

# cnm NEWS

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## FAITH *in* "FAITH" Or FAITH *in* GOD?

*One of the most perplexing problems that occasionally arises for Christian healthcare workers is when a purported divine promise is quoted for a terminally ill patient's healing.*

The scenario I have in mind is a conflation of several real incidents; combined to blur particularities and so aid confidentiality and for dramatic effect. The situation develops like this: a young child is admitted to intensive care with irreparable brain damage. The senior elder in their faith community gives a prophecy to the believing parents that the child will recover. This is certainly the outcome everyone wants - including the staff on the unit. But 'the wish becomes father to the thought' and the parents home church rejoice in the promise given. The parents are urged to trust in "God's Word" and not give way to the fear Satan would attack them with.

I was the senior nurse in charge when this very situation arose. One of my colleagues was reduced to tears when the child's mother turned her wrath on the nurse for 'undermining their faith' when she sought to raise the grave nature of their child's condition.

*I spoke to the parents who told me that there was a conspiracy to undermine their faith and all the staff were party to it.*

If only their child were back at their home rather than here - they "knew" all would be well....the perceived barriers to their child's wellbeing were the very medical and nursing staff caring for them! (To them the child was dying because he was in hospital - he was not in hospital because he was dying!) One might wonder why they brought him to the Accident and Emergency Department in the first place: they brought him only because they realised that he needed some suction to clear his airway, the staff had to restrain them from removing him even as the team resuscitated him.

It struck me that their concept of 'faith' was much more to do with 'the power of positive thinking'. Almost as if "faith" was some sort of inanimate spiritual force to be manipulated by sheer will power; it was certainly nothing I could describe as biblical faith, which is always a personal expression of trust rather than an abstraction. In many ways this view of "faith" is more pagan than

Christian. It is more akin to 'spirit channeling' - only in this case the 'spirit' being so channeled is, ostensibly, The Holy Spirit: as if He is an impersonal force rather than God: if only the 'right' spiritual conditions could be engineered then a healing must inevitably follow. I spoke to them at some length, seeking to assure them that we are on the side of 'health' and affirmed that their child was in better hands than ours and no-one would be more delighted than me for us all to be proven wrong and for God to be glorified by their child's miraculous recovery. "We are not against miracles", I said, "but I would be failing in my responsibility if I didn't tell you what we are up against". They listened politely to what I had to say but were unmoved.

A few days later some members of the church youth group came to visit along with the senior pastor. They were visibly shocked by what they witnessed of the patient's condition; comatose and ventilated. I spoke to the pastor who was baffled by the conflicting reports he had heard. What had been reported to him was the child was indeed staging a miraculous recovery - and that the patient would be well enough to receive visitors. My interpretation of this hearsay was that their particular church had received back the vibes it was transmitting. In short the parents fed back to the church every scintilla of positive news (which was largely imaginary) and edited out all the negative (which was overwhelming). The parents and their church were effectively caught in a cycle of mutual deception masquerading as 'faith building'.

It is difficult to imagine what a parent feels when they lose a child. It is even more difficult to imagine what it is like to feel that their fate was determined by one's own lack of faith and to feel estranged from the church community one had had implicit faith in: and that is where their "faith" does lie. Stranger still is the notion that the 'unbelief' of the medical and nursing staff was the principal cause of death. The child did die as anticipated and the promise of miraculous recovery proved false. Unable to countenance such a loss of face and to reconcile their conflicting feelings the parents phoned the police to report that their child had been murdered! The official theological position of the parents and their community was that they were all on board for a miracle and that it could only have been thwarted by Satan using a staff member as an agent of his will. This rationalisation was as inevitable as it was preposterous. How then do we unravel a situation like this? ▶

► First by realising that every one starts by meaning well, as of course, everyone wants the child to get better. But that natural wish clouds people's judgement and problems arise because the people directly involved do not have a theology of suffering. Don Carson, in his book, "*How Long, O Lord?*"\*, says we need to have our theology of suffering in place before we enter such a time of trial but unfortunately such a theology is anathema among those who have a theology of 'glory now'. In their 'time-line' we are not in an in-between phase (between the First and Second Comings of Jesus Christ) and in their minds eye it is all 'Glory' now. To reconcile reality with their theology when 'glory' fails to materialise requires a fundamental shift in focus - from God to Satan as the one in ultimate control. And whether this is a psychologically tenable position must be disputed; regardless of the dubious theology involved.

In such a situation I would regard the parents as victims of false teaching and syncretism. The onus actually lies with the church leadership who had created an environment of unrealisable expectations, speaking a falsehood by invoking God's name as their authority; and who, when confronted with the reality of the situation, sought to shift responsibility for their failure elsewhere rather than actually guide their flock through a pastorally challenging time. By their teaching and actions these leaders had actually created a nightmare world for acutely vulnerable people, acting as wolves in sheeps clothing. False teaching has nasty consequences and opposition to it is motivated by compassion; not by dogmatic nit-picking.

Let me suggest some criteria for assessing prophetic promises of a healing miracle: first there has to be a confirmed diagnosis by a qualified diagnostician. I have worked extensively as a nurse in adult and children's intensive care and could probably make an educated guess about someone's symptoms, but I would never claim to be a diagnostician: it would be unethical and unprofessional to do so. My best guess would be no substitute for a proper medical diagnosis. Also self diagnoses by attention seekers known as the "worried well" aren't good enough either. Nor is a "spiritual" diagnosis by the healer themselves sufficient evidence of a genuine medical problem.

Secondly, the person issuing such a prophetic promise cannot delegate responsibility for its fulfillment elsewhere in order to indemnify themselves against failure - they would (I'm sure) be the first to claim some credit if a healing did come to pass. Manipulative strategies invariably indicate false teaching, especially when there is an abuse of a position of trust, and even more so where the manipulated are emotionally vulnerable. Thirdly, a miracle proper only exists when all treatment has ceased, for example, the recovery of patients being actively treated in Intensive Care is hardly evidence of a visitor's

miraculous healing ministry whatever self-serving claims they might make for themselves! That brings me to my fourth point; is the "prophet/healer" more concerned with building their own reputation than they are about actually serving God's people? These are some of the key issues I would flag up.

I should also mention the pastoral care of ones work colleagues in a situation where the Gospel is seemingly compromised and where they too have been abused in the name of God. It is important to share that the display of "faith" they have witnessed should not be attributed to all Bible affirming Christians. Perhaps it may even be an opportunity to talk about what true faith is! This may be the only positive thing which can be redeemed from such a situation.

As a Christian and a health care worker I see no conflict in using my God given skills to help relieve the suffering of others - in fact it is quite perverse to suggest otherwise. Perhaps my decision to move into nursing was partly motivated by a Christian urge to be part of God's answer to a suffering world; I don't believe I am unique in this because you will find many Christians within all the caring professions and in public service.

Sadly there are occasions when one has to break bad news and that needs to be done truthfully and compassionately. Sadly children die and children of believing Christians die, we too live in the real world. It is entirely appropriate to pray to God for his help and it is also entirely appropriate to pray for those who care for our loved ones to enable them to bring about a speedy recovery ....and when that is not possible to continue to care to enable the patient to die in a dignified and comfortable way. In fact, for those who die in Christ, we can by faith rejoice, knowing that death will not have the last word. The Gospel enables us to face reality and to do so without despair. I must add that that has been the gracious response of the vast majority of Bible believing Christians I've met in the course of my career; the scenario outlined above was a minority view.

Death and suffering are part of the common human experience; that is the clear teaching of scripture. One day Jesus will restore the creation and death itself will be destroyed - but that time isn't yet. True faith looks to the future when God himself will wipe away our tears.

### **Come, Lord Jesus!**

\* "*How Long, O Lord?*" by DA Carson, published by IVP. Don Carson also wrote a helpful little book called "*The Difficult Doctrine of the Love of God*" also published by IVP.

*By Peter Swift. Peter Swift has worked in Children's Intensive Care for over twelve years and attends St Helen's Bishopsgate in London.* ■

# Where You There?

by Tim James

*Were you there? Did you pause to wonder at the things God was teaching us as Christian nurses and midwives in today's NHS?*

The food was delicious, especially the homemade pizza, did you get a slice? The questions at the Saturday night quiz were tricky, but the fellowship was awesome! Were you on the winning team?! Can you remember how many new Christian colleagues you met that weekend?

*It was amazing to share in fellowship with over 100 Christians from a variety of health care professions. But... were you there?*

Perhaps you're wondering what I'm going on about?! But, now that I have your attention!

Well, if you were there, you would know that I'm talking about the 'Christian Nurses and Midwives' (CNM) annual national conference, which was shared with the 'Christian Therapists Network' (CTN) - which covers Physios, Occupational Therapists, Speech & Language Therapists along with other

allied health professionals. As God's people and health care professionals we have gathered each year to meet and

encourage one another in fellowship, to praise God for his goodness, to listen to his word, to be equipped for God's work both personally and professionally... and to be changed by his Spirit. This year was no exception.

I won't just give you my own personal perspective - as one of the organisers I could be a little biased! So a few of our CNM members have contributed their experiences of the conference.

*The conference was held at Hebron Hall, near Cardiff from 3rd-5th February 2007. It was a wonderful venue for an action packed weekend, with plenty of choices for everyone who attended. A great time to recharge batteries; physically, mentally, emotionally and most of all spiritually. The weekend was enriched by the lovely meals that were prepared for us with tea, coffee, cakes and biscuits in limitless supply in between! Our main speaker was Hugh Thomson, a part-time endoscopy consultant and pastor at 'City Evangelical Church' in Birmingham.*



▶ *Hugh gave three keynote addresses entitled: 'Wisdom for Living', 'Wisdom for Working' and 'Wisdom to be Different'. God used Hugh to open up the first eight chapters from the book*

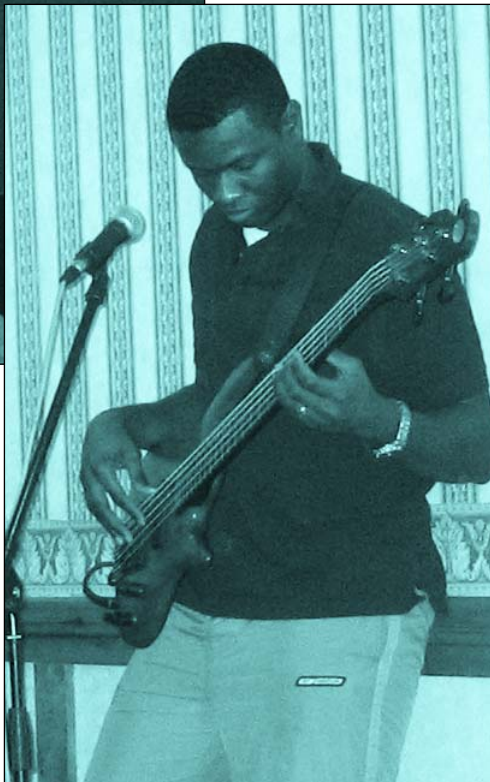


*of Proverbs to help us examine this wisdom. Hugh challenged us 'to be different' in all aspects of our lives as Christians. After each of these addresses, there was time to meet in small groups to discuss the issues and the application to our personal and professional lives. It was great to meet in a small group, to share, encourage and pray with one another.*

*During the weekend there were also nine different seminars available on the Saturday - this allowed for day visitors to attend these important sessions too. The seminars were; 'The NHS & the Future', 'Spirituality & Palliative Care', 'Alternative Therapies', 'Witnessing at Work', 'Listening', 'Practicalities & Realities of Short Term Overseas Mission', 'Overseas Community Based Rehabilitation', 'Transition into the Workplace for Final Year Students' and 'Transition into the Workplace for Graduates'. All of these seminars were well attended and delegates found the choice of topics well balanced and well presented. Whether you are a student or qualified, work in paediatrics, mental health or adult - there was a seminar for everyone! Some delegates found it difficult to choose which seminar to attend. Those who went to Andrew Mortimore's talk on the future of the NHS made them think about how health care was developing in Britain and its relationship to Christianity and how they fit into that bigger picture. Sheena Tranter's seminar, which looked at how Christians can witness at work, considered the ethical and legal implications of this too. These, like the other*

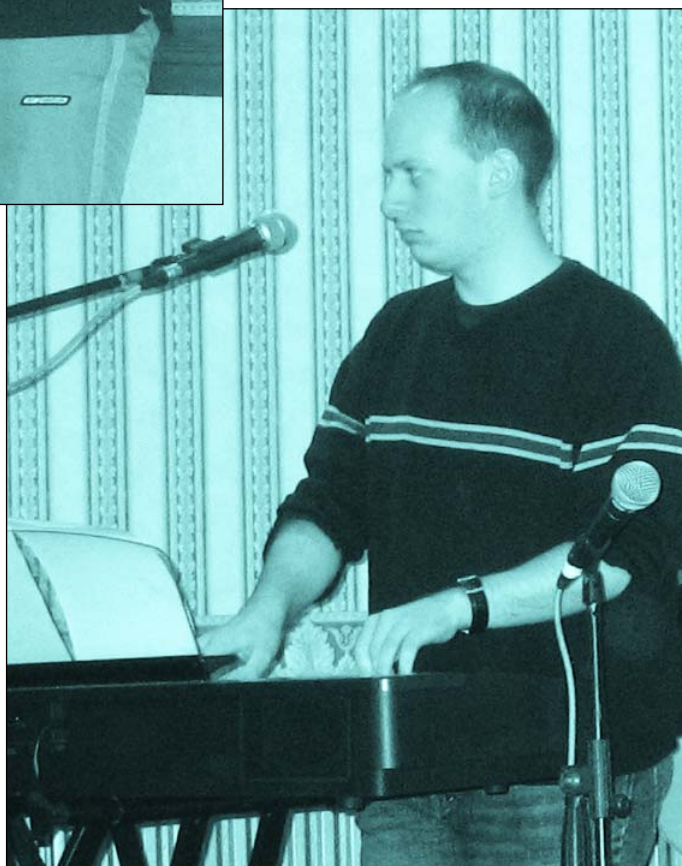
*sessions, were presented in a highly professional manner, firmly rooted in the scriptures and provided eminently practical advice.*

*While there were many seminars and main talks to attend, there was also plenty of "chill out" time. There was walks to go on, swimming and a quiet worship session to choose from on the Saturday afternoon, with a cafe/quiz in the evening. The conference also had a prayer room available and a resources area throughout the weekend.*



*The weekend finished at 2pm on the Sunday following a scrumptious lunch! All the delegates gathered to praise God in prayer and in song and to encourage each other as we prepared to return home.*

*If you weren't at conference this year, why not come next year? It's a great time to meet other Christians in healthcare, to be encouraged and resourced for God's mission in your area of practice. Hope to see you there!*



*This article was written by Tim James (CNM Council Officer) with contributions from Ruth Paddon (Swindon), Lucy Bates (Liverpool) and Dean Snipe (Swansea).*

# Befriending Nurses *from Overseas*

by Angela Thavaraj

*Do you work with nurses from overseas? If not directly, then are you aware of nurses from overseas within your hospital, community or nursing home?*

During the NCFI Europe conference last August in the Netherlands, I was challenged to consider how Christian



nurses and midwives in the UK could make a difference to the lives of overseas nurses working in this country by befriending them.

It was at this conference that I had the real pleasure of meeting two nurses from the Philippines who travelled all the way to Ede in order to make contact with the European Christian Nursing Fellowships. Phebe Pendon, the chair of the NCF Council in the Philippines encouraged us to consider how we can seek to be a support to Filipino nurses that are actively pursuing their nursing careers overseas. The vision of NCF Philippines is to transform the hearts and minds of their Christian nurses so that they, in turn, can transform the lives of others (including those in Europe). Their first national conference entitled 'Nursing towards global transformation: By whose standards?' was held in Manila in April 2006 and was based on the themes of mission, evangelism and discipleship.

There is much that we can learn from NCF Philippines in their commitment and desire to see Christian nurses built up in their faith and reaching out to others with the good news of Jesus Christ. The practicalities of how they are achieving their aims are inspiring: training volunteers to reach out to student nurses, mentoring, running leadership training courses and camps, group bible study and discussion groups. Another strategy is the use of prayer triads where each person is reaching out to and supporting two people at a time resulting in a 'ripple effect'.

Filipinos are very family orientated and this is one of the reasons that they travel overseas to work. Sending money back home to support their families is a prime motivation. The wages in European countries are much higher than in the Philippines (local monthly salary is roughly equivalent to £200) and although we may be surprised at the prospect of leaving family behind, the main priority of the Filipino nurse working overseas is the long-term improvement in quality of life for their families. Children would be cared for by spouses or extended family who realise the benefit it will bring to the whole family. Although it may take them up to two years to become adjusted to living and working here, Phebe described Filipino nurses as resilient, strong-willed and determined, always seeking the benefit of their families back home.

Since Filipinos are very family orientated, they are likely to become homesick and lonely. This is where befriending can be so important by giving them a 'sense of home' within a church family, local CNM or hospital group. Phebe revealed that

Filipinos have a great respect for Westerners and so friendship and practical care will be very meaningful for them. As 'religious people', Filipinos would be happy to be invited to church. For those who are Christian we can be an encouragement as a brother or sister in Christ and whereas for those who do not yet know Christ, we can be salt and light as His ambassadors. Filipinos are also fun loving people and enjoy outings such as going to the cinema, social gatherings and shopping (don't we all!). The possibilities are endless and offering friendship and creating that sense of belonging is something we can all seek to do, even if it is to just one person. It is helpful to consider that although there will be some cultural differences, the same principles apply to nurses from other countries such as India or Nigeria.



Please pray for opportunities to get to know and befriend nurses from overseas. NCFI Europe has identified the need to develop a programme to support migrating nurses as one of its practical caring activities over the next ten years. If you have experience of this first hand or have any ideas on how CNM can take this vision forward, please do contact us, as we would very much like to hear your stories and/or suggestions.

# noticeboard

## Upcoming Events

### The Nursing/Midwifery Studies of the Institute of Health Care, University of Malta

will be hosting the 3rd International Conference on 'Spirituality: The Human Dimension In Care' in **Malta** on the **25th and 26th October 2007**.

This Conference aims to increase the awareness of spirituality in care giving among students and health care professionals, to enhance the multidisciplinary team approach towards holistic care.

For more information and booking forms visiting the Nurses Christian Fellowship International European website at

[www.ncfieurope.org](http://www.ncfieurope.org)

## Urgent Overseas Opportunities

**United Christian Hospital, Lahore** (UCH), Pakistan, is urgently in need of nurses and midwives of all specialities, able to give a few weeks, months or longer to serve the poor in Lahore, one Pakistan's largest cities. Knowledge of Urdu would help but is not essential.

**Contact Bilquis Yousaf Din,**  
**Tel: +44 [0]2476 225496,**  
**Email: bilquis\_din@yahoo.co.uk**

**Kisiizi Hospital in Southwest Uganda** are urgently seeking Nurse Tutors or experienced nurses who would like to help teach at their school of School of Nursing. Paediatric and community specialities particularly welcome.

Please contact Hazel in the UK on [tutorhazel@yahoo.co.uk](mailto:tutorhazel@yahoo.co.uk) or the Medical Superintendent at Kisiizi on email at [kisiizihospital@yahoo.com](mailto:kisiizihospital@yahoo.com) to obtain more details.

Further information about Kisiizi Hospital visit [www.kisiizi.supanet.com](http://www.kisiizi.supanet.com)

**Osani Clinic in Southeast Kenya** – a small church linked initiative to provide essential healthcare in a remote rural region of Kenya. A Christian nurse/midwife, preferably with experience in primary healthcare in the developing world is urgently needed to run this facility. Please

contact Elizabeth Sayer on:  
[liz@dw-perspective.org.uk](mailto:liz@dw-perspective.org.uk)

For more information on working overseas as a student or qualified nurse or midwife **contact HealthServe,**  
**Email: [healthserve@cmf.org.uk](mailto:healthserve@cmf.org.uk)**  
**[www.healthserve.org](http://www.healthserve.org)**

## Resources

### CNM Pens & Posters

If you are looking for resources to draw in new members to a hospital or local prayer group, contact the CNM office and we can send you pens and posters for publicity purposes. Pens normally sell at 4 for £1.

## Contacts

### Nurses Christian Fellowship Scotland

11 Newton Place, Glasgow, Scotland, G3 7PR,  
Telephone: 0141 333 0546;  
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**[www.ncfscotland.org.uk](http://www.ncfscotland.org.uk)**

### Nurses Christian Fellowship International

UK contact address: 11A, Kirkintilloch Road, LENZIE, Glasgow G66 4RW.  
[ncfi-admin@ntlworld.com](mailto:ncfi-admin@ntlworld.com)  
**[www.ncfi.org](http://www.ncfi.org)**

### Journal of Christian Nursing (USA)

**[www.ncf-jcn.org](http://www.ncf-jcn.org)**

### Christians in Caring Professions

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### Healthcare Christian Fellowship

(multidisciplinary)  
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**[www.hcfbi.org.uk](http://www.hcfbi.org.uk)**

### Christian Therapists Network (CTN)

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### Christian Medical Fellowship (CMF)

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## CNM News

### Issue 18 due out in the Summer.

CNM News is published four times a year in winter, spring, summer and autumn.

Please send any articles, letter or news items to CNM at the address below. We reserve the right to edit any items we receive.

### Feedback

If you want to contact us about anything in this newsletter or with feedback, enquiries or ideas for CNM in general, please contact us:

**Tel: 07941 800637**  
**Email: [info@cnm.org.uk](mailto:info@cnm.org.uk)**

**Write: CNM, c/o CMF, Partnership House, 157 Waterloo Road, London SE1 8XN**

## CNM Website

**[www.cnm.org.uk](http://www.cnm.org.uk)**