and insecurities heightened. Now I can laugh about the lethal effect of a dining hall on my struggle. Then, it wasn't so funny.

During winter quarter I reached the nadir of my journey with food and with God. I felt inadequate and disgusting. I desperately wanted God's help in ending this vicious cycle, but God never seemed to fully deliver. When I was stuffed, bloated, and incapacitated from a binge,

**"When I was stuffed, bloated, and incapacitated from a binge, I would pray, weeping: *Take this from me. Help me. I don't want to be like this.*"**

.....

I would pray, weeping: *Take this from me. Help me. I don't want to be like this.* I believed salvation would come from obeying the legalistic idol of strict self-control and self-improvement that I thought God endorsed. As I wrote in my journal:

*God did not create me to consume my time worrying about calories. I know how sick it is ... so why don't I stop? Why do I create my own problems? ... Am I afraid of perfect happiness? ... Why else would I sabotage all the gifts that I've been given, keep myself from thriving? ... My thoughts disturb and distract me in lecture, in church, in conversation. ... I count every calorie that goes into my mouth; yet it doesn't stop me from eating an entire package of cookie dough.*

Perfect happiness. I thought it was mine for the making – and that God expected nothing less.

Food is a gift from God to be enjoyed, especially with others, creating communion and fellowship. It's not meant to be an idol. Like sex, like work, like material comfort, if we seek to satisfy the hunger of our souls with food alone, we will remain empty. I used food to cope with the spiritual void of an "estrangement" from God, created by my own conviction that I could perfect myself, given enough determination and discipline. Disordered eating was my symptom of accepting neither grace nor my need for it.

I went to the university's psychiatric clinic to see if I qualified for research counselling for eating disorders. Sorry, they said. I didn't meet the criteria for having bulimia – I had only purged two times. On my way out the door, I ran into the girl who lived across the hall from me. We smiled at each other politely. Funny meeting you here! Later that night, we began to talk.

At first I doubted whether two confused people sharing with each other could possibly make either one of us better. But exposing our secret

*continued over page*

## 'LORD WHAT SHALL I EAT? HOW MUCH SHOULD I WEIGH?'

thoughts and behaviours robbed them of their power. By offering forgiveness and compassion – and always, laughter – to each other, we learned to be gentler with ourselves. Grace crept in, unnamed but almighty.

In mid-March, I was caught facing the toilet by a stranger who walked in on me in a bakery bathroom. He probably thought nothing of it, but I felt incriminated: Through a stranger's eyes, the sick nature of binging and purging was magnified. That was the last time I self-induced vomiting. I knew enough by then not to promise instant reform. I still needed to construct new ways of thinking about God, food, and how the two were related.

This spiritual breakthrough came during spring break. I picked up C.S. Lewis' *The Screwtape Letters* and found an idea – a word – that illuminated my misdirection: My greatest offence against God wasn't eating 48 cookies; it was the excessive, inordinate attention to



I overlooked that I was orienting my life by the truths of magazines rather than the Bible.

Grace is an abstract theological term that I still struggle to understand. My one handle on grace is how it worked in my life that spring. Accepting grace meant not trying to fix my mistakes when I ate too much and not counting calories. I trusted that God forgave me when I overate. I relearned how to honour my hunger, my fullness, and my body. To reduce stress, I took long walks and the minimum number of course credits. I laughed with friends. I remembered that I was created for a higher purpose than a size 6.

“One cannot be good, anyhow, just by not being bad,” writes Wendell Berry. “To be faithful merely out of duty is to be blinded to the possibility of a better faithfulness, for better reasons.” This concept of “better reasons” led to my second spiritual breakthrough, when I finally accepted my heaviest-ever body weight as permanent, and even beautiful. I threw out all of the “skinny clothes” I had been saving for a thinner day.

I moved to El Salvador for three months and ate beans, rice, corn tortillas, eggs, and fruit. I ate three times a day to my satisfaction. When I craved sugar, I bought a can of pineapple juice or a chocolate-covered banana and felt no guilt. Free from thoughts of weight loss, I could be truly intuitive about my hunger and satisfaction. After mental and emotional space cleared, a new understanding of what it might mean to nourish my body well, not just ordinally, crept in. I acknowledged the power and importance of food that is fresh, unprocessed, and close to the source.

Today, I trust that when I listen to what my body is telling me before, during, and after I eat (the same goes for exercise), my healthy weight comes – unbidden and unwatched. I'm about 30 pounds lighter than when I left for El Salvador, but I try to avoid knowing the number – scales are a temptation now, not an ally. I try not to compare my body to those in

**“I try not to compare my body to those in magazines. I try to think about loving my neighbors and loving God, and eating and exercising in a way that facilitates rather than hinders such love.”**

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food, body, and self-perfection. My new favourite word became “inordinate.”

I had made an idol of my diet. In effect, I was asking God to help me do a better job of serving my other god. Despite my prayers, I didn't expect to experience unconditional love and peace. I believed those would come only when I was finally thin and happy and had my eating under control. My theology was based on the unbiblical assumption that first I had to “be ye perfect” and then, and only then, would I “know abundant life.” Somehow

I thought God wanted me both to be the perfect eater and exerciser (thereby achieving the perfect “temple” for God's service) *and* not think about food so much (because that wasn't conducive to good service). I couldn't work my way out of this conundrum.

After 18 futile months, I learned that embracing grace was my only escape – in all areas of my life, not just eating. I had to accept that I wasn't going to be perfect by the world's standards – and to the extent that it distracted me from God's two great commands, I needed to stop trying.



magazines. I try to think about loving my neighbours and loving God, and eating and exercising in a way that facilitates rather than hinders such love.

I remind myself that there are seasons of the body. When I first told my mother, with trepidation and shame, about my bingeing and purging, she said, “Oh, honey – there will be times in your life when you will be fatter, and times in your life when you will be thinner. That’s okay. In the end, it doesn’t really matter.”

This simple proclamation was liberating; it directly contradicts what society tells us about a healthy weight. We are offered an ideal of health that is measured, writes Berry, by “the exclusive desirability of a certain physical model.” It’s an artificial distraction to try and stay at one number on the scale – an instrument woefully incapable of assessing our health holistically. When people grieve, they often eat less. When people celebrate, they often eat more. Sometimes it works in reverse. Unwittingly, when my mum died two-and-a-half years ago, I lost 10 pounds. After I had moved through the initial stages of grieving, I slowly gained it back. For my sister

**“There will be times in your life when you will be fatter, and times in your life when you will be thinner. That’s okay. In the end, it doesn’t really matter.”**

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it was the opposite. *In the end, it doesn’t really matter.*

We are told that religious-like adherence to diets and all the tricks in magazines will save us from our fat, ugly, and unhealthy selves. Most often, though, we are being trained to serve the god of weight loss and self-determined perfectionism, not the God of love. Discipline has a place, but it is corrupted when used to please a false idol. And next to discipline must be room for grace. Paul says the Lord told him, “My grace is sufficient for you, for power is made perfect in weakness” (2 Corinthians 12:9). I used to dismiss this verse as nonsensical, as irrelevant to me as Paul’s instruction to be a good slave.

Now I wrestle with the idea that sufficiency and abundance flow from God only when I first acknowledge how weak and in need of help I am. I try to let grace replace a desire for control.

Some of the greatest metaphors in the Bible for God’s provision and love are those involving food: the manna in the desert, the loaves and the fishes, the first miracle at the wedding in Cana. We are told, again and again, that God will provide for our physical needs; our job is to seek God first for satisfaction.

When I am stressed, anxious, or bored, with a litre of chocolate ice cream sitting in the freezer, it’s hard to remember that Jesus is the real “bread of life.” Sometimes the ice cream seems much more rational. These days, though, I usually opt for God: in the quiet, in prayer, in a walk, in a conversation with a friend. Not because this self-restraint is a “victory of the soul,” but because there is “a better faithfulness, for better reasons.” Later, when I can eat the ice cream with friends or family, with celebration, joy, and gratitude, I do. And praise God for it. ●



# Disordered Eating and the Christian Doctor

by Dr Tyler Schofield

**What are we to make of the self-starvation, physical harm and immense suffering associated with anorexia nervosa? Can the Bible possibly speak into such a complex malady? Is it unreasonable to unpack the psychiatric label and minister to the heart of the matter?**

Anorexia nervosa is a common eating disorder impacting approximately 4.2 percent of the population based on recent studies applying DSM-5 criteria.<sup>1</sup> It can lead to severe physical harm,<sup>2</sup> with 50 percent of sufferers experiencing lifelong problems including increased psychiatric comorbidity. Meta-analysis of 42 studies conducted between 1920 and 1980 (3006 patients with 8 years median follow up) demonstrated mortality rates of 0.56 percent per year.<sup>3</sup> Half died of medical complications of their anorexia and one quarter due to suicide. Suicide occurs at rates 25 times higher in anorexia nervosa than the general population. Psychological factors are important predictors of outcome and are central to management.

I would contend that all of the elements entangled in the secretive struggle of anorexia can find hope and relief through God's mercy and the gracious provision of His Word to guide us. In my own experiences as a Christian GP working with many adolescents and adults who suffer in this way, I find that behavioural

management strategies alone pale in effectiveness to the light of God's truth.

The desires, temptations and urges at play in these struggles, truthfully, are common to us all. The hospitalised, desperately malnourished fourteen year-old is more like us than she is different. These commonalities can be further obscured by the 'professional distance' encouraged during our training. Two people become patient and doctor, sick and well, the helpless seeking the

**"God's Word has a great deal to say to all of us, from the common hardships of life to even the most complex and refractory mental illnesses."**

.....

help of the expert. The descriptive nomenclature of the DSM-V cordons off serious mental issues making it the exclusive domain of specialist psychiatric practitioners.

Many of the principles I use to counsel are informed by the model of biblical counselling developed by the Christian Counselling Educational Foundation (CCEF). Their work applies a faithful understanding of Scripture to practically minister to the breadth of psychological problems. Their work has helped me to more faithfully, fruitfully and honestly care for my patients combining the best of medicine with the riches of God's Word. CCEF has helped me develop wisdom to competently counsel both believers

and non-Christians. CCEF's resources are designed to equip the local church and are available online at [ccef.org](http://ccef.org)<sup>4</sup>

Biblical counseling encourages us to carefully examine the underlying motivations and struggles common to even the most serious states of unwellness. By slowing down and understanding the heart of the struggle, it becomes obvious that the Gospel is profoundly relevant and necessary. When we examine the core issues carefully we come to

understand that God's Word has a great deal to say to all of us, from the common hardships of life to even the most complex and refractory mental illnesses.

## **A Biblical view of eating**

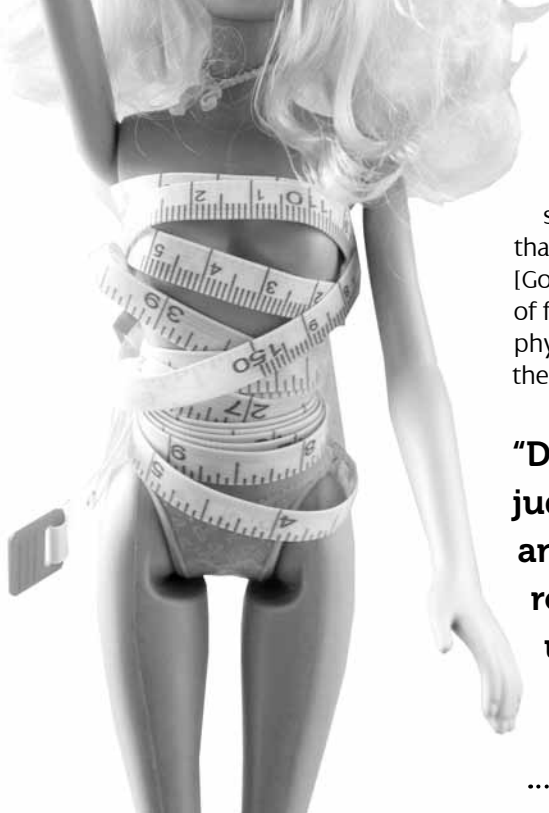
Everyday activities like our eating behaviours<sup>5</sup> can offer deep insights and illuminate the intentions of our heart. Beyond being necessary for our survival, food is deeply enjoyable, and socially important. We spend vast amounts of time thinking about it, shopping for it, preparing it, eating it, cleaning up and exercising off what we have eaten. There are a myriad of reasons, motivations, habits and desires intrinsic to our eating which impact on how, what, when and why we eat.

Hunger and thirst are God given, powerful forces. The satisfaction of tasting food and the joy of communal meals are gifts of God. Fasting is a refining tool commended to us by God. Feasting too has an important place in the life of the Christian and in the eternal life to come. God has given us great freedom to enjoy all that he provides and God cares profoundly about the attitudes with which we respond.

It is enlightening to briefly survey some elements of our problematic relationship to food in Scripture. The first human sin involved eating. Questioning God's goodness, Adam and Eve saw the delightful appearance of fruit and they desired to be like God through prideful independence and rebellion.<sup>6</sup> Esau traded his inheritance for a single meal of bread and lentil stew.<sup>7</sup> Esau allowed God given hunger to metastasise into desperate greed, which blinded him to his future good. The children of Israel had blatant idolatry in full display as they grumbled against God, anguished at the idea of missing a meal.<sup>8</sup> When God provided miraculously for them, they mocked him,<sup>9</sup> demanding greater variety and conjured up deluded memories of bountiful food while in Egyptian slavery.<sup>10</sup>

John the Baptist was critiqued for fasting and Jesus accused of sin when he feasted.<sup>11</sup> God does encourage us to fast; it exercises our restraint against physical hunger and helps focus our attention on Christ – the only source of full and lasting satisfaction. Jesus is the Bread of Life, and the Living Water.<sup>12</sup> We should drink deeply of this water and joyfully feast on the Bread of Life.

As he fulfills the promises of Isaiah,<sup>13</sup> Jesus echoes its plea, "Do not work for the food that perishes, but for the food that endures to eternal life, which the Son of Man will give to you." (John 6:27 ESV). We should allow Scripture to shape our appetites causing us to treasure God's Word more than the food He gives us, and our hunger for him to far surpass the ravages of physical hunger.<sup>14</sup> When we are His people,



Ecclesiastes 6:7 warns, "all of the toil of man is for his mouth and yet the appetite is not satisfied." Can we say with Job, that we have "treasured the words of [God's] mouth more than my portion of food"?<sup>18</sup> Or, have we elevated the physical desire for food above Jesus, the true bread of life?

**"Deep-seated fears of judgment combine with an anxiety of being rejected and ultimately unlovable, feeding self-scrutiny and doubt."**

### **Anorexia Nervosa**

Anorexia consists of an obsessive concern with physical appearance,<sup>19</sup> leading to restrictive control of calories seen most clearly in deliberate self-starvation. As this fails to bring relief, exercise, vomiting, laxatives and self-cutting frequently become part of a legalistic set of chosen behaviours.

In my experience, the most common catalyst for this devastating pattern of suffering is the familiar anxiety accompanying the physical changes of normal female adolescence. In addition to a normal increase in self-consciousness, comes comparison with peers who vary widely in physicality, stature and stages of pubescence. Deep-seated fears of judgment combine with an anxiety of being rejected and ultimately unlovable, feeding self-scrutiny and doubt. Exposure to pervasive images of rare and idealised bodies drives further comparison. Teenagers' minds are confronted with a highly sexualised society; television shows normalise dysfunctional sexual relationships, professional pornography abounds, and teens are regularly pressured to view or capture graphic sexual images of themselves on smart phones. Relationships within families are

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God perfects our desires, provides bountifully<sup>15</sup> and grants us freedom to enjoy "whatever your appetite craves".<sup>16</sup> We should not settle for the self-infatuated allure of gluttony or anorexia, which are poor counterfeits when we are offered the joyful feasting and satisfied fasting of a life lived before God.<sup>17</sup>

With the light of Scripture, it is helpful to examine our heart with hard questions about how we apply the Gospel to our own eating:

- Do my eating habits demonstrate a desire for independence from God?
- In what way do my eating habits see me greedily demanding more than God gives?
- Have I wanted immediate satisfaction, regardless of future cost?
- When hungry do I become impatient, irritable or angry?
- When faced with uncertainty, do I try to play god?
- When uncomfortable emotions arise, do I grab for food to anaesthetise my heart?
- What does my eating say about what I love, where I place my trust, what I fear, and where my priorities lie?

## DISORDERED EATING AND THE CHRISTIAN DOCTOR

increasingly in states of disconnect, disrepair, hostility or complete estrangement. A large portion of teens have never experienced healthy relationships at home, experiencing serial dating and repeated relationship breakdowns of both biological parents.

This ruthless cocktail of harsh messages fuels underlying fears of being rejected and unloved. The complex adjustment of adolescence can easily become filled with anxiety, doubt, self-hatred and an urgent want for some control in an out-of-control world. A secretive, self-loathing obsession with body shape, then drives increasingly harsh rules of starvation, neglect and self-mutilation.

It is important to recognise that even in the presence of diminishing insight and physical consequences, at its core, anorexia is a chosen behaviour.<sup>20</sup>

Whether it is calculated control or an obsessional drive, such harsh treatment of one's body leads to devastating suffering<sup>21</sup> and can cause catastrophic physical illness,<sup>2</sup> with death as a common outcome.<sup>3</sup>

*What commonly occurs at the heart of such a struggle?*

- A confused view of perfection leading to highly charged views of normality, success and goodness. From this desire to achieve perfection (or superiority) a prideful battle of control begins. Rather than a healthy dependence on God, this is a struggle for independence, self-rule and is a highly deceptive form of self-indulgence.
- A lack of trust at the heart level, which suggests: 'If I don't control this situation everything will fall apart'.<sup>22</sup>
- A deep fear of being powerless or unremarkable, which drives deep selfishness, and destructive self-infatuation.
- The biblical concept of shame provides deep insights into

suffering in the world of anorexia. Shame is a deep, enduring sense of being unacceptable which causes us to fear exposure, desire secrecy and isolation. The disobedience of Adam and Eve, who hid from God and each other, introduced shame as a universal experience.<sup>23</sup> The false logic of anorexia uses shame to suggest that physical unworthiness warrants deprivation; secretive starvation aims to make a person less exposed and more worthy. All shame disorients, confuses and isolates; its origins are hard to recall and its solutions are obscured. Feelings of shame can easily become entrenched in the heart and mind, like a stubborn squatter who refuses to leave.<sup>24</sup> It fights to remain the dominant identity of a person. Shame will not be permanently corrected by boosting self-esteem, nor will it be fixed by re-feeding. Shame harnesses accusation, judgment and humiliation to pull the sufferer further inward, toward a hopeless and disgraced demise.

- Displeasure with the circumstances of life often feeds a lust to control self and to manipulate others. Scripture itself contains examples where refusal to eat is used to manipulate,<sup>25</sup> or to physically demonstrate displeasure with life and ultimately, with God.<sup>26</sup> From the same portion of scripture<sup>19</sup>, Hannah models a biblical pattern of remedy:
  - She decides to eat with her family again (v9).
  - She prays and pours out her heart to God (v10).
  - She hands over the desires of her heart to God (v11),
  - She is eating again with her face no longer downcast (v18).
  - Finally she worships the Lord in thankfulness and patiently waits for his promised salvation (v19).

Anorexia vividly portrays the cascade from misplaced worship and unbelief to shame, slavery, despair and

destruction. What started as a small desire for change grows into an all-consuming obsession, which feels uncontrollable and leads many to death.<sup>27</sup>

Into this thorny and complex struggle the Bible's wisdom communicates the truth of the Gospel. There is hope for the hopeless, forgiveness of sin, love for the rejected; to the poor in spirit is the offer of redemption through Christ. God holds us responsible for our willful independence but invites us to partake in the feast that brings true satisfaction. The Lord comes near to us in our unachievable strivings and offers his Son to make us perfect and acceptable. He lovingly gives us his Spirit to work within us and enable true and lasting transformation. The Gospel mercifully reveals our desperate condition and calls us to receive God's help. For all who are called by God and receive him, we are transformed from our superficial obsessions and self-infatuated isolation, into people living openly and generously sharing the abundant goodness of God in our lives.<sup>28</sup> Having tasted of his loving kindness we focus outward and invite a starving world to feast on God.

### **As a Christian doctor, how do I approach someone with disordered eating?**

The first step in counselling a person who suffers severely with disordered eating is to prayerfully listen and ask wise questions.<sup>29</sup> The process of understanding motivations, struggles and hopes enables both the helper and the counselee to better understand the heart of the problem. Asking them to list the things they feel they would 'lose' in surrendering this behaviour (such as thinness, attention, control) is one helpful way of identifying ruling motivations.

Setbacks are common in this struggle, so it is helpful for the counselee to know that you will not give up on them. However, sessions should always reinforce both hope and responsibility.



It is pivotal to understand the counselee's relationship to God.<sup>30</sup> We know that the only lasting change and true hope, comes through Jesus, and it would be unloving for us to not desire this for our patients. In the presence of harsh self-criticism and defeat, express a Gospel fuelled hope of recovery and new life. Encourage the person you are helping to make personal goals for addressing their behaviour, and over time, help direct them to desire to live a life pleasing to God. Have them list the things they feel they would 'lose' in surrendering this behaviour (such as thinness, attention, control); this will help to identify ruling motivations.

Sessions should always reinforce both hope and responsibility.

In the presence of harsh self-criticism and defeat; express a Gospel fuelled hope of recovery and new life. Contrasting the self-absorbed estrangement; encourage relationships. Challenge the desire to deceive and hide with a call to increasing honesty, openness and vulnerability in these relationships (because God has created to be known in community) Instead of selfish manipulation, encourage selflessness and generosity. Rather than hiding from God to cry alone and self-harm,<sup>31</sup> encourage them to cry out to God from their heart that He would be their ever-present help at this time of great need.<sup>32</sup> It is also crucial to illustrate that the genuine beauty and joy of a life lived before God far exceeds the cruel demands of seeking superficial makeovers.<sup>33</sup>

*"O God, you are my God; earnestly I seek you; my soul thirsts for you; my flesh faints for you, as in a dry and weary land where there is no water... My soul will be satisfied as with fat and rich food, and my mouth will praise you with joyful lips, when I remember you upon my bed, and meditate on you in the watches of the night; for you have been my help" (Ps 63:1,5-7a)*

Christian doctors are in a unique position to care for these patients in a compassionate and understanding way. We apply the Gospel to our own attitudes around food and recognise we also struggle at times to worship God rightly. Because we have experienced the patience of our sovereign God; we have been transformed by His grace and mercy through the love of Christ – we can be patient and extend the hope of the Gospel. We owe it to our patients to saturate our minds with Scripture and to ask God for wisdom, boldness and generosity to share His loving kindness with a hungry world.

*"The Spirit and the Bride say, 'Come.' And let the one who hears say, 'Come.' And let the one who is thirsty come; let the one who desires take the water of life without price." (Rev 22:17) ●*

#### References

1. Foreman SF. Eating Disorders: Overview of epidemiology, diagnosis, and course of illness. <http://www.uptodate.com/contents/eating-disorders-overview-of-epidemiology-diagnosis-and-course-of-illness>. Topic 2093 Version 21.0 Accessed online 10 November 2014
2. Anorexia can have long lasting and potentially irreversible systemic effects including changes to cardiac structure and function, endocrine disruption including secondary amenorrhea (irreversible in up to 30 percent of cases), gastroparesis, and osteoporosis.
3. Sullivan PF. Mortality in anorexia nervosa. *Am J Psychiatry* 1995; 152:1073.
4. CCEF's Annual Conferences are available in audio and cover important themes (such as psychiatric illness, anger, relationships and loss). CCEF publishes short pamphlets offering practical help for a large range of common issues. They have a broad catalogue of immensely helpful books. They also provide comprehensive online courses to teach the dynamics of biblical change and offer formal training in biblical counselling. Detailed help for specific struggles can be found in the long running *Journal of Biblical Counseling*. Connect with the *'Biblical Counselling Australia Network'* on Facebook to learn about local training days.
5. Eating habits, amongst many behaviours in life, can readily reveal what is most precious to us. A focused examination of our eating can help identify if we are functionally trusting and worshipping something other than God. We should never seek from eating what only God can provide.
6. Gen 2:15-17, Gen 3
7. Gen 25:29-34
8. Exod 16:17-7
9. Ps 78:17-32,
10. Num 11, 20:2-13, 21:5-9
11. Luke 7:33-34, 5:33-35
12. John 4:7-14, 6:35
13. Isa 55:1-2 "Come, everyone who thirsts, come to the waters; and he who has no money, come, buy and eat! Come, buy wine and milk without money and without price. Why do you spend your money for that which is not bread, and your labor for that which does not satisfy? Listen diligently to me, and eat what is good, and delight yourselves in rich food.
14. Job 23:12, Luke 4:1-4
15. Phil 4:10-20, Ps 23:1, Matt 6:25-34
16. Deut 14:26
17. 1 Cor 10:31
18. Job 23:12
19. Diagnosis – According to DSM-5, the diagnosis of anorexia nervosa requires each of the following: 1. Restriction of energy intake that leads to a low body weight, given the patient's age, sex, developmental trajectory, and physical health. 2. Intense fear of gaining weight or becoming fat, or persistent behavior that prevents weight gain, despite being underweight. 3. Distorted perception of body weight and shape, undue influence of weight and shape on self-worth, or denial of the medical seriousness of one's low body weight
20. The severity of suffering in anorexia does not (preclude/diminish the) exclude a volitional aspect. In counselling the Christian needs great wisdom to consider the somatic factors and social triggers, whilst recognising that pressures and hardships are never completely determinative of a person's response to them. Even in the harshest of experiences, the heart of a Christian still actively responds with either obedience or disobedience. Scripture encourages us to come to God at our time of need (Heb 4:14-16); the power of the gospel is most evident when we seek God's mercy and grace to equip us to respond rightly. Dr. Michael Emler explores the various aspects of this dynamic in more detail in *Understanding Influences on the Human Heart*. Freely available through CCEF: [www.ccef.org/sites/default/files/pdf/UnderstandingInfluences-Emler.pdf](http://www.ccef.org/sites/default/files/pdf/UnderstandingInfluences-Emler.pdf)
21. Social withdrawal, isolation, depression, and severe emotional distress, including self-mutilation, were found to be direct psychological consequences of controlled starvation in the Minnesota Starvation Experiment. The healthy (predominantly Christian) volunteers of this post World War Two trial sought to better understand the impact of under-nutrition on the war's famine victims (Keys, A. et al (1950). *The Biology of Human Starvation (2 volumes)*. St. Paul, MN: University of Minnesota Press). It allowed greater insight into the management of eating disorders including an understanding that recovery require physical re-nourishment as well as psychological assistance. Counselling approaches must never neglect or diminish the importance of addressing the physical starvation present in anorexia.
22. Jeremiah 17:5-8 challenges the foolishness of trusting ourselves rather than God.
23. Gen 3:7-11, 21 cf. 2:25
24. Welch, Ed. *Shame Interrupted: How God Lifts the Pain of Worthlessness and Rejection*. Greensboro, NC. New Growth Press, 2012
25. 1 Kings 21 describes the struggle between Naboth, a vineyard owner and his neighbor King Ahab. When Naboth refused to hand over his vineyard, "Ahab went home sullen and angry because Naboth...had said 'I will not give you the inheritance of my fathers.' He lay on his bed sulking and refused to eat." (21:4) Ahab was not anorexic, but fueled by selfishness, he used very similar manipulation to compel his wife to kill his neighbour and get his own way.
26. 1 Sam 1:6-18 Hannah plays out her irritation with her husband and "bitterness of soul" toward God by weeping and refusing to eat.
27. Colossians 2:20-23 describes the futility of this effort, "if with Christ you died to the elemental spirits of the world, why, as if you were still alive in the world, do you submit to regulations – "Do not handle, Do not taste, Do not touch" (referring to things that all perish as they are used) – according to human precepts and teachings? These have indeed an appearance of wisdom in promoting self-made religion and asceticism and severity to the body, but they are of no value in stopping the indulgence of the flesh."
28. The Holy Spirit helps us to escape from slavery and affliction, extinguishing the desires of the flesh and urging us to live in freedom, walking by the Spirit. Replacing enmity, strife, anger, division, rivalry and envy – the Spirit produces within us love, joy peace, patience, kindness, goodness, faithfulness, gentleness and self control (Gal 5). By the grace and mercy of God our strivings cease, we experience complete rest and full acceptance in Christ.
29. Monitoring and treatment of the physiological complications of anorexia is essential but outside the scope of this article. This must necessarily include carefully considering the need for pharmacotherapy, multidisciplinary outpatient care or hospitalisation.
30. For the Christian counselee this will include identifying nominal belief, the conviction of sin, evidence of repentance and faith, and exploring legalistic views of God. It will also be crucial to build a case for God's love and care and the assurance of salvation for all who trust in him. Being aware of the absence of belief or hostility to God is equally important and informs the approach taken.
31. Hosea 7:14 "They do not cry to me from the heart, but they wall upon their beds; for grain and wine they gash themselves; they rebel against me."
32. Heb 4:13, 15-16 "And no creature is hidden from his sight, but all are naked and exposed to the eyes of him to whom we must give account... For we do not have a high priest who is unable to sympathise with our weaknesses, but as one who in every respect has been tempted as we are, yet without sin. Let us then with confidence draw near to the throne of grace, that we may receive mercy and find grace to help in time of need."
33. Do not let your adorning be external—the braiding of hair and the putting on of gold jewelry, or the clothing you wear—but let your adorning be the hidden person of the heart with the imperishable beauty of a gentle and quiet spirit, which in God's sight is very precious. (1 Peter 3:3-4 ESV).

# We're on a Mission from God

## Christian discourse in international development

by Susan Clarke

(Editorial Note – we apologise to Dr Clarke that this article was omitted from our last edition – “Integral mission or holistic transformation”)

### Elwood: They're not gonna catch us. We're on a mission from God! (Blues Brothers).

As I waited for him to settle into the chair opposite me I experienced a sense of déjà vu. This was the third time he had come to visit and I mentally prepared myself to deal with yet another unworkable idea. He did not disappoint. “We should set up an ambulance service. People could call an emergency number and we could send an ambulance to pick them up”. *Like the 108 Service already available?* “Well, that's the government. We would do it better because we have a Christian perspective”. *But none of the infrastructure, training or political will.* “I did a three month dental training program in Mexico”. *Ah, I think I see some issues with this idea.*

Previous ideas had included working as a dentist at our hospital (surely three months in Mexico and a tourist visa were all you needed to practice dentistry in India) and a scheme in which students from the US came to study in the hospital and could be awarded a medical degree. In vain did I point out the legal requirements for working in India, that a three month qualification just about qualified him to express an opinion regarding toothpaste and that if students were not smart enough to obtain

entry into a medical school in the US they certainly wouldn't survive in a medical school in India. This was apart from the obvious problem of the hospital not actually having a medical school. None of these arguments were persuasive however because he had faith. He was on a mission from God.

I would like to be able to say this was an isolated incident, a diverting insight into the mindset of a slightly crazy American pastor. Yet I have seen many variants of this attitude from Christians both at home in

outreach for homeless people, despite a functioning service already existing in a secular organisation which would have welcomed their services and shared their facilities. It seems that as Christians our decisions are right; our ideas superior; our actions unquestionable. We're on a mission from God.

Unfortunately this attitude has not escaped the notice of the wider development and human rights community. In my work and travel I have been privileged to spend time with and learn from people who

**“The term ‘Christian’ for my friends... denote[s] someone who is poorly prepared, unable to take advice, unwilling to share resources, who discriminates according to religion/race/sexuality and who is likely to cause harm if left to their own devices...”**

.....

India and at home in Australia. The proliferation of orphanages established by faithful, well-meaning people who refused to acknowledge current opinions about the harmfulness of institutionalised care and who were woefully ill-equipped to deal with the psychological and social needs of the children in their care. The well builders who refused to build wells in needy villages unless they had a church. The Christian organisations who refused to work with the government or other organisations because they did not have the appropriate Christian label. In Australia I saw churches spend money duplicating a medical

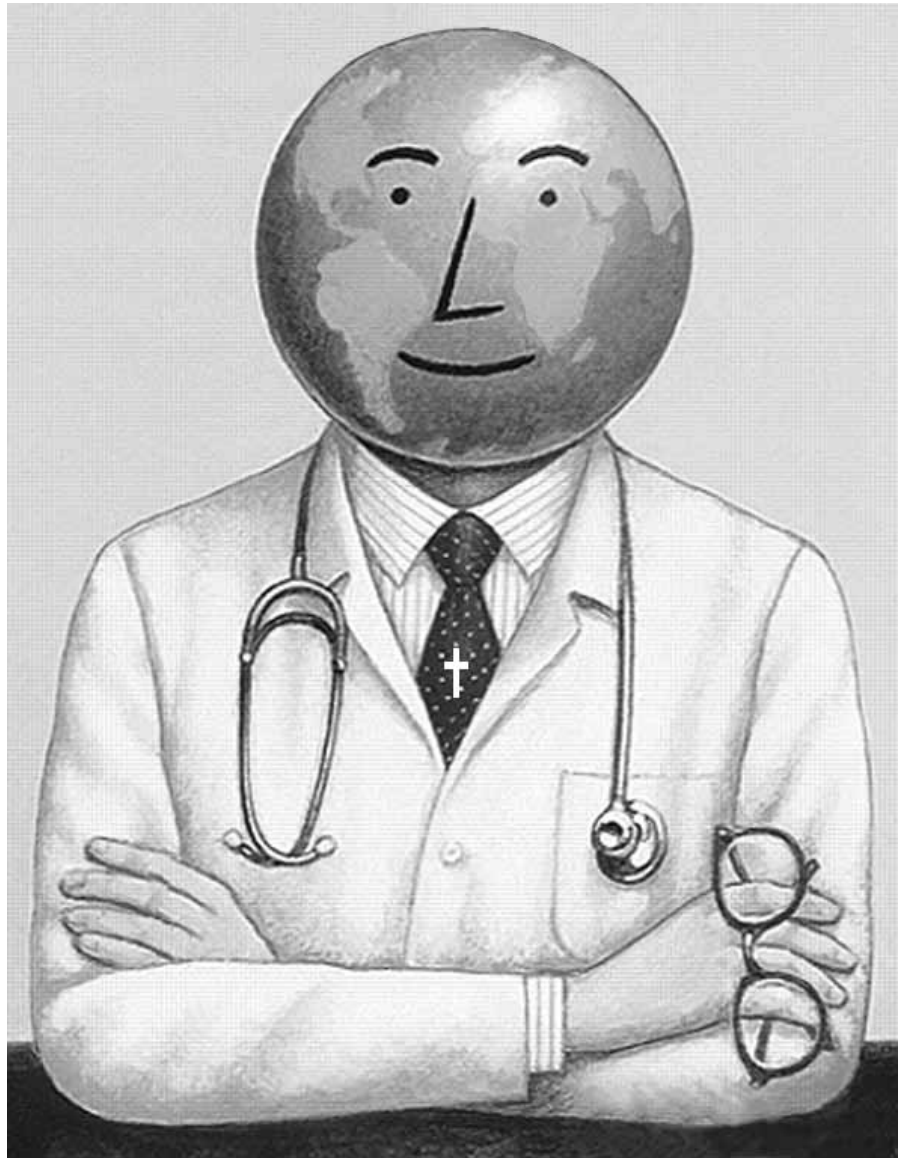
work for secular governmental and non-governmental aid agencies. Unfortunately, the term “Christian” for my friends is a term used to denote someone who is poorly prepared, unable to take advice, unwilling to share resources, who discriminates according to religion/race/sexuality and who is likely to cause harm if left to their own devices. Or, as one of my friends so succinctly summed things up “I thought all Christians were idiots”. This is obviously not something that will be widely commented on in the literature although it is hinted at somewhat in studies of co-operation between faith-based organisations

and secular organisations.<sup>1,2</sup> My experience and my own interaction with other Christian organisations cause me to admit there is some justification for these opinions. Why do we seem so oblivious to the concerns of other stakeholders in the international development community?

### **The pitfalls of a harmful Christian discourse**

As Christians we unfortunately have at our fingertips a discourse with which we can justify poor actions and attitudes by framing outcomes in religious terminology. After a lifetime in the church I feel like I have heard it all. If outsiders should criticise our initiatives, this is because "... the message of the cross is foolishness to those who are perishing, but to us who are being saved it is the power of God".<sup>3</sup> We should not partner with secular organisations because we should "not be unequally yoked with unbelievers".<sup>4</sup> We can ignore evidence produced by secular organisations because "has not God made foolish the wisdom of this world?"<sup>5</sup> If a program is not producing the desired results this could be because we "cannot see God's greater purpose" or we are "battling the forces of Satan". The recipients of our program may also be to blame: they may be "hard-hearted", "lacking in faith" or not "amongst the chosen". This discourse discourages critique, discourages evidence-based practice and shifts responsibility for outcomes to external and often uncontrollable factors.

A harmful Christian discourse can also create barriers to program evaluation and evidence gathering. In the secular arena, poor evaluations may result in cuts to funding and loss of sponsorship. This is also true in Christian circles however Christian discourse offers further spiritual implications of project failure. Flippant misuse of such verses as Romans 8:28 may lead us to an understanding of life and God which I refer to as the Hollywood version i.e. good things happen to good people, bad things happen to bad people. If this is your belief, the failure of an intervention could be misconstrued



**"The rise of medical volunteerism has been criticised as self-serving, ineffective and responsible for creating further burdens for local communities."**

.....

as a personal spiritual failure: this project failed because I am a bad person, not because I was simply underprepared or ill-informed. An extension of this reasoning would be that failure of a project would reflect a poor image of God: the project failed because God does not care or God does not exist.

These implications can be quite devastating for those who have become entangled in this way of thinking and may result in extreme reluctance to carry out any project analysis. As dangerous as this

thinking is, perhaps the most common and frustrating reason which I have encountered for not evaluating projects was: it is not possible to fail or do harm because... we are on a mission from God. This viewpoint negates the need for analysis or retrospection, the consequences of which can range from the continuation of relatively benign but ineffectual programs to the continuation of projects which are actually harmful to the people we are seeking to assist.

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## WE'RE ON A MISSION FROM GOD

Indeed, it is perhaps for these reasons that evidence for good or harm of Christian medical interventions is very difficult to find.<sup>6</sup> Admittedly the secular literature is not much better in this regard.<sup>6</sup> Millions of dollars are spent every year on medical interventions in the developing world. A conservative estimate of the amount spent on medical missions from the US was \$250 million per year yet we have no idea if this really impacts health or benefits our patients.<sup>7</sup>

The literature is scanty surrounding this issue. However, there has recently been a trend towards evaluating the effects of secular medical missions.<sup>7</sup> The news is not good. The rise of medical volunteerism has been criticised as self-serving, ineffective and responsible for creating further burdens for local communities.<sup>8</sup> A recent article concerning a medical mission aimed at correcting foot deformities appears to illustrate this well.<sup>9</sup> It seems there are "many foot and ankle surgeons volunteering their time because it provides high levels of personal and emotional satisfaction".<sup>9</sup> Mothers continue to die from a lack of access to sufficient antenatal care, children continue to die in large numbers from vaccine preventable diseases, healthcare remains unaffordable for much of the world's population and doctors apparently volunteer because it gives us a warm fuzzy feeling. Isaacson, Drum, Cohen<sup>10</sup> illustrate the issue of apparent ineffectiveness of missions with their commentary on work in Ethiopia:

*The Ethiopians we met were truly appreciative of the efforts of the well-meaning surgeons who visited their hospitals, provided equipment and supplies, and cared for desperately ill patients. What was unspoken, but obvious, looking at the existing standards of medical practice, was that 20 years of this patient-centered approach had not improved medical care for the vast majority of Ethiopians.*

*The specter of "surgical tourism" was everywhere. From rooms filled with nonfunctional donated equipment to closets piled high with outdated suture material, to children saved from death who still lived in the hospital suffering from incompletely managed disease.*

It may be tempting for Christian doctors to claim that these criticisms are irrelevant for Christian missions as we have a different motivation from that of our colleagues. We are motivated by "the love of God" or the command of the "Great Commission". This is terminology

**"We need to develop ways to assess the effectiveness of our programs to ensure we are using resources wisely."**

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only understood within a Christian discourse. Those outside of this discourse can and should regard this motivation with suspicion. Once again, claiming to love God does not excuse poorly considered actions or lack of introspection. I feel this can be worse than doctors who simply claim personal satisfaction. We are claiming to represent God.

### Addressing the issues

I believe there are certain issues Christians need to begin to address if we are to be given any credence within the international development community. Firstly, we need to address whether our programs are causing harm. Does our provision of care support oppressive government policies? Does our provision of curative medical care obscure the need for preventative health education? Does our provision of care excuse governments from their responsibility for the healthcare of their citizens? Does our provision of

care negatively affect the relationship between the community and local practitioners?

Secondly, we need to determine if our programs are effective and if the cost is justified. Is it better to stay at home and support local initiatives or partner with organisations already on the ground? Are we seeing better health outcomes because of our interventions? Are we working towards a sustainable healthcare system in the area in which we work? Finally, we need to stop talking and start listening to those who have the experience and understanding of the area in which we wish to work.

As Christians we represent God to all people we meet. I suspect we are currently doing this badly. In the international development arena Christians risk losing any relevance because of attitudes which reflect a discourse which excuses poor behaviour and lack of intellectual rigour. We need to develop a new way of talking about our thoughts and actions. We need to be aware of our potential to cause harm to those we are trying to assist and we need to develop ways to assess the effectiveness of our programs to ensure we are using resources wisely. Mostly, we need to listen to our counterparts in the secular domain and recognise the value they add. Perhaps then we will truly be able to claim "We're on a mission from God". ●

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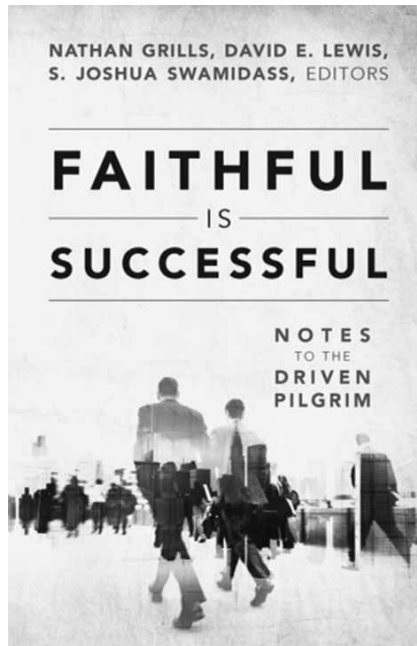
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## Faithful is Successful: Notes to the Driven Pilgrim

**Faithful is Successful is essentially a conversation on the Christian faith and vocation. It consists of chapters contributed by 'successful' international authors from various professions grouped into three main themes; namely: the mystery of calling, success and ambition, and integrating God and faith into work.**

The book was initiated through the Harvey Fellowship programme, which supports leading Christian scholars to undertake postgraduate research in challenging disciplines. During their fellowship these scholars come together for a week long institute to engage with Christian professionals established in their field. The students requested that the material presented at the institute be compiled to give others an opportunity to reflect on the issues of integrating faith and vocation, hence the book.

The editors consist of Australian public health physician Nathan Grills from the Nossal Institute for Global Health, University of Melbourne as well as David E. Lewis who is the William R. Kenan, professorial chair of political science at Vanderbilt University and S. Joshua Swamidass who is Assistant Professor in the Medical School at Washington University, St Louis. Each chapter is somewhat standalone and so the book can be easily picked up for



a quick bite and put down again. However, there is a consistent and coherent theme running through the chapters and these themes are picked up and tied together in the concluding chapter.

**"...researchers, doctors, philosophers, financiers, teachers and artists share practical examples of working out their faith in their vocation..."**

The book is aimed at the thinking Christian who is wrestling with what it means to be a Christian in the professional or academic workplace or what their calling might be. While there are many books written on the Christian faith and work, this book fills a gap by providing a whole spectrum of different real-life examples from Christians in different vocations. Chapters authored by researchers, doctors, philosophers, financiers, teachers

and artists share practical examples of working out their faith in their vocation which might be particularly useful to readers entering similar professional fields.

"For the Christian being faithful, in success and in failure, is what is successful" neatly sums up the book. The authors candidly share their personal experiences in working out their calling, failings along the way, and ultimately learning to derive their worth from Christ rather than a resumé. They reflect on how in God's economy, being faithful may mean sacrificing success, and that sometimes failure can be a severe mercy in distinguishing selfish ambition from faithfulness.

Helpfully split into three main sections, the book first discusses the mystery of calling and asks the question, "To what has God called us and how can we know?" As Christians we have the calling of being in relationship with Him and living faithfully for him, as well as participating with God in his continuing work of creation, care and redemption. However, figuring out our specific calling can be a messy process in which the only constant is God's hand. Authors share their 'muddled' journeys (as one author puts it) in figuring out their calling and working out how it can best glorify God.

The second section of the book deals with ideas around faith and ambition, and asks what we should be striving for and what should be driving us. Authors challenge a popular thought that "vocation is the intersection between your passion and the world's need" and explore the parable of the talents in the context of the church stewarding the gospel, rather than individuals

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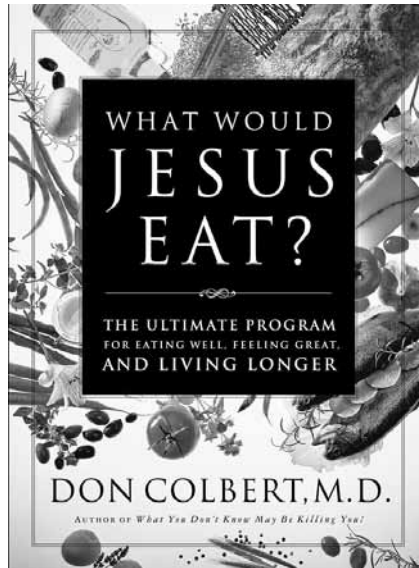
# BOOK REVIEW

## What Would Jesus Eat?

While diet and self-help books abound, Don Colbert MD presents a unique take on the subject, in his book *What Would Jesus Eat? The Ultimate Program for Eating Well, Feeling Great, and Living Longer*. Unlike its kin, this book is not aimed primarily at weight loss or longevity. Instead, the premise presented is that if Christians are to follow Jesus in every area of their lives, then they ought to follow his eating habits as well.

Using New Testament examples and Old Testament law, Colbert infers the sorts of food Jesus likely ate, and concludes that it is good to eat more fruits, vegetables, whole grains and fish, and less processed and refined foods, with added sugar, fat, salt and preservatives. He also emphasises the importance of exercise, as well as advocating a lifestyle change rather than a diet program.

Most of the advice in the book is very sound, from a health and nutritional



**“This book is an excellent resource and entertaining read, as long as it is used as it ought to be – a guide on food and health, not spiritual instruction.”**

point of view. Colbert writes with persuasion, and, quite surprisingly, has driven me to re-evaluate my own eating habits. However, it does make me uncomfortable when he blurs the line between healthy living and godly living. He frequently suggests that “If you truly want to follow Jesus in every area of your life, you cannot ignore your eating habits”, an emphasis which Jesus himself might counter – “Nothing outside a person can defile them by going into them; Rather, it is what comes out of a person that defiles them.” (Mark 7:14) Additionally, in order to justify his recommendations, Colbert claims that the Old Testament food laws ought to continue to apply to Christians in the same way as the Ten Commandments, which I feel may be difficult to unite with the apostles’ teachings on food laws.

Despite it all, this book is an excellent resource and entertaining read, as long as it is used as it ought to be – a guide on food and health, not spiritual instruction. I think we would all be better off physically for following Dr Colbert’s advice, and with that thought, I recommend this book to you. ●

*by James Xu*

## FAITHFUL IS SUCCESSFUL: NOTES TO THE DRIVEN PILGRIM – FROM P31

stewarding talents. One chapter is a very honest and practical dialogue on balancing career and family life. Themes of identity and aspiration emerge and the authors explain how they have tried to re-centre their aspirations on Christ.

The book’s final section tackles whether being a Christian in our current work or profession makes a difference, and presents that perhaps there is no one model of integrating God into our work given our different gifting and contexts. It challenges simplistic notions of God guided work and outlines unique

**“...perhaps there is no one model of integrating God into our work given our different gifting and contexts.”**

ways that faith makes a difference.

All in all, this is a relevant and engaging book that helps one grapple with the crucial issue of calling as a Christian, whether you are a professional, or work in or out

of the home or the church. Authors share creative and beautiful ways they have integrated their faith into their work, and are realistic in describing failures, uncertainties and potential solutions, in the hope that their experiences might help others better follow Christ. This is a book to read for yourself and share with others who are starting out in academic or professional careers. ●

*by Natalie Tan*

*[Conflict of interest declaration: The author of the book review is a colleague of one of the editors.]*



# BOOK REVIEW

## Eat Less Meat

### A New Ecological Imperative for Christian Ethics

David Grummett:  
*The Expository Times* 123 (2) 2011

**The Expository Times is an important theological journal. In December 2010, John Barclay penned an article entitled, "Food, Christian Identity and Global Warming: A Pauline call for a Christian Food Taboo."**

Barclay is a contemporary theologian who is arguing the biblical witness, particularly in Paul's letters such as 1 Corinthians 8 and Romans 14 could become a source of ethical guidance in terms of food choices for Christians in the face of global warming. Indeed we live in the time of both "ecological anxiety" and more "general austerity" since the GFC in 2008.

Barclay documents the challenge in this way. There is an emerging data set which links meat eating to global warming (Livestock's Long Shadow: Environmental issues and options: UN Food and Agriculture Organisations 2006). This research accepts "livestock production generates a higher proportion of greenhouse gases (18%) than motor transport (13%). Livestock produce high proportions of the total global volume of noxious gases. These include 35-40% methane, which is 23 times more effective at trapping heat than carbon dioxide, and 64% of nitrous oxide which is 296 times more effective. 13 million hectares of forest are cleared annually to provide for grazing or feed crops." This impacts on carbon storage also as well as soil degradation and deforestation. The picture point to ongoing ecological decline.

Barclay relates this information to Pauline teaching around food and argues "It is now our Christian duty to reduce our meat consumption to an absolute minimum, if not zero, and

we should have no hesitation in urging this self-denial on ourselves and on others, for the sake of the future of our planet and the lives of its most vulnerable inhabitants. Food should thus become, in at least this respect, a marker of Christian identity; anything less and we will fail in our obligation to embody and express God's embrace of the world in the life, death and resurrection of Jesus Christ."

Barclay's call for a personal and global ethical response is challenging. For theologians it is a challenge to go beyond meat eating as a concern for animals. A robust argument in this area could be found in the work of Stanley Hauerwas and John Berkman. Their argument (very simplified) follows this assertion. "As God's creatures our chief end is not to survive; but be capable of serving one another and in doing so serve as signs of the Kingdom of God. In comparison to this service, survival is a secondary commitment."

This is not a context to fill out their argument but I report their conclusion. "It is the great good news that in our Eucharistic celebrations God has called us to walk in the way of the sacrifice of Jesus – the Way of the Cross and the Way of the Resurrection Life – so that the world might know that we are meant to live at peace with God, with one another, and with good news for the other animals. In this time between the times, the good news for the other animals is that Christians do not need to ask the other animals to be part of a sacrifice that has no purpose in God's Kingdom."

What David Grummett seeks to do in this book is to assemble a history of a plain reading of Scripture around reduced meat consumption. Grummett's research has shown that avoiding meat on Friday's during Lent and in many contexts Wednesday, Saturday and during Advent results in over half of the days each year being meat free. So,

Wednesday reminded the faithful of Judas' betrayal of Jesus. Friday brought to mind Christ's trial and crucifixion and so on. In his book Grummett is able to pose a conclusion like this. "The complex pattern of weekly, seasonal and occasional abstinence was a collective attempt to live scripture by ordering the essential and intimate activity of eating in accordance with scriptural precepts. This was formalised in the Monastic era by the 'Rule of Benedict' which restricted meat consumption to the sick, elderly and children. Monks then did not eat meat but were allowed fish."

In the Christendom era the whole society cooperated around fasting/restrictions until acts of Parliament returned it to the private sphere in 1664.

The biblical injunctions regarding food were not simply 'spiritual', but often contained in a public health good. So the injunction, "not to eat meat if an animal had eaten other animals," if applied today most likely would have prevented the BSE outbreak in the 1980's in the UK. Grummett is impressed with John Barclay's call for a new Christian ethical stance on meat eating. He takes the debate beyond Paul's pastoral letters to show a long tradition of food restriction and fasting as part of Christian spirituality and to some degree important public health advice.

*To complete this review, I will add a list of books/websites that may help health professionals explore these theological issues further. ●*

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*by Paul Mercer*

# OBITUARY

## Aviatrix Dr Dorothy Herbert

(September 24, 1922 – August 27, 2014)

**Dorothy Herbert's Medical and Aviation Career is now a silhouette in the collective memory of the Australian Pioneer Spirit. She is a local hero for the Charleville community. Within her family, she was both a role model and someone who took an active interest in the studies and careers of the emerging generations.**

### Schooling and University

Dorothy attended Ascot State School and then Somerville House finishing school in 1939. She was vice-captain of athletics (competing in the hurdles) and captain of tennis at high school. Dorothy said of those years "I was mad about sport, far too much so, because I played so much that I'd fall asleep in class. I only got one prize. It was for leadership in sport and consistent work!"

She then studied science at the University of Queensland. She continued her passion for sport representing Queensland in the Combined Universities Tennis Competition.

### The War and Post-War Years

In 1942 she joined the Women's Auxillary Air Force as a wireless operator based at General McArthur's Headquarters in Brisbane. At the end of the war in 1945 she went back to complete her science degree, majoring in Physiology and Zoology. She completed her honours degree and worked as a demonstrator in the Zoology Department at the University of Queensland.

While studying and working as a biochemist she put aside three pounds a fortnight from her wages to undertake flying lessons at Archerfield. She gained her private pilots licence (PPL) flying a Tiger Moth in 1947. In 1948, she worked as a biochemist / bacteriologist at the Leprosarium at Peel Island.

She then moved to Tasmania in 1949 and worked as a biochemist / bacteriologist at Royal Hobart Hospital. Her concurrent interest in aviation continued as she joined the Aero Club of Southern Tasmania and continued to fly Tiger Moths. In 1950, she also became a foundation member of the Australian Women Pilots Association (AWPA).

In 1953, she sailed to the United Kingdom via the Suez Canal. She worked as a Cadet Pilot for the Women's Royal Air Force Volunteer Reserve, and ultimately became a Pilot Officer. She also worked as a Briefing Officer with the Royal Aero Club of United Kingdom.

It was at this time it seemed that God laid his hand upon her, and that He also had it in mind for Dorothy to become a flying medico. Dorothy felt as though she was beginning to fly around in circles without any particular aim. Dorothy later said that during this period, she was talking seriously with God about opening the way into medicine. At this time her parents invited her to return home and commence a medical course at the University of Queensland and be a support to them in their ageing years.

### Medical Career

In 1954, she returned to Brisbane to study medicine at the University of Queensland. She graduated from the medical course in 1958. She spent 2 years as a resident doctor at Brisbane General Hospital.

Dr Billy Graham held his crusade in all Australian capital cities, including Brisbane, in 1959. This provided Dorothy with an opportunity to declare herself to be on God's team. This was also an answer to prayer for her mother Winifred. Winifred was a gracious, faithful and loving mother who prayed for all of her four children throughout their lives.

An interest in Charleville and Western Queensland developed after she had met Doctors Lou Airioti (general surgeon) and John Simpson (general physician) while visiting her sister Joan. Joan, a nurse, was working at Charleville Hospital at this time. In 1961 she went to Charleville to work as a Locum Flying Doctor for the Royal Flying Doctor Service for 3 months. She then stayed in Charleville working in private practice until 1981. She assisted the RFDS intermittently during this time.

In 1963, she bought her first second-hand aircraft – a 1957 single engine Cessna. She used this plane to fly to emergencies of her own patients, to medical conferences, to western properties, and was part of a flying surgeon team with Dr Lou Ariotti, and would stand in for the flying doctor as required. At a time when there were few women doctors and fewer women pilots, Dorothy made quite an impression flying to remote communities with her three corgis in tow. She would also fly to Adelaide on occasion to see the ballet. She said: "If I saw the Russian ballet was playing in Adelaide, I would hop into my Comanche and be there in three and a half hours. I would come back feeling on a high for some time."<sup>1</sup>

Dorothy was a truly remarkable woman. She devoted her life to medical care that often required courage – rural obstetrics and anaesthetics are not for the faint-hearted and required stamina and lifelong learning. In 1977, she cared for a premature baby who was successfully transferred to the Mater Mother's Hospital using the government jet.<sup>2</sup> Joh Bjelke Peterson was Premier at the time and his pilot, Beryl Young flew the plane from Charleville to Brisbane. This was one of the first times a premature baby had been retrieved back to a Brisbane hospital and survived. It involved

collaboration between neonatologist, Dr David Tudehope, Beryl Young, Joh and Dorothy to make this mercy flight happen.

### Planes and Gliders

She was part of a crew of two ladies and one gentlemen who landed a light aircraft on the new international airport at Denpassar in 1971. In 1972, she organised the national AGM of AWPAA in Charleville over four days. In 1973 she became Chief Flying Instructor of the newly formed Charleville Soaring Club. She gained her Gliding Certificate and was a part owner of a glider.

Tragically, in 1978, she was crushed under the glider in a freak weather accident. She was flown by RFDS to ICU at the Prince Charles Hospital with a fractured spine and chest injuries. She was in a coma for 3 weeks and ICU for 5 weeks. She returned to practice in a back brace after 5 months of sick leave. A changing of the guards occurred at this time, as Dr Chester Wilson commenced work in the same medical practice in Charleville. He initially stayed with Dorothy as she continued to rehabilitate after her accident. "Dottie was a very tough, very capable lady" according to Dr Wilson. "She would look over your shoulder and she would make certain of absolutely everything that you were doing."<sup>3</sup>

### Semi-Retirement and Retirement

In 1981, Dorothy left Charleville and semi-retired on the Sunshine Coast (with her Major Mitchell Cockatoo, Linda). She worked in General Practice, specialising in Acupuncture and Aviation Medicine. She retired from medical practice in June 1996. It does not surprise us that Dorothy was a fierce critic of "Bureaucracy creep" into medical practice. She was also a member of the Maroochy and Caboolture Aero Clubs. She also flew her last flight in this year to an AWPAA



conference in Longreach at the age of 75. Her flying record at this time included 2200 hours. Dorothy also enjoyed travel overseas at this time and was able to attend the ICMDA Congress held at Stavanger, Norway, in 1994.

### Achievements

She was awarded the Nancy Bird – Walton Trophy for services to aviation in Australasia in 1972. In 1997, she was made an honorary Life member of the Aviation Medicine Society of Australia for her contribution as a designated examiner of airmen for 35 years. She was awarded the Order of Australia medal on 26 January 1999 for her service to rural medicine through the RFDS and to aviation through the AWPAA. She also received a Centenary Medal for her distinguished service to RFDS in 2001.

Through her 91 years of life and service she was an inspiration to her family, many friends, medical colleagues and fellow pilots. Through her life and achievements, we can remember Dorothy as a pioneer and innovator with a wonderful sense of adventure. She features in a section on pioneer women aviators in the

bush at the Longreach Hall of Fame. Her family remember her as a good listener who was both perceptive and decisive. During her life at Charleville, Dorothy was vitally connected with her church and regarded the clergy as friends, counsellors and colleagues. The same was true of her time at Buderim. The Judeo-Christian vision of wholeness, and flourishing through transformation, was the sustaining vision of her career. Dorothy has flown her last flight on this earth. She has graduated from Tiger Moths, Comanches, Cherokees, Chipmunks, Vampire and Meteors, and even the Concorde. She is welcomed with open arms in the breathtaking control room of the Lord of all Creation where there will be no sickness, pain, tears or loss. ●

**Dr Anthony Herbert**

**Dr Paul Mercer**

**Rev Ron Herbert**

### References

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# Next Year in Jerusalem!

by Dr Michael Burke

Michael is the Executive Officer of the Christian Medical and Dental Fellowship of Australia. He works in primary care in western Sydney.

**Next year in Jerusalem! This is the key exhortation of the annual Passover feast of Jewish people. This meal is also annually celebrated by many Christians as part of their preparation for the Good Friday, and Easter Sunday commemoration. These days capture a cycle of uncertainty, fear, loss, and grief linked to Calvary and the subsequent renewal of Easter hope. This cry is an embodiment of hope, relation, and union not only with a territory, but also a history, a culture and a story leading to renewal and salvation.**

Historically this call has resonated throughout the centuries. What does it mean for us today? I am happy to share a three part reflection on this response of confusions, uncertainties and clarifications – before, during and post my recent visit to the land of the life of Jesus of Galilee. Would I visit Israel as a pilgrim, a tourist or as a curious believer linking to a long ago past? This question had troubled me for some time.

Before arriving, it is unclear what a physical visit to the nation of Israel, the place of the life death and resurrection of Jesus of Nazareth will bring to me. I have read his stories and the accounts of the Jewish nation since childhood. Yet Israel has other vast histories that at times seem to surround and overshadow the immediacy of the Gospel stories.



Church of the Holy Sepulchre – the traditional site of Calvary and the resurrection tomb.

**“...the setting is now populated by new casts of people struggling with their own set of existential challenges, there is a familiarity embedded in the geography and a comfort that resonates deeply with stories of a people, a temple, and a Saviour.”**

.....

Israel is a powerful physical presence for the three great monotheistic religions – Christianity, Judaism and Islam. The geography of Israel has served as a physical stage for the contested narratives of these great religions of our modern world. And the uncertainty and tension continues. Israel also serves as a bridge between the three continents of Africa, Asia and Europe.

We arrived in the evening and drove through many hills lit by night lights. The new day demonstrated a busy suburban landscape featuring a bus station and a modern suspension bridge. A ten minute light train ride

delivered us to the golden limestone walls of the old city comprising an Armenian quarter, Muslim quarter, Christian quarter and Jewish quarter – all enclosed, abutting and busy. The city has a five thousand year history with many different groups gaining power for a time until their time passed. A common pattern often repeated saw the hegemonic power favouring their own community leading to growing resentment from others until this resentment led to confrontation, struggle and then change of rule.

This is a holy land for Jew, Christian and Muslim. Sadly all inhabitants

of this Holy Land are not as holy as the land. Pickpockets were highly competent and surrounded and overwhelmed me.

The city has many sites traditionally linked to the biblical and gospel stories. Jerusalem was destroyed in AD 70 and again in AD 136. Constantine in the fourth century embraced Christianity and invested his wealth in many churches said to be built on the sites of key points in the life of Jesus. I visited the Mount of Olives, and the Church of the Holy Sepulchre – the traditional site of both Calvary and his resurrection tomb, and the Church of His Ascension. A visit to the pleasant Garden Tomb was refreshing and peaceful. Many of these site claims are based on tradition and may or may not be supported by the archaeological record. As one guide shared – why let facts get in the way of a good story.

Nevertheless while the exact locations of these various events are clouded by the uncertainties of the historical distance, there is powerful evidence for the life death and resurrection of Jesus. This was comforting and reassuring. In some ways it was like visiting a childhood home – full of essential memories, cherished hopes and dreams sprinkled with various regrets and

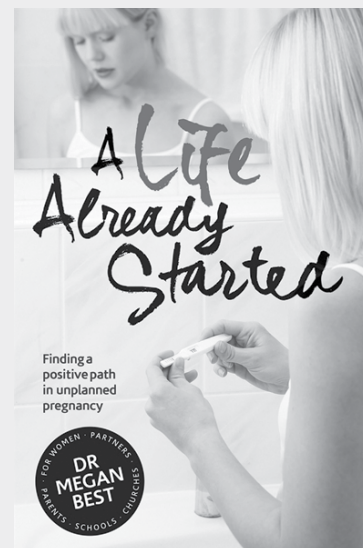
disappointments. Nevertheless even though the characters have moved on, and the setting is now populated by new casts of people struggling with their own set of existential challenges, there is a familiarity embedded in the geography and a comfort that resonates deeply with stories of a people, a temple, and a Saviour.

He certainly existed and as today was not liked by all. The Roman historian Tacitus and the Jewish historian Josephus, neither believers recorded details of his life and death independent of the references of the four gospels. Those details are maybe for another piece of writing.

Now as I look back on this experience from a different hemisphere. I feel that a visit to these sites was not a life changing event – as my life had earlier been changed by my ongoing belief in Jesus Christ that I commenced as a young man at the age of twenty. Yet there was a freedom and peace in beholding the context of the story that is dear to me and has guided me for the majority of my life. While I would not consider myself as a pilgrim, nor a mere tourist in an exotic location, I will continue to look forward to the opportunity to meet again in a new Jerusalem with all who similarly believe. Next year in Jerusalem! ●



## CMDFA Notices



### Choice Award

Congratulations to **Dr Megan Best** who has won a 2014 Caleb Reviewers Choice Award for her book *A Life Already Started*. The Caleb awards are presented by Omega Writers Inc – an association for Australasian wordsmiths writing faith-inspired work.



CHRISTIAN JOURNAL  
for  
GLOBAL HEALTH

### Christian Journal Published

Dr Nathan Grills is pleased to advise that the second issue of the *Christian Journal For Global Health* was published with some tremendous articles. Register for free as a reader and have full access to the articles with interactive comments to generate further reflections on the topics. The third issue is due to be published this February. The journal can be accessed through Google.

## Luke's Journal

### INSTRUCTIONS FOR CONTRIBUTORS

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

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

**Advertisements and short news items** should be submitted directly to the **sub-editor**. See page 2 for contact details.

# V A L E

## Dr Cliff Smith

(2/1/1943 - 3/2/2015)

**Dr Clifford Smith died on 3rd February 2015. His family and medical carers were with him.**

Cliff's wife Judy thanks all for their prayers during Cliff's illness.

A Memorial Service took place on Wednesday 11th February at the Terrigal Uniting Church.

Cliff has led a life of great service and Christian love and commitment. He has provided leadership in health in Papua New Guinea in clinical work, policy work and through the



important and ongoing work of the Community Health Worker manual.

Cliff was the first executive officer of the Christian Medical and Dental Fellowship of Australia, from 1999 - 2009. He also provided leadership in Health Serve Australia.

Cliff has been a loving, kind and gentle husband and father.

We mourn his passing, and celebrate his life!

## Engage.Mail

Ethos – Centre for Christianity and Society

[www.ethos.org.au/Online-Articles/Engage-Mail](http://www.ethos.org.au/Online-Articles/Engage-Mail)

This month, Megan Powell du Toit looks at divisive Christian conduct on social media, James Garth looks at asks some big question about science, God and 'fine-tuning', Barbara Deutschmann critiques the slashing of foreign aid, and Claire Dawson has strong reactions to our culture immersed in climate change denial.

On the ethos blog, Paul Tyson continues the discussion on civil disobedience with a rejoinder to Nick Jensen's response to Matthew Anslow's article on Romans 13 and we have a review of the movie 'Interstellar'.

**Ian Packer**  
**Gordon Preece**  
**Denise Cooper-Clarke**

**Ridley**  
MELBOURNE  
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## MARKETPLACE INSTITUTE

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2015

Faith and Work  
Award Recipient  
**Barney Zwartz**



## Faith and Work Award Dinner

**Saturday 23 May**

**6:30 for 7:00pm**

Ridley Melbourne, Parkville

3 course meal and drinks

**\$75**

2015 Award Recipient and After Dinner Speaker **Barney Zwartz**, former Religion Editor for *The Age*, now with *The Melbourne Anglican* and Centre for Public Christianity. Barney is a truthful, fearless, and prophetic voice in the media. He is also an occasional music critic and reviewer, and Manchester United supporter.

Our pre-dinner speaker, on **Serious Play: Work as Sub-Creation with God** is, **Prof. Sean McDonough**, Gordon-Conwell Theological Seminary, Boston. Sean previously taught at Pacific Theological Seminary, Fiji, and is biblical editor for the Theology of Work Project [www.theologyofwork.org](http://www.theologyofwork.org). He is author of *Christ as Creator: Origins of a New Testament Doctrine* (Oxford, 2010) and co-editor *Cosmology and New Testament Theology* (Continuum, 2008) and the forthcoming *Creation and New Creation*.



**REGISTRATIONS THROUGH RIDLEY MARKETPLACE INSTITUTE SOON**



# What is the CMDFA?

## Aims

- To provide a Fellowship in which members may share and discuss their experience as Christians in the professions of medicine and dentistry.
- To encourage Christian doctors and dentists to realise their potential, serving and honouring God in their professional practice.
- To present the claims of Christ to colleagues and others and to win their allegiance to Him.
- To provide a forum to discuss the application of the Christian faith to the problems of national and local life as they relate to medicine and dentistry.
- To foster active interest in mission.
- To strengthen and encourage Christian medical and dental students in their faith.
- To encourage members to play a full part in the activities of their local churches.
- To provide pastoral support when appropriate.

## Origins

Its historical roots are in the Inter-Varsity Fellowship (IVF) and the Christian Medical Fellowship (CMF) that started in the UK. Along with similar groups being set up around the world after World War II, separate Australian state fellowships of doctors and dentists were established from 1949.

These groups combined as a national body in 1962 and the Christian Medical and Dental Fellowship of Australia (CMDFA) became officially incorporated in NSW in 1998. In 2000 the work became centralised with the establishment of a national office in Sydney to assist with growing administrative needs.

CMDFA is governed by state branch and national committees elected at annual general meetings of its financial members.

CMDFA is linked around the world with nearly 80 similar groups through the International Christian Medical and Dental Association (ICMDA) which includes Christian Medical and Dental Associations of the US.

## Why join the CMDFA?

- Fellowship • Evangelism • Discussion • Mission • Student Work

### CMDFA seeks to:

- Unite Christian doctors and dentists from all denominations and to help them present the life-giving Christian message of God's love, justice and mercy in a tangible way to a hurting world.
- Help students and graduates of medicine and dentistry to integrate their faith in Jesus Christ with their professional practice.

Membership is open to students and graduates, who want to follow Jesus Christ as Saviour and Lord. Associate Membership is also available to Christian graduates in related disciplines.

### By Joining the Fellowship you can:

- Be motivated in mission for Jesus Christ.
- Be encouraged in your growth as a Christian Health professional.
- Be committed in serving God and your neighbours in the healing ministry.
- Learn from others in integrating your Christian faith and your professional life, drawing on the experience of older graduates as mentors and facilitators.
- Encourage and support other colleagues in fellowship and prayer.
- Share your resources with those in need through special ministries.
- Network with others to effectively bring God's love to patients, colleagues and daily contacts.
- Collectively make an impact for Christ in health care.

## Luke's Journal

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