

# cnm NEWS

Issue N° 10: Autumn 2004 A.D.



## Challenged to Care

*A Report on the 16th Quadrennial Congress of NCFI, July 4 – 9 2004, Seoul, South Korea*

Anyeong Haseyo - Greetings from Korea! This was the sixteenth gathering of the Nurses Christian Fellowship International (NCFI) since it was founded in 1957, and drew together some 379 delegates from 33 nations. The Conference aimed to explore the biblical basis of caring; to build and strengthen Christian values as a foundation for knowledge and practice in nursing; and to explore and challenge the context of Christian nursing practice in the 21st Century.

The Christian Medical Fellowship sponsored three of the CNM committee to attend the conference – Angela Thavaraj, Tim James and Steven Fouch. This was a great opportunity for CNM to re-connect with the global Christian nursing community.

The concepts of leadership, scholarship and servanthood were integrated throughout the conference program in specific seminar and academic “tracks”. The morn-

ings consisted of a Bible exposition and a linked plenary session exploring the issues of “Care of the Caregiver”, “Globalisation, Health and Nursing”, “The Paradigm Shift in Nursing” and “Nursing and Diversity”. The afternoons were split between hour and half seminars, and twenty minute academic paper presentations on issues as diverse as “The Relationship of Suicidal Ideation, Depression and Spiritual Well Being of Korean Adolescents” to an application of the Book of Job in dealing with spiritual pain in the terminally ill, using Kubler Ross’ model of grief. There were many papers on Spiritual care, but also on as diverse a range of topics as HIV care delivery and aseptic practice by Nigerian nurses, to developing family health nursing in Uzbekistan.

Dr Kim Mo Im, past president of the International Congress of Nurses (ICN) was the keynote speaker for the opening ceremony. Other key speakers included Dr Suzie Kim (Florence Nightingale

International award winner at ICN 2001), Dr Judith Allen Shelly (outgoing Editor of the Journal of Christian Nursing), Professor Barbara Parfitt (Dean of Nursing at Glasgow Caledonian University), and Kamalini Kumar of Mercy Medical Centre, Clinton Iowa.

NCFI is structured around six regions (Caribbean & North America [CANAA], Latin America, Europe, Africa, Central Asia & Middle East [CAME], and Pacific & East Asia [PACEA]). The largest region (in both geographical and membership terms) is PACEA, and was also, given the location, the most represented at the Congress. However, Africa, CAME, CANAA and Europe all had good sized delegations, although Latin America was only represented by one delegate, for geographical and linguistic reasons (the conference was held exclusively in English, with the only parallel translation facilities being into Korean).

## Highlights

The first thing that struck me was the high level of scholarship in the Bible expositions, plenary sessions and paper presentations. However, it was also highly applied research, and when one heard the background of the people presenting the papers, one realised how much a Christ centred focus on care had shaped their entire lives, not just their professional practice.

One of the big challenges was the call for nurses in general, and Christian nurses in particular, to have a role in shaping national and global health strategies and priorities, and the need to challenge a market driven approach to healthcare provision that reduces healthcare to mere service delivery, marginalises the poor and sidelines the issues of public health. These are all areas where nurses are in a key position to challenge the current paradigm in global healthcare, but where we are mostly excluded from the process.

Almost all the national fellowships that I talked to are facing similar problems to CNM – lack of committed members, difficulty finding people to work on the committee, how to keep in touch with and encourage students, etc. Even the larger fellowships struggled with this. The issues are pretty global, not specific to UK or NHS culture!

Spiritual care was very high on the agenda – varying from US and Australian groups who have done extensive research and developed models of care that are Biblical and highly professional. It would appear that there is a lack of knowledge about spiritual care in the UK, how to practice it, or even how to assess and evaluate the care given. One encouragement was from Linda Ross, who showed that Christian nurses are addressing the issue, while secular nursing bodies are hopelessly lost in either rigid, superficial and religious definitions of spirituality, or wandering off on vague and

irrelevant New Age models of spirituality.

One very striking moment was in the final plenary session on diversity. The leader of the delegation of Japanese Christian nurses, Fukushima Chieko, got up to explain her reasons for attending the conference. These were in large part to offer an apology to the Korean people, and especially to her Korean colleagues and Christian sisters and brothers for their treatment at the hands of the Japanese during the occupation of the first half of the twentieth century. The deep hurts that the Koreans have felt towards Japan are not dissimilar to those felt by Jews towards Germany, and to hear a group of five Japanese nurses standing in front of several hundred Korean nurses and apologising in Korean for the suffering caused by their fathers and grandfathers during the occupation, was something that will be hard to forget. The impact was profound on all those present. Koreans were going forward and embracing the Japanese, then the Fijian and Papua New Guineans (who also suffered badly under the Japanese) doing likewise. It was deeply moving, and there was real sense of being on Holy Ground – that God was right there in the midst of the reconciliation that was going on in the meeting.

Another great encouragement was the six Mainland Chinese nurses who were in attendance – this was the first time NCFI had had any delegates from the Chinese mainland. There were significant ethnic Chinese delegations from Hong Kong, Taiwan, Malaysia and Singapore as well. That it was at all possible to get the Mainland Chinese to the Congress was an achievement in itself, and the hope is that this will be the first spark of a Chinese NCF coming to life in the next decade.

A final personal highlight was Korean hospitality. The food was not to everyone's taste certainly (raw fish, pickled vegetables (kimchi) and rice noodles with every meal), although I personally loved it, but the

warmth of welcome was wonderful, especially the groups of student nurses who met us at the airport, guided us around and helped us throughout the conference. Angela even got to enjoy a Korean church service in one of the more "medium sized" churches in Seoul (35 – 40,000 congregation on a Sunday morning). My abiding memory of Seoul is of a huge, bustling, vibrant city that was at the same time very friendly and welcoming, and of a strong a vibrant Christian community that has helped shape modern Korea for the better.

## Implications for CNM and Student Work

One thing that cropped up over and over again was how encouraged people were to see three delegates from the UK (there were seven actually, including Barbara Parfitt of NCF Scotland and Linda Ross of the University of Gwent, who were presenting papers). That there was a new England/Wales fellowship starting was a great encouragement to many that I talked to. Many of the West Africans (especially from Ghana) had been deeply hurt when the original English NCF had closed down twelve years ago. I met a group of Fijian nurses who had been specifically praying on a daily basis over the last few years for a new fellowship to get off the ground in England/Wales. It is both a privilege and a responsibility to be part of the answer to such fervent prayer!

We made contact with NCF groups in Nigeria, Fiji and the Philippines who all have members here in the UK, and we hope to build links with these Christian nurses over the coming year. With the vast influx of nurses from Africa and Asia to the UK, many of them being Christians, there is considerable scope to develop a more international Christian nursing group across the country. Many will be isolated and away from home for the first time, some will have little or no Christian fellowship and friendly face and point of contact will do a lot to help them feel at home and find their feet. Furthermore, with concerns about the global impact on the health of the poor of this migration, and its implications for world mission, this will be an initially small but significant development.

We have built stronger links with the European Region of NCFI. There is to be a European Region Conference in 2006 in Ede, the Netherlands (August 22-26) on theme of Ethics and Spirituality. This is being organised with three nominally Christian nursing schools by Dr Bart Cusveller. This will be a key event to bring CNM and CSNM (Christian Student Nurses and Midwives) members to.

As a result, we have far closer connection with NCF Scotland, NCF Europe and NCFI as a whole. We are in discussions with Harry Loudon (NCFI Director) on seeing CNM become a full member of NCFI over the

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THE CHRISTIAN UNION MOVEMENT



Louden (NCFI Director) on seeing CNM become a full member of NCFI over the course of the next few years.

### Conclusion

It was certainly worth the time and energy and expense of going to the conference. Without the financial support of CMF, it would not have been possible, and it was of far more value to have three delegates who could each follow different contacts and get different emphases out of the conference than to send just the one. We even managed to have an impromptu publications meeting and outline the next eighteen months worth of CNM News and commission a few articles in the space of one dinner break! Watch this space for the results.



*Tim, Angela and two of the Korean nurses who made us welcome.*

We are working closely with NCFI on membership, on promoting the 2006 European Conference (see CNM Notice Board) and we are looking forward to taking a bigger delegation (including students)

to the 17th Congress in Abuja, Nigeria in 2008!

*Written by Steve Fouch*

# Assisted Dying for the Terminally Ill: *The “Joffe” Bill*

As many of you will be aware from the last edition of CNM News, we have been in the midst of putting together a submission to The Lords Select Committee scrutinising Lord Joffe’s “Patient Assisted Dying Bill” which seeks (among other things) to decriminalise physician assisted suicide and voluntary euthanasia for the terminally and chronically ill.

In addition to sending our own submission directly to the Select Committee in September, we also encouraged individual CNM members who are RCN members to send personal submissions to the Royal College as it prepared to make its own submission. In the past, the RCN position has been that assisted dying is illegal and that nurses should not participate in any such practice.

There was some concern, fostered by some pro-euthanasia reporting in sections of the nursing and national press, that the RCN was under considerable pressure from its membership to change its position and adopt a pre-euthanasia stance. However, as many of you will now know, at the end of September, the RCN stated publicly that it continued to oppose any move to legalise assisted dying. Stating that asking nurses to take part in assisted suicide and euthanasia “would undermine the nurse-patient relationship and frighten vulnerable people”, and furthermore would “normalise the concept that some lives are not worth living”, the RCN deputy president, Maura Buchanan said, “the overwhelming response [from RCN members] has been to oppose the Bill and reaffirm nursing’s core principle of valuing life and ensuring patients are well cared for.”

CNM is greatly encouraged by the RCN’s reaffirmation of its commitment to good quality palliative care and opposition to assisted dying. It is also worth noting that the British Medical Association has also not come out in favour of the Bill, although it has chosen to remain neutral. Sadly, the Royal College of Physicians and the Royal College of GPs have both dropped their opposition to the Bill, despite many doctors being strongly opposed to legalising assisted dying. Nevertheless, the BMA’s stance, like the RCN’s has been set by its membership. This sends out a strong message to the select committee that health professionals (who would be the ones to enact the legislation) do not want to see this Bill become law, whatever the current trend in wider public and media opinion is on the matter.

Thank you to all those of you who wrote to the RCN and The Select Committee on this matter – you really did make a difference. Please continue to pray for the Select Committee as it prepares to report back to Parliament in the New Year. It is still possible that the Bill may be passed, and we need to continue to pray and lobby on behalf of the vulnerable who could be adversely affected by this legislation.

*For more information on the Patient Assisted Dying Bill and a Christian response, see*

[http://www.cmf.org.uk/press\\_releases/joffebill3.htm](http://www.cmf.org.uk/press_releases/joffebill3.htm)