

# cnm NEWS

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## Globalisation, Health Nursing and *The Gospel*



Many of you would have noticed in 2005 the emphasis on global poverty and the attempts to get major world leaders to do something about it. Live 8, Make Poverty History, dramas by Richard Curtis, songs by Sting and swearing by Bob Geldoff. Somehow or another, at least over the summer months, global poverty became big news – it even featured surprisingly high in the General Election in May!

Well, here we are in 2006, and it would be easy to ask, what has happened? The answer – well not that much actually. But also, surprisingly more than in previous years. There is no end to global poverty in sight, yet more people are being treated for AIDS, TB and malaria than ever before. Millions are still dying in famines and in childbirth, but debt relief and aid to the poorest nations is increasing as never before. Small steps, but as the

Chinese saying goes, “the journey of a thousand leagues starts with a single step”.

William Wilberforce fought for over thirty years to end slavery – but in the end he succeeded and changed the world as a result. We are in the midst of an even bigger struggle to change the world, and like Wilberforce, it is faith in Jesus and a strong grasp of scripture that is motivating many to lead this fight, but we have to be in it for the long haul – it won’t change overnight.

Nevertheless, one could well ask, “What has this got to do with me?” After all, we have problems enough to deal with here in the UK, and what can we do to make life any better for people on the other side of the world when we cannot do much about those in need on our own doorsteps? ▶

▶ Well, consider a few facts, coolly and objectively. The average woman in sub-Saharan Africa has a one in six chance of dying in childbirth. If you are a midwife, think about how many babies you have delivered; how many are still born or die shortly afterwards? How many of their mothers die? One in every six? I doubt it if you are working in the UK. While we are at it, in East Africa, on average 40% of the women turning up at antenatal clinics are HIV+. How many do you see here in Britain?

What are your chances of making it to adulthood? In the UK, pretty good – only 6 in a thousand children do not make it to five. In developing countries, the odds shrink rapidly; in Turkey it's 35 in 1,000; while in Liberia 235 in 1,000 won't live beyond their fifth birthday.

Add to this AIDS, which claims over three million lives a year, mostly in Africa and Asia, where between six and nine million people with an AIDS diagnosis have no access to treatment. Similar statistics can be quoted for TB and malaria.

Need I go on? We are privileged here in the West, we all know that. We have access to healthcare free at the point of delivery, which most of the world's poor do not have. We have more food than we need to survive, so much so that overeating is one of our biggest health problems. But this does not tell us why as nurses and midwives practicing in Britain this is an issue to concern us.

Well, here are three reasons. Firstly, we are in a globalised world. The panics caused by avian influenza and SARS in recent years illustrate how a health problem in one part of the world affects every part of the world. Poverty, war, famine, and disease – the four horsemen ride far and wide and pay no respect to national boundaries, even to our own doorsteps. TB is on the rise in schools and communities across Britain, as any public health nurse will tell you. Refugees are living amongst us, with their own needs – many of us see them regularly in our work. What horrors have they lived through? What physical and mental health needs do we have to deal with regularly as a result of disasters in far-flung nations? These *are* matters to concern us all.

Secondly, our actions and choices affect other nations. The issues of international trade are complex, but in short, the poor cannot sell us their goods at a reasonable price so they can make a living, while we unload heavily subsidised goods on them, driving their own business to close down because they cannot compete. What we buy and how we buy it, affects others. Our lifestyles have far-reaching consequences, more than we can discuss in one article!

Finally, and most importantly, we should care because God tells us to! Scripture urges us to respond to the needs of the poor. Jesus' much misquoted saying "the poor will you will always have with you" is actually taken from Deuteronomy 15: 11 – the second half of which says "Therefore I command you saying 'You shall freely open your hand to your brother, to your needy and poor in your land'". The New Testament also exhorts us to care for the needs of our brothers in poverty (e.g. 1 John 3: 16 –18, James 2: 14 – 17). It could be argued that this does not relate to those in other nations, but to our near neighbours, but again we are exhorted to care for the whole Body of Christ (1 Corinthians 12: 20-26), and it is clear that a huge proportion of those suffering in Africa in particular are Christians. Furthermore, Jesus made a strong point that our neighbour was anyone in need, of any nation, tribe, creed or tongue (Luke 10: 25 – 37).

Yet at the same time, giving money, sending Christian health pro-



fessionals and other forms of aid are not enough. Such aid helps in the short-term, but in the long-term it fosters dependency and feeds corruption. The Levitical Law encouraged generosity to the poor, but the aid given was to help that person be able to make his own living again. The laws required that debts be cancelled and land restored to its original owners on regular cycles, ensuring that the means of living were not concentrated in one set of hands for too long, and that people could feed and clothe themselves rather than depend indefinitely on the goodwill of their neighbours (Leviticus 25 & Deuteronomy 15).

There is then above all a call for us to pursue justice as believers. Poverty may be always with us, and some degree of inequality is inevitable, and not necessarily unjust, but the degree of extreme poverty and inequality in health that we see today is not acceptable, especially as so many of the causes are due to injustice. That is why we are exhorted to speak up for the poor, and encourage those in power to act justly on their behalf.

As nurses and midwives, what can we do? We have skills that can be used in many places [see the elective report from Elisabeth Sayers, and the article from John & Mair Pugh in this edition of CNM News for some examples]. We can make a positive contribution to the health of the poor. We can get informed and speak out. There are many great sources of information on health and poverty issues around the world – Tear Times is one good example. The Micah Challenge campaign (see [www.micahchallenge.org](http://www.micahchallenge.org)) is another example – it encourages Christians to get informed and speak out on issues of global poverty from a Christian perspective.

At this year's national conference [see Notice Board for details] I will be looking at these issues, and how we can respond in a Christ-like manner as health professionals. In future editions of CNM News we will attempt to look at some of these issues in more depth and have some examples of ways you can get involved.

As we start a New Year, full of resolutions and plans let us stop for a moment and consider what God might be saying to us about what we can do to affect positively the lives and well-being of millions around the globe.

Steven Fouch - CNM Secretary

# Assisted Dying for the *Terminally Ill Bill*

## Update and points for Action

Lord Joffe's new Assisted Dying for the Terminally Ill Bill had its first reading (announcement of publication but no debate) in the Lords on 9 November 2005. This is the third 'assisted dying' bill tabled in the Lords in as many years. If passed it will enable 'an adult who has capacity and who is suffering unbearably as a result of a terminal illness to receive medical assistance to die at his own considered and persistent request'. Put simply it seeks to legalise physician assisted suicide (PAS), but not euthanasia, along the lines of the Oregon Death with Dignity Act.

The introduction of this new Bill follows the debate on Lord's Joffe's previous bill of the same name, which led to a House of Lords Select Committee. The Select Committee reported in April 2005 and their report was the subject of a nine-hour debate in the House of Lords on 10 October.

The new bill is now available on the UK Parliament website at <http://www.publications.parliament.uk/pa/ld200506/ldbills/036/2006036.htm>.

An alliance of professional bodies (including the Royal College of Palliative Medicine, the Christian Medical Fellowship and CNM), disabilities rights groups and faith based bodies (Christian, Jewish, Muslim and Buddhist) have come together to form a new alliance to campaign for more and better palliative care services in the UK, and to oppose any weakening of the law that would allow physician assisted suicide in the UK. Where palliative services are good, and the physical, social and spiritual needs of the dying patient are met, requests for help in committing suicide or for euthanasia are very rare. In the Netherlands (where full Euthanasia is legalised) and Oregon (where assisted suicide is legal), palliative services are minimal.

The alliance, called Care Not Killing has a website at [www.hopealliance.org.uk](http://www.hopealliance.org.uk) where action points, articles, facts and figures can be found.

## In the meantime, Action points

Our first priority must be to influence the Lords debate early in the New Year. It is unlikely now that those who have already made up their minds will change them. Our biggest enemy is apathy in that Lords who might potentially oppose the bill will simply not turn up for the vote. So it is important that they are urged to turn up and oppose the bill.

### Specifically:

1. **Write** to members of the House Lords around the second reading probably in the New Year urging them to oppose the bill and vote against it. A full directory of members of the House of Lords, along with the postal address, is available on the Parliament website via

<http://www.parliament.uk/useful/address.cfm>

The full debate on 10 October can be read in Hansard on the UK parliament website at

[http://www.publications.parliament.uk/pa/ld199900/ldbansrd/pdvn/lds05/text/51010-04.htm#51010-04\\_bead2](http://www.publications.parliament.uk/pa/ld199900/ldbansrd/pdvn/lds05/text/51010-04.htm#51010-04_bead2)

If peers have already spoken against the bill thank them for the stand they have taken.

2. **Argue** specifically against the Bill. You will find Andrew Fergusson's excellent article on Oregon's Assisted Suicide legislation, 'Going West', in the Summer 2005 edition of Triple Helix on the CMF website [www.cmf.org.uk](http://www.cmf.org.uk). Further information and briefing papers are on the Care Not Killing website or are available on request from Tanya Yeghnazar at [tanya@cmf.org.uk](mailto:tanya@cmf.org.uk). Write the letter

in your own words and preferably keep it to a single side of A4.

3. **Check** for updated information and comment on the Joffe bill at

<http://www.hopealliance.org.uk>

4. **Educate** others in your church about the issues.

5. **Pray** for all those involved and pray specifically that the bill will not proceed.

# Editorial

So, another year is over, and we are well into 2006 already. How was 2005 for you? I hope it was mostly full of blessing and encouragement. For CNM 2005 was a good year in many ways – welcoming student members after our AGM in March in the middle of a successful annual conference, (see edition 11 of CNM News); seeing a steady growth in membership, local groups, etc. We had a couple of encouraging conferences in the autumn – the NCFI Spiritual Care conference for students in Wales in September, and the London regional day conference in November.

In December last year, CNM was accepted as a member of the Nurses Christian Fellowship International, joining over thirty other Christian nursing fellowships around the world. This association has already brought blessings – not least was the chance to share fellowship on a couple of occa-

sions with our Nigerian brothers and sister from the Fellowship of Christian Nurses (UK Branch). It is a great privilege to spend time with other believers from different corners of the globe and realise that we all serve the same Lord through the same professions. There are many Christian nurses from many nations in Africa, Asia and Europe here in the UK, and we want to be a blessing and encouragement to them in their work and faith as well, so do let your colleagues know about us.

Of course, with blessing comes hard work, trials and troubles, and CNM has had its share of those too. Challenges for the year ahead include registration as a charity, raising our profile and seeing membership grow across England and Wales. We also face the challenge of new legislation and yet more planned changes to the NHS. The Assisted Dying for the Terminally Ill Bill is

one of the first and most considerable of these challenges, and CNM has joined with a new alliance of secular and faith based groups campaigning for better palliative care and against changes in legislation that would lead to legalising assisted suicide.

In this edition we also look at the challenges of how we as nurses can respond to the great health needs across the world – not just here in the UK. If you ever wondered if the Make Poverty History campaign last year had anything to do with nursing or the Christian faith, hopefully Steve Fouch's article will be illuminating, while Caroline Sawyer's and John & Mair Pugh's articles will help look at some of the very practical ways we can use our skills in the service of the poor. Again, this presents many blessing and challenges.

Jesus never promised His disciples an easy ride, but He did promise to be with us, no matter what. So whatever the coming year has in store for you, and for CNM as a fellowship, be encouraged that our Lord is with us every step of the way.

## Ethical Dilemmas 1

In the first of a regular series, we look at some of the day-to-day dilemmas we face in the workplace as nurses, and ask, "What would you do in this situation?" Please write in with your responses [by email or post – see Notice Board for contact details], which we will aim to publish in the next edition, along with a new dilemma.

### What would you do - tell or not tell?

*"A patient is admitted to your ITU ward. They require an urgent blood transfusion which you ask a doctor to prescribe. The doctor assures you that they will write the prescription when they have the time, but to go ahead and give the blood immediately. Ten minutes after commencement of giving the blood, a student nurse who is looking through the patient's notes, discovers that the patient is of the Jehovah's Witness faith, and so would very likely refuse a blood transfusion. You stop the blood immediately, and inform the doctors and ward manager about the incident. In a meeting over the incident, a vote is taken to keep what happened a secret from the patient and their family.*

*What would you do?"*

#### Things to think about:

The patient's right could have clearly been violated, but you and the department are withholding this information.

The patient recovered and was discharged.

The Jehovah's Witness faith teaches that taking blood will incur a curse from God resulting in eternal condemnation including a cutting off of all links to the faith and family of the affected person.

Could saying something harm the patient even more than death could have?

# Nursing Elective to *Zambia* Report:

I have now been back in the UK for nearly three months, having completed my nursing placement in St. Francis Hospital, Katete, Zambia, where I stayed for seven weeks (20th February - 10th April 2005) and it is only now that I have begun to sort out my thoughts and feeling regarding my time there, to be able to put my experiences into words.

## So what was life and nursing like at St. Francis Hospital?

St. Francis hospital is located in the district of Katete in Zambia's Eastern Province. It is about 500 km from the capital of Lusaka - This is a five or six hour journey on the "luxury" coaches. St. Francis Hospital is the largest mission hospital in Zambia, and is jointly run by the Anglican Church in Zambia, and the Catholic Diocese of Chipata (the nearest town). The hospital also receives funding from the Zambian government and various overseas organizations. The hospital contains about 360 beds and cots. However this total is never a limit to the number of in-patients in the hospital, as space on the floor can always be found and it is a common occurrence for patients to be found sleeping on the floors of the hospital wards.

During my time at St. Francis I spent some time on both the medical and surgical wards at the hospital and even went into theatre on a few occasions, and also the labour and maternity wards. On the medical wards, the main diseases I saw being treated were Tuberculosis, Malaria, Meningitis and HIV & AIDS. To be treated, patients must first purchase an OPD (out-patients department) card costing a little more than 50p. However, the treatment received by patients is largely free of charge, and because of this people travel for miles to receive medical treatment at St. Francis (some even travel from the capital city).

Before my time in Zambia, I knew that HIV & AIDS was a serious problem within African countries, however, until my arrival at St. Francis Hospital I never fully realized what this meant. In Zambia 1 in 5 adults are HIV positive and the life expectancy of a baby born in Zambia today is now thought



to average as low as 33years . Having seen and experienced the affects of the HIV & AIDS viruses on people, these statistics become more than numbers on a page; they become real, and defy expression. Nursing these people was a humbling experience, and one that I will remember for the rest of my life.

The nursing care that I was involved in giving, such as dressing wounds, was very basic (a gauze swab and strapping), due to the simple supplies and equipment that the hospital had, though it did the job it needed to do. The basic supplies the hospital had rarely seemed a barrier to treating people. I remember one day while I was working on the male medical ward (St. Augustine) an elderly patient was admitted to the hospital for treatment of a painful right knee and bad back that he had been suffering from for 3 years. He was sent to the physiotherapy department and on returning he was shouting at the top of his voice (in Chewa – the local language), and waving his newly acquired walking stick in the air, in what I perceived as a threatening manner. On asking one of the patients (who spoke both Chewa and English) what his man was shouting about, he said that the man was expressing his thanks to the doctors and nursing staff for his new walking stick, which was now the right height

for him, relieving him of his aching back and helping him to walk properly.

What I learnt from his encounter was that it is not always necessary to have the 'high tech' solutions to meet real needs. Yes, there were times when situations at the hospital were frustrating, such as running out of vital medicines which patients needed to survive, but when these moments arose I had to remind myself of what Dr Shelagh Parkinson, Executive Director of St. Francis Hospital wrote to me prior to my arrival at St. Francis Hospital, "*When situations seem frustrating they should be compared with the absence of any healthcare as opposed to the system in richer countries*".

One major difference between nursing care in Zambia and the UK was that family members and not the nursing staff met the hygiene needs of the patients. Each patient had what was called 'a *bedsider*', a family member who remained with the patient throughout their stay at the hospital, attending to all their personal needs – eating, drinking, washing etc. Nursing 'tasks' were quite medically orientated due to the few doctors at the hospital, and so the nursing staff were involved in what we in Britain would term 'extended' nursing

roles, such as taking bloods from patients and cannulation, which I too was taught

▶ roles, such as taking bloods from patients and cannulation, which I too was taught how to do. This was all very new to me, but the Zambian nurses were very willing and helpful in teaching me how to do procedures that I would not have had the opportunity of being taught in the UK.

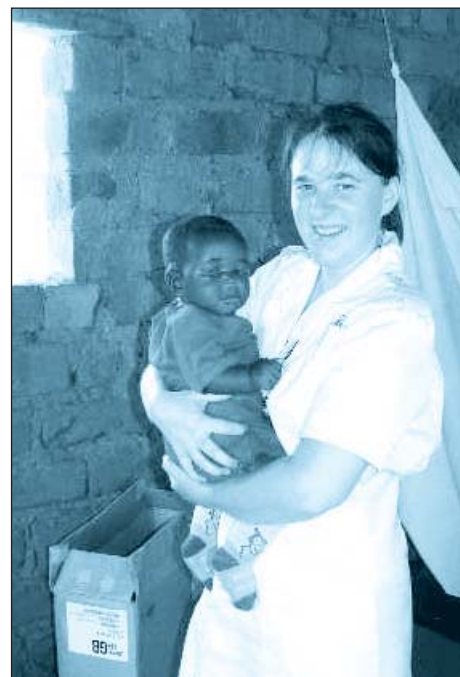
My time in Zambia has increased my confidence as an individual and also in my professional life, as I begin my first job as a newly qualified nurse. It has also broadened my understanding of what 'nursing' is, and the diseases and social problems that affect individuals in developing countries. Having been to Zambia twice before my elective, and experiencing the Zambian culture, the strong hold the memories have on my life are ones I will never forget. I would one day like to return to Zambia (together with my husband) to thank the people of this coun-

try, who have influenced our lives unknowingly, by returning to be of use to them. This placement has already enabled me, to some degree, to give back to a country, which is close to my heart, as well as enabling me to learn about nursing and healthcare within a developing country.

I would like to thank Dr. & Mr. Parkinson (Executive Director and Administrator) from St. Francis hospital for allowing me the privilege to spend time at the hospital and for making me feel at home.

*Caroline Sawyer*

For more information on taking elective placements overseas, contact HealthServe on 020 7928 4694 email: [healthserve@cmf.org.uk](mailto:healthserve@cmf.org.uk) web: [www.healthserve.org/electives](http://www.healthserve.org/electives) ■



# News from the Regions

## CNM Birmingham

We are holding regular evening meetings to chat and pray over coffee and muffins every six weeks or so. We get about six to eight people along per meeting, and have a membership of about 14. It is very encouraging as we are gaining new members regularly - I even got someone's details when they were a patient at A&E!

Upcoming plans include a Saline Solution event in March.

### Prayer points:

- Continued growth
- Wisdom to know how to progress and when to do Saline Solution

*Hannah*

## CNM Student Group Shrewsbury

Several students have moved on recently, and few are coming in to replace them. Pray that as new intakes of students come in there will be Christians among them who will continue the CNM meetings in Shrewsbury.

*John*

## CNM Swindon Group

Our group in Swindon have the privilege of organising the Staff Carol Concert in the Academy of The Great Western Hospital on Monday December the 19th last year. We took the opportunity to invite other Christian Staff to join in our Monthly Meetings. Please pray for new members to join us.

*Ruth*

## CNM London

The group continues to alternate its meetings between Central and Southeast London, meeting roughly every month. As a result, it may be necessary to split the group into two, one based centrally and one in the southeast. Please pray for wisdom for the future of this group.

In November we held a regional day conference in Camberwell, south London, and thirty five delegates from in and around London, Northwest Kent, Southampton and Bristol came to hear Peter Swift talk about a Christian response to the problem of suffering. A good time of fellowship

was had by all, and the feedback was extremely encouraging. We were further blessed by three visitors from the Nigerian Fellowship of Christian Nurses (FCN) who joined us, including their Secretary, Godwn Agbo. They have extended an invitation to CNM members to attend their future meetings, the next being in Bristol in February. Please contact the CNM office for details.

*Angela*

## CNM Student Group Bristol

There has been no group leader for a while, so the group has not met for a few months. However, Luke Williams has agreed to take on running the group from Louise Trower who has now graduated, so we hope to get things going again in the New Year. Please pray for Luke and all the Christian nursing and midwifery students in Bristol.

*Luke / Louise*

# Some like it *hot...* and some *don't*

As we write this article the temperature is a hot 55 degrees in the sun, 40 in the shade and a cool 35 degrees in our office. It is the middle of November and, yes, you guessed it, we are not writing this anywhere in the UK! In fact, if you are one of the 'some' that like it hot, sticky and dusty, then Madagascar in November is the place for you.

We are John and Mair Pugh and we are now living in a remote town in the north of Madagascar, called Mandritsara, and working at a Christian mission hospital called Hopitaly Vaovao Mahafaly (The Good News Hospital). The hospital was opened in 1995 and has grown from a one doctor G.P.-type surgery to a 32 bedded in-patient unit, with a laboratory, x-ray dept, out patients unit (seeing up to 200 pts a day), ophthalmic dept, three operating theatres as well as an almost-built maternity department. The hospital is also the base for a community health team which takes vaccinations and health advice out to the surrounding villages, as well as having in it's team two village evangelists, and the necessary administration staff.

The hospital is based on the premise that people need spiritual health as well as physical health, and to this end the gospel is preached morning and evening on the in-patient unit, and each day for 15 minutes before the outpatients unit opens. Tracts have been written for specific health needs, i.e. new parents, following bereavement and for when someone is ill.

So, why are we here? We are both Christian nurses with many years of nursing experience between us, who feel that God has called us to work here. What do we do? For many years now, the hospital management committee (yes, they exist even in remote Madagascar!) have had the vision to train Christian nurses to work here in the hospital. John has been a nurse teacher (both as a clinical teacher and lecturer in nursing studies) for 20 yrs in the UK, also spending time in Romania and Malta, and when he heard of the need he felt the God was speaking to him. Mair took a little longer to decide that it was the right thing to do, but now we both feel that this is where God wants us to be.

We arrived in Madagascar in January 2005, and are now getting

to grips with the cultural differences, the heat, the dietary changes, the language and the many other things in life that are different to our work in the UK. The plan, God willing, is to put together a nurse training programme that will conform to the International Council of Nurses definition of nursing, and comply with WHO directives on nurse training, as well as meet local needs and acceptance of the Malagasy regulations.

The road thus far has not been easy; selling up our home in the UK, leaving our families and beginning to learn French and Malagasy, and we very much need the prayers of the CNM members for our on-going work. The students we will train will all be practicing Christians, as are all the employees at the hospital, and we hope to hand the running of the School of Nursing over to a Malagasy Director when we leave in about 6 years time, or so. The first group, of about 12 students, will begin (God willing) in the October of 2006 and there is much planning to be done before then; a curriculum to be written in French and the school to equip with all the things needed for teaching.

We will be in the UK for May and June 2006, and would be happy to meet any CNM members who are interested in knowing more about this project first hand, especially nurse lecturers and those attached to schools of nursing in the UK. We have some specific equipment needs, too, and if you are interested in helping in a practical way we would be pleased to hear from you.

We read with interest, in the autumn edition of CNM News, the elective report from Rachel Bowen, and would be pleased to hear from anyone who might like to do their elective here. If that interests you, you might like to know that the weather is either hot (May to October) or very hot (November to April).

There are no landline telephones here, no Internet, no text messages or mobile phones, and so if you want to contact us you need to do so by email (accessed by use of a satellite phone), and send your message in plain text format only please. The address is davidmann@uuplus.com and you need to put 'for the Pughs' in the subject bar. Please do not send any attachments. We very much look forward to hearing from you.

You can read more about Hopitaly Vaovao Mahafaly at [www.mandritsara.org.uk](http://www.mandritsara.org.uk)

*John Pugh RN, RCNT, ONC, MN, was latterly a Lecturer in Nursing Studies at the University of Nottingham, having qualified in Shrewsbury in 1978. Mair Pugh RN worked latterly as a Palliative Day Care Leader in Retford, Nottinghamshire, having also qualified in Shrewsbury in 1977.*