

Connecting Evil, Suffering and Empathy

by Peter Swift

Having worked in children's intensive care for ten years in all, I have given some thought to the whole subject of suffering. Not that I can claim to have anything desperately original to say, but at least these thoughts come from someone at the "coal face", albeit as an observer.

In September 2004 the world was confronted with the school siege in Beslan, which resulted in hundreds of young children being killed. Then in December 2004 we were shocked by the scale of the Asian tsunami.

If we had faith in the fundamental goodness of humanity then Beslan should have shaken our complacency. If we naïvely believed that we live in the best of all possible worlds then the tsunami should alert us to the truth. We share an unstable fragile planet with rotten people like ourselves. If we hadn't thought about evil and suffering before we have no excuse now. Every culture, every faith, every ideology must have some sort of response to the suffering it witnesses. For Christians evil and suffering are not an awkward side issue; they are the core problem to which the Gospel boldly claims to be the solution. The Biblical narrative in Genesis 1-3 explains why we live in a world of great beauty, populated with wonderfully gifted people, which has fallen into a state of disease.

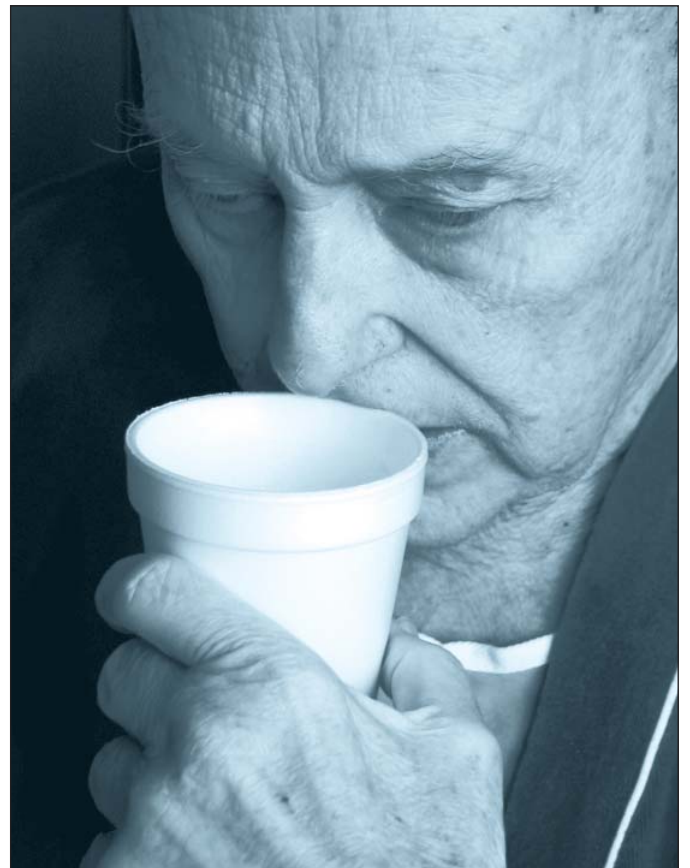
Meaningless or "Meaning-Full"?

There are two equal and opposite responses to evil and suffering. The first is that all such suffering is "Meaningless".

Richard Dawkins says:

"In a universe of blind physical forces and genetic replication, some people are going to get hurt, other people are going to get lucky, and we won't find any rhyme or reason in it, nor any justice. The universe we observe has precisely the properties we should expect if there is at the bottom no design, no purpose, no evil, and no good; nothing but blind, pitiless indifference. DNA neither knows, nor cares. DNA just is, and we dance to its music."

Another view from the "meaningless" belief systems might be the Buddhist who says that suffering is merely an illusion. Both Dawkins and the Buddhist say that such questions of morality are "all in the mind", and if we instinctively recognise certain actions or events to be evil, then it is our instincts, which are wrong.



From a Christian perspective this response to suffering is at best inadequate and at worst is itself an act of moral cowardice in not facing the reality of evil which any sensitive observer of human affairs can recognise.

The opposite reaction to the "meaningless" outlooks is to say that the suffering is "meaning-full" [in the sense of being *over* full of meaning]. Fawzan-al Fawzan, who preaches on Islamic TV networks, said that the Tsunami victims died because they deserved to. Several years ago Glenn Hoddle was forced to resign as England's football manager for saying something similar in the context of disabled children – "these things happen for a reason". Bad karma in Hindu tradition can be invoked to justify suffering. It purports that

purports that unfortunates are being punished appropriately for evil they have committed in previous lives. In all the “meaning-full” schemes of things there is a simple cause and effect relationship. The disaster or epidemic take out the evildoers. The suicide bomber or hostage taker can justify his actions by saying that it is God who determines who is worthy of death, he is merely a tool of divine providence. The sufferer is not a victim worthy of compassion but a “sinner”. At the same time, because I am NOT ill, murdered or otherwise ill favoured, I cannot be a “sinner”, QED.

Sin and ill fortune are equated in “meaning-full” theologies, which is why they do not have a philosophy of compassion beyond meritorious alms giving. If we understand this then we will immediately begin to understand the purpose of healing in Jesus' ministry and why it was so challenging to the prevailing attitudes of the day. Jesus is THE physician of the body and the sin-sick soul, not the executioner!

“Meaning-full” theologies will always assume that sin is a problem for someone *other* than themselves and that only judgment, rather than grace, will be the result. It is the natural default setting of us humans to assume that God will bump off “the bad guys” (such as the Beslan hostage takers) and accept me. Evil is never a description of ourselves, but is always applicable to the “other”, to “them” or whoever the “out-group” happens to be. And we know that God *will* judge murderers - but what about we who murder our brother in our heart? Why do we presume that we will be left standing? What is it that we are trusting in? Jesus reserved his harshest criticism for the self-righteous (e.g. Matthew 23 & Mark 12v38-40)

A Christian Response

In Luke 13 Jesus is asked about the victims of a Roman atrocity and others killed when a building collapsed. Jesus replies, “Do you think that these were worse sinners than all the others? ... No ... but unless you repent you will all likewise perish”. These events were not “meaning-full” but neither were they meaningless. If such crises give us pause for thought and cause us to examine our own lives and our desperate need to be right with God then it is at least meaningful. The awful truth is that we are all evildoers worthy of such judgment. This is how I know that the Gospel is true, because it holds a mirror before me and reveals a face I don't dare show anyone else, and yet reassures me of a God who knows me and loves me totally.

As a Christian who has worked in Paediatric Intensive Care I have witnessed my fair share of misfortune, and seen that it is natural for people to look for significance in their loss. Some Christians naively assume that they can interpret the mind of God from events. Although I am suspicious of such attempts, just because *I* cannot conceive of the purpose doesn't mean that there isn't one.

We must therefore help those for whom we care to avoid over analysing their situation, seeking out “the lesson to be learned!” while helping them to make sense of their suffering and tragedy.

In doing this we need to turn to the scriptures. The Bible has a great deal to say about suffering - especially when compounded by its apparent meaninglessness. The universe, as Dawkins observed earlier, is apparently without “any rhyme or reason”. The Bible describes this state as “the creation subjected to futility” (Romans 8v20-22). Dawkins was right up to a point (Ecclesiastes 1:1 would agree!), but that is not the whole truth.

When I face a distressing, perplexing situation at work and my theological abstractions are dust in my mouth, and there are no easy answers, what THEN do I need to know? I need to know that God is loving and that he is all-powerful.

In John 11 v1-44, Lazarus was ill and his family sent word for Jesus to come to their aid. Inexplicably he delays his departure, and when he arrives Martha gives him a piece of her mind – “where were you when we needed you?” Jesus replies, “Your brother will arise again”. Martha knows her theology, thank you very much - she believes in the resurrection. But Jesus says something amazing “I am the resurrection and the life”. True faith is never a theological abstraction; it is trust in a person. Of course Jesus goes on to demonstrate his awesome power by raising Lazarus, but before we get there we are given some insight into the heart of the Trinity. Jesus as God is deeply moved and greatly troubled. And he weeps. In this we see God suffering along side those who grieve (See Isaiah 63v9). I may not know the “why” of suffering within God's plan, but in Jesus I have the “who” question of God's character settled.

Faith is ultimately relational and is not a theological abstraction - perhaps that is why the philosophical answers to suffering are arid and unsatisfactory. Abstractions can never take the place of a personal God. That is why Christians need to get onto the subject of Jesus ASAP if we are to address evil and suffering in anything like a meaningful way - if we don't we will sound like we are justifying suffering. Someone's question about suffering and injustice, which we airily pick over, may conceal a deeper pain. Do take care to find “the question behind the question”.

God has not been indifferent to the suffering of the world, but in Christ he has clothed himself with human frailty and acted decisively in history at the Cross.

Conclusion

Evil and suffering, far from demonstrating the non-existence of God, actually alert us to the fact that we live in a moral and personal universe. Indifference is not a Godly option. And only Jesus adequately addresses the deepest of deepest needs in Mankind – to be reconciled to the Creator. Evil and suffering are not magicked away but in the fullness of time, for those who take refuge in him, God “will wipe away every tear from their eyes, and death shall be no more, neither shall there be mourning nor crying nor pain any more”. In a sense, when we want the suffering to end, we are asking God to bring in his Kingdom. And ultimately the only “tragedy” is the pain of those who reject the grief-stricken Christ (Matthew 23v37-39). Only when Jesus' kingdom comes in all it's fullness will the conundrum of reconciling God's love, as expressed in his perfect justice, be reconciled with his love expressed as mercy.

The Beslan hostage-takers and tsunami victims and you and I will all stand before the flawlessly fair judge who knows all our hearts. Only then will the Universe, in which we have always felt ill at ease, be put the right way up.

Peter Swift has been in nursing since 1981 and worked in Children's Intensive Care for over ten years. He attends St Helen's Church, Bishopsgate in London.

He will be talking on the subject of “Suffering, a Christian Nurse' Perspective” at the CNM Autumn Day Conference on November 26 (see Notice Board for more details)

CNM Student Group Update: Southampton

by Rachel Weekes

I have recently taken over the Southampton CNM Students group from Becky Fakely, and I am very excited about the new academic year. I am hoping to see lots of 'freshers' coming along, as I remember being so comforted when I was in my first year to know there is someone there to 'look after me'!

I feel strongly that we need support from others who may be experiencing the same difficulties and who can also share encouraging stories and words from God to help us through. We are hoping to meet every two weeks in the university's chaplaincy or in someone's home. We tend to meet on Fridays for a few hours before the main Christian Union meeting as then it doesn't take up another evening and we also offer food so people don't have to eat quickly then rush out. We can then enjoy a nice long time chatting before we get down to business. There is usually a small group of 4 or 5 that come regularly and a few others that come occasionally. We share experiences of our practice (good or bad!) and tell each other honestly how we are coping. This therefore gives the opportunity for us to encourage one another and also shows where prayer is needed.

We usually have a little discussion/ bible study on an issue that is relevant for our lives, for example, on how we need God's strength to do our jobs and remind ourselves that it is him we are serving. We then have a time of prayer, praying for the things we have talked about before and for help to apply the things we've learned to our lives.

I always go away from the meetings feeling encouraged and determined to go back to work to tell someone about Jesus and be an example of a Christian serving God.

If you want to make contact with the Southampton student group, or see if there is student or qualified group in your area, email students@cnm.org.uk or call us on 07941 800637

Editorial

I remember a song from my teenage years which had the line "*he knows the changes aren't permanent, but change is*". That always struck me – all things are temporary and prone to change in the world. The only constant is change. That is, if you take God out of the equation, but once He is back at the centre, we can see that every change we face in life – in work, home, church, family, are set against the unchangeableness of His love, grace and acceptance of us.

So, it comes as no surprise that a theme that crops up a lot in CNM at the moment is change. We have new publications such as the new CNM website (at www.cnm.org.uk if you have not already seen it), new student membership leaflet, and a prayer letter. There is a new CNM group in Aberystwyth, and we are in the

process of joining Nurses Christian Fellowship International and registering as a charity. New members are joining all the time, especially students, which changes the nature of the fellowship (for the better, we believe).

This edition of CNM News focuses us back on God's timelessness; from Peter Swift's look at suffering, and the constancy of God's presence with us in hard times, to Rachel Bowen's experience of God's constant compassion for the marginalised in her time caring for those with leprosy and HIV/AIDS in Thailand.

So, as we go about our work, coping with seemingly unending changes going on in the NHS and our professions, let us hold on to the reality that even in the midst of constant change, we have sure and certain foundation, who is Jesus, and He never changes. ■

Elective Report

Rachel Bowen in Thailand Summer 2004

*I hear and I forget, I see
and I remember, I do and
I understand* Chinese Proverb

It is hard to try and condense the last three months into a few pages and to express through words all that I have seen, heard, smelt and learnt during this short-term encounter with Asia. Over the course of my nursing elective I came to realise how truly profound and significant that Chinese

proverb was. It is my hope that the following report might, even in a small way, convey some of the experiences, and life, together with some of the insights that I have gained during my time in Thailand.

I had the opportunity to spend eight weeks between McKean Rehabilitation Centre (supported in part by the Leprosy Mission), located outside Chaing Mai in Northern Thailand, and Manorom Christian Hospital, an OMF run hospital in central Thailand. I would be nursing predominant-



predominantly leprosy patients at McKean and AIDS patients with OMF. I had had no previous experience with either disease and had limited knowledge, as well as a naïve understanding of both diseases in a Thai context. Yet I was excited and eager to begin this unique experience. I remember buzzing with anticipation and expectation as I sat in the plane on my way to Thailand. The only worries I had were about my significant lack of Thai language and the uncertainty of the extent to which I would be able to nurse under the licence restrictions that Thailand imposes on foreign students.

However, after an invaluable orientation week in the provincial capital town of Lopburi, which included some language training, I began my elective at McKean. It was really exciting to see how McKean had become more than the original 20th century idea of a leprosarium, which was aimed solely at protecting the general public from contagion. I began to realise from day one that McKean was committed to addressing and overcoming the prejudice, ostracisation and isolation experienced by thousands of people affected by leprosy.

One particularly poignant incident that will remain with me for a long time involves a 77 year-old lady who I will call Pii Bon. She was bed bound, had been diagnosed with leprosy and now suffered from dementia. She had been at McKean for 20 years and was considered too old and disabled to rehabilitate. McKean had thus become her home and family, as was the case for the majority of people in the home and village cottages. She was completely dependent upon others for all her care needs, and thus I would often sit feeding her at meal times. She had a sacral pressure sore and so I began to encourage regular turning and increased protein intake, as her diet consisted predominantly of sticky rice and mango.

However, after a shower one day, as we were putting her back onto her bed the ulcer opened up and all the tissue that had been gradually breaking down, began to pour out. The size of the now very deep ulcer was just too much and I broke down. The whole situation spoke of more than a physiological problem, but one of mismanagement, poor nutritional intake, limited and inadequate resources and the ability to only achieve basic nursing care, together with a resignation and fatalism. Things could and should have been different. Pii Bon passed away a fortnight later from cardiac failure. Had she lived the ulcer would probably not have healed, as an operation would not have been an option given her age and diagnosis. It taught me a great deal and I faced the death of someone I had nursed intensely for the very first time. On reflection I am grateful, despite this being a very hard and real lesson. I was to face this again whilst working with OMF in the AIDS hospice in Lopburi.

My time in central Thailand was completely different to at McKean, I nursed alongside a Dutch missionary between Manorum Christian Hospital and the AIDS hospice that is a part of the Dramaraksa Project located at Wat Phrabatnampo (a Buddhist temple) north of Lopburi. The project was founded by a Buddhist monk who saw a need and responded by bringing people to the temple and caring for them. It is now internationally renowned and attracts hundreds of visitors each year.

This was something that I struggled with. Daily coach loads of school children, doctors and business people would come to the temple. They would walk through the ward simply looking at the patients, yet never approached them to talk. It felt as if the patients were on show and the intrusive nature of the visitors' presence made me want to retreat and be alone. Yet patients

who were too sick to even stand-up, could not escape it all. I found it very hard to work out the mentality and motives behind it all.

With minimal knowledge of AIDS I found the experience a big learning curve and challenge. It baffled me that the hospice was within the grounds of a Buddhist temple. In a Buddhist society that shuns those who are a burden upon oneself, one's family and one's society, and believes that those who suffer with a disease do so as a direct consequence of past misdemeanours, it was amazing that a monk should seek to care for AIDS patients. However, it was an amazing experience and gave me much insight into issues underlying AIDS within a Buddhist society.

At Manorum Christian Hospital I became a part of the OMF missionary community. It was a completely new world of ideas and possibilities and demonstrated how people are using their skills and gifts to their full and much needed potential. It is a very special place and people come from all over Thailand to be treated there.

During my time there I was able to attend surgery sessions and to work on the wards attached to one of the three sisters. There is so much I could include here, such as how I was successful in cannulating four patients, how I administered an intradermal injection for the first time, how I administered intravenous injections and calculated infusion rates, or my encounters with haemorrhagic dengue fever, or worse still, my personal suffering with scabies! I felt that I had learnt a great deal by the end of these three weeks, perhaps even more so than during my time at McKean.

My words could go on and on. However, so much of what I learnt is subtle and cannot be conveyed through words. You really have to 'do to understand'.



Launch of the “Jubilee Manifesto” a Framework for Christian Social Reform

On the 19th July 2005 Michael Schluter introduced the “Jubilee Manifesto” as a groundbreaking publication. Many fine books have been written about Christian social reform he said, but this work published by IVP and The Jubilee Centre helps to provide a unique underpinning philosophy for Christian’s social action. Often, in the recent past, Christians have responded to any arising social concerns by reactive, usually negative, single-issue campaigns. Using the model of the “Greatest Commandment” of Matthew 22 v 34-40 it is possible to develop a system of “relational ethics” which will help Christians develop a constructive, proactive framework for social, economic and political involvement.

I think that this is very positive and provides a pragmatic framework for Christians to engage with many of the issues of the day. My one reservation – which reflects my own difficulty in squaring the circle of social reform without first reforming the Human heart – is “are we not in danger of putting the cart before the horse?” We might change society for the better but we have not actually helped society be reconciled to God! No amount of social reform will do that.

In one sense that may be an academic point for this reason, most of the people reading CNM News will, no matter how modest, be helping to formulate policies within the

healthcare setting at some level. If we wish to do this with a Christian mind then I believe that “relational ethics” and the Jubilee Manifesto might prove valuable in it’s own right – and who knows, even if it is not evangelistic as such, it may prove to a form of “pre-evangelism”?

by Peter Swift

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Nurses Christian Fellowship International *Update*

This July I had the privilege of spending a couple of days with the Board of Nurses Christian Fellowship International as it met in Argyll. As you may be aware, NCFI has had a tough year and had to close its international office and make it’s Director, Harry Loudon, redundant at the end of 2004. However, they are now in a far more stable position financially, and in the process, God has opened up new opportunities for the fellowship.

For those who do not know NCFI, it is a network of 33 national Christian Nursing Fellowships around the globe. It produces a newsletter (NCFI Link), a prayer letter and runs regional and worldwide conferences on a four yearly cycle. The last International Conference was in South Korea in July 2004, and the next European regional conference is in August next year [see Notice Board for more details].

The aim is to support and strengthen national nursing Christian fellowships (NNCFs). There are a lot of these around the globe, and many emerging in Africa, South and Central Asia and Eastern Europe, as well as more established ones in Latin and North America, Australasia and Western Europe.

CNM is not currently a member of NCFI, but is seeking to join very soon. We have been encouraged and supported by the International board of NCFI and its mem-



ber NNCFs over and over again. As we reported from the Korean conference, many have been praying for a fellowship to get off the ground again in England and Wales (the Fijian NCF has been holding continuous prayer meetings for some years praying for us here in the UK). I find it an immense privilege, encouragement and responsibility knowing that we have so much support here on Earth as well as in heaven! This is why the Council of CNM are keen for us to be strongly linked in to NCFI – we are part of a worldwide family of Christian nurses and midwives all praying for and supporting one another.

NCFI is increasingly working through its six regions. The European region is one of

the most active, with strong fellowships in the Scandinavian countries, Spain, Scotland and emerging groups in Eastern Europe and the Balkans. With the students’ conference back in September [see the report in this edition], the regional conference next August and other activities going on in between, there is plenty of life in the European Christian nursing community. Look up the European regional website at www.ncfieurope.org/

If you want to know more about NCFI, contact their new Administrator, David Parfitt (Email: ncfi-admin@ntlworld.com) or check out the web site at www.ncfi.org.

by Steven Fouch

Saline *Solution*

by *Steve Fouch* May 14 2005

What was it that made fourteen Christian nurses, midwives and students give up a Saturday this May to sit in small room in London to hear two doctors and a nurse talking about saline? Sounds a dreary way to pass a precious weekend off!

But the saline in question is not physiological, it is spiritual, and the study day was looking at how we can be salt and light to our colleagues and patients day-to-day. In short, Saline Solution is a training resource in “workplace evangelism”.

At this point you may be tempted to flick on to the next article. The “E” word is a put off to most Christians – it speaks of awkward encounters, tracts, cold street corners, embarrassing dramas, unwelcoming doorsteps, etc, etc. If that is what you are thinking, then I don’t blame you, I do too. But Saline Solution is not about that kind of evangelism.

Jesus did not hit people over the head with Bible and brow beat them to faith. He did not supply them with intellectual apologetics, or a nice Alpha course type supper and discussion time (not that I am necessarily knocking any of these approaches). What He did was spend time with people, hearing what they had to say; identifying what was in their hearts and responding to them where they were.

Saline Solution is an attempt to equip Christian health professionals to open up to their patients spiritually – to help us recognise the spiritual heart behind what our patients say to us. Illness (however minor), or the immanent arrival of a baby can be a time of profound questioning about life – it pops us out of our safe day to day cushion of routine, and makes us look at our lives from a new perspective, however briefly. It is not surprising that patients, parents to be and relatives of those affected often want

to talk about more than the immediate physical needs they face. Spiritual care we are told is one of the key things we should be providing for our patients, but what does that mean?

Rather than going for apologetics and arguments, the approach here is to learn how to listen to our patients with spiritual ears, and how to flag up issues of faith and spiritual hope in our conversations. It is a gentle, Christ centred, and Jesus modelled approach to sharing faith.

The overall response of everyone a the day was positive – “evangelism” was not a dirty word after all, and I think we were all encouraged to think again about how, as health professionals we need to respond to the spiritual needs of our patients with the “hope that is within us”. Practical tools and encouragement, rather than techniques and intellectual arguments.

If you are interested in going on Saline Solution course, see the Notice Board for information on events happening this autumn and winter, or contact CNM to find out more.

I’m a nurse,
pray
for me

1. **Pray** that I would see my patients as individuals, loved by God.
2. **Pray** that I will love my colleagues and help them with the strength God gives me.
3. **Pray** that I would act and walk in the risen Life of Christ, working by His Spirit’s power, fulfilling all that He would have me do and becoming all that He would have me become.
4. **Pray** that I would be more sensitive and aware of the needs around me to be able to bring God’s light and love into hard places.
5. **Pray** that out of my worship of God, my walk would become steady, and my work would become beautiful and effective to the Lord.

Spiritual Care from *A Christian Perspective* II *by Steve Fouch*

University of Glamorgan School of Care Sciences, 9th September 2005

Set in the Welsh valleys, with its long and rich spiritual history of revivals, mission and preaching, the University of Glamorgan was a very appropriate setting for a European student conference on Christian spiritual care.

Students for the UK, Norway, Netherlands and Malta joined together with academics, lecturers and senior practitioners from all over Europe as various approaches to the spiritual care of patients were discussed and presented through a series of plenary papers and individual workshops.

I was particularly struck by two papers. One was on the role of music in spiritual care by Robert Kinloch from Brighton. Scriptures tell us of David playing the harp to lift Saul's depression, and Kinloch's research showed not only that this is true of music in general, even among non-Christians, some Christian worship songs had an even more marked impact in lifting mood and instilling sense of peace and wellbeing to those troubled with various problems than any other type of music. That he was being resourced by EMI and other parts of the music industry to do this work was even more remarkable.

In the other, Tove Giske of Bergen University, Norway exhorted us to consider how we approach our patients – not with an “arrow look” that is focussed on addressing the specific problems and issues that we see before us, but with a “bowl look” – ready to take whatever our patients need us to hear, not directing but accepting. Spiritual care is not about us setting the agenda, but about being with people as they work their way through their journey. This echoes the way that Jesus always got alongside those he met, responding to their needs rather than working to his own agenda. But Jesus was also not afraid to confront and challenge when it was needed as well.

The overall feeling was that this was a very helpful conference for all those involved, and that in the growing literature on spiritual care, the Christian voice is significant.

This was the second time this conference has been held, and there was a strong feeling that this should be a regular event. There will be a major conference for Christian nurses, midwives and students from across Europe in the Netherlands next August [see Notice Board for more details], but it is hoped that further student conferences like this one will continue as annual events across Europe from 2007. ■