

Lenten Series 2008 “Faith in Public Life”

“Faith – work interactions – reflections of an academic medic”

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- **When I was asked to give** this talk I was not a little daunted, and judging by the excellent and thought – provoking talks we have had already, my fears were totally justified.
- **But my reasons for saying yes** were in part, perhaps not exactly selfish, but certainly self-centred. As I am preparing for my spiritual A Levels, hopefully for entry into that great university of the skies, I thought it was timely to reflect on my faith and how that has impacted on my working life, and where as a Christian I have failed.
- Our theme is **“Faith in public life”**. By putting a question mark after that phrase the meaning changes subtly:
 - Do we have faith in our public lives?
 - Do we have confidence in our public institutions?
 - Do those same institutions give us the opportunity as Christians to advance Gods kingdom?

Of course they do – we live in a democracy where religious freedom is a given – but does that make us complacent as regards extending our faith into the workplace? I would argue that at least in medicine in my early working life we were guilty of some complacency and did not question sufficiently the system and the benefits for those we were trying to serve. God, in his goodness, has given us a wake up call and I hope I can persuade you that in the practice of all the health professions today, though the challenges are many, the opportunity to advance God’s Kingdom has never been greater.

- **Medicine undergoes a seismic change** every 100 years or so and it is currently undergoing such a change. This change is based of course on scientific and technical advances, but also on organisational and attitudinal changes.
- **By contrast, let me take you back briefly to the world I entered as a medical student and young doctor:-** A world of cultural stability but of significant class divide. The last major advance in the practice of medicine had been the introduction of antibiotics, and we still awaited the unravelling of our genes.
- **This was also a world were pretty** well everyone claimed some church affiliation if only to get baptised, married or dispatched.

- **I was, like many of my fellow students, fortunate enough** to be born into a Christian home and well taught in the tenets of the faith.

One grandfather Presbyterian, the other Lutheran, one grand-mother Church of Ireland, the other Church of England – and with kissing catholic cousins, I, at least genetically, represent some of the main traditions in Christianity. My parents had friends from all the main Christian traditions and also some very close Jewish friends, so I was extremely fortunate in the richness of the religious culture to which I was exposed.

- **At university also, most of us subscribed** to some Christian tradition and, like generations of students before us, it was here that we debated our theological differences and saw how much we had in common. It was at Queen's too that the various chaplaincies gave us the opportunity to feast off a very rich liturgical smorgsbord.
- **So for most of us our faith was very real**, but although I would never have acknowledged it at that time, I wonder now did we treat our parent churches as something of a club, where we would not be challenged in any deep way, as long as we kept the rules and followed the dresscode. Did the concept of reaching out beyond the club have any real meaning either locally or worldwide? After all everyone around us was said to be a signed-up Christian, and the missionfield, with all that summoned up in our imagination, was far far away.
- **Of course there were at Queen's those who sought to lead us on the pilgrim way to deeper things** – Ray Davey, Edgar Turner, Arthur Ryan, Cahal Daly, Eric Gallagher, to name a few. But dare I say it, I think those of my generation, perhaps not individually, but certainly collectively, had a certain complacency. Our faith world was not going to change in our lifetime –
- **OK the most of Europe was rapidly becoming secularised – but never little Ireland, God's pet, the land of Saints and Scholars.**
How wrong we were!
- **But what of medicine at that time?**
Well, it will probably only be the vintage people like myself who will remember Richard Gordon's book and the film "Doctor in the House" – although it was a "take off", like all good parodies, there was a lot of truth in it.

In medicine at that time there was a hierarchy both of professionals and of hospitals, with doctors and teaching hospitals definitely at the top, even though nurses and other health professionals kept the service running, and the smaller hospitals did a marvellous job. Patients hardly ever asked questions, litigation was rare, and most patients acquiesced meekly to being guinea pigs for medical students.

- **What about the expression of faith in the health service?**

The 1948 Act had made provision for hospital chaplains and most hospitals had a church. But the chaplain's work was seen as peripheral to the presumed main work of the hospital, the curing and management of disease. Most patients could claim some church affiliation and the chaplain's main job was to notify priest or minister of their admission. The spiritual needs of hospital staff were largely ignored, and some consultants went so far as to ban chaplains from the ward during the grand medical round. All this against a background of piety and common religious practice.

- **To summarise, in those early years** in medicine I had no difficulty in practicing my faith, we all knew where we were coming from, and we had excellent teachers, whether they were religious or not. But now, with hindsight, I realise that I was guilty of a sin of omission – I failed to question the system ---- it wasn't all bad, but to a degree it was designed to help those working in it, rather than those it sought to serve.

- **What if in 2008 I was able to do an Einstein and go outside time and at least be a virtual medical student again? What would the world that I would find myself in, be like?**

Well, it would be very different -! I might or might not have been baptised, depending on my parents beliefs and their mood at the time. I would certainly know something about the world's great religions, because of my comparative religion module in my GCSE R.E. I would be very interested in that slightly vague concept of spirituality and what Hinduism and Buddhism had to teach us.

- **As a Christian student** my debates with my peers would be more about the rationale of belief in God, rather than the fine nuances of Christian theology, for which I would be a bit of a picker and chooser. I would want to develop my thinking on combining some level of intelligent design with acceptance of the theory of evolution.

- **I would know the scientific reasons** why I was not designed for sexual promiscuity, I would also know that in a committed long term relationship certain chemicals in my brain would change, helping bond that relationship. Knowledge, however would not necessarily alter behaviour!

- **Overall Christian students today, whether medical or otherwise** are not hypocritical, not afraid to speak their mind. If they go to church it is because they want to – not because it is the done thing. They are very idealistic and want to see a fairer world, and they take their opportunities to see God's love in action all over the world. Most of all, many are seeking religious experiences which will enrich and deepen their faith.

- **So how are the teachers responding to their need?** Is it left to the university chaplains or do others have something to offer? I would argue that the level of religious debate and Christian witness has never been higher in our universities – and it's not just about 9/11 and Islam – the resurgence predates that awful event.
- **To give a parochial example** – who can forget that occasion when John Polkinghorne – a theoretical physicist who played a significant role in the discovery of the quark, and an ordained Anglican priest and trained theologian, filled the very large physics lecture theatre in Queen's, with students eager to know why he believed in God. And hardly a week goes by without an article in the Times Higher of a philosophical or religious nature. To quote a recent headline –
“Led into temptation, but we can be delivered from evil” – “the potential for wickedness lurks within us all, concludes Mary Warnock”
 - Well didn't we know that already – but it is a very interesting article.
- **And as to the interface between Science and Religion** – I don't think that interface has been more active since, what seem now, the very sterile evolution debates of the nineteenth century. Out of interest I googled Science and Religion and came up with close to 42,000,000 references. The interest in this field is borne out by the plethora of journals, societies, conferences and university Institutes devoted to this subject. For example in Britain and Ireland, the society for Christians in Science has over 500 members, admittedly small by American standards, but young and growing – publishing its own journal, “Science and Christian Belief”.
 And a whole new branch of scientific endeavour has emerged called neurotheology, devoted to the neuroscience of religious experience. The John Templeton Foundation has just given 1.9 million pounds to the University of Oxford to study, as the Times Headline had it, “why do we believe in God.”
- **Of even more interest is the prominence of religious topics in mainstream scientific journals.** To quote a few recent headlines from Nature, arguably the most prestigious scientific journal in the world, justifiably laying claim to publishing cutting edge discoveries. It gave extensive coverage to the controversy over inviting the Dalai Lama to the American society for Neuroscience, and an in depth profile of the Dalai Lama was graced by a nice photograph with the catch headline “Buddhism on the Brain”.
 Then another leader with the headline: “Where Theology Matters”
 And the sub heading – “The Voices of religion are more prominent and influential than they have been for many decades, Researchers, religious and otherwise need to come to terms with this, while noting that some dogma is not backed by all theologians”

And a leading article with the heading: “When Science and Theology meet”, commending Pope John Paul and Pope Benedict for their support for science and for their clarification on the necessary divide between science and Theology – as Pope Benedict said in his first mass as Pope – “We are not some casual and meaningless product of evolution.”

- **But what about the world of medicine? What are the changes which help us in our Christian witness?**

Among the most significant of these is our ability to listen to those that we are trying to serve. From our interactions with individual patients, who thank goodness have found their voice, through to patient representatives on clinical trial, cell and gene bank management committees, right up to the public fora, which influence Health and Social care policy. I don't think it has ever been easier for the Christian Health professional to be informed by the general public. And it is much more of an acknowledged team effort with all health and indeed social care professionals playing a part.

- **Of course medicine has never been** more scientific and in philosophical terms therefore reductionist –
Our ability to analyse individual patients at the molecular level by gene and protein analysis, through to functional imaging, and indeed behaviour, is very great ---- and yet here is the paradox – there is a renewal of emphasis on treating the whole person and a growing acknowledgment that there are still mysteries which we do not and perhaps will never understand. The Christian Health professional can say with St Paul:
“Oh, the depth of the riches of the wisdom and knowledge of God! How unsearchable his judgements and his paths beyond tracing out!”

- **This growth in the importance of treating** the patient as a whole person is, like the renewed emphasis on the relationship of Science and Religion, reflected in the proliferation of journals, of conferences and of university Institutes devoted to this topic. Journals like “Religion and Health” and “Spiritually and Health International” receive wide support, and many universities have multidisciplinary teams contributing to our understanding of the relationship of religious belief to health and well being. Many medical schools have amended their curricula to include a module on health and spirituality. The chaplains are seen as mainstream health professionals and, again to be parochial, for the first time in 2007, the Royal Victoria Hospital chaplains received an official invitation to the opening oration at the beginning of the teaching session.

- **In America things** have gone even further and some doctors, at appropriate times, pray with patients. I have to say that a leading article in the Lancet suggests that this would not be culturally acceptable in Britain. The Brits apparently, just as they want professional medicine and professional nursing, want professional prayer.

- The National Institute of clinical excellence in its guidelines for the treatment of diseases, includes the assessment of the spiritual needs of the patient, and a leader on “Spirituality and clinical care” in the British Medical Journal in 2002 by Larry Culliford includes the following:-

“Medicine, once fully bound up with religion, retains a sacred dimension for many. Differing religious beliefs and practices can be divisive. Spirituality, however, links the deeply personal with the universal and is essentially unifying. Without boundaries, it is difficult to define, but its impact can be measured. This is important because, although attendance in churches is low and falling, people increasingly (76% in 2000) admit to spiritual and religious experiences.

The World Health Organisation reports:- “the reductionist or mechanistic view of patients is no longer satisfactory. Patients and physicians have begun to realise the value of elements such as faith, hope and compassion in the healing process. In one study, 93% of patients with cancer said that religion helped sustain their hopes. Such high figures deserve our attention.”

And again a signal publication offers a critical and systematic, assessment of the relationship between health and religious belief, covering more than 1200 studies and 400 reviews. A 60-80% relation between better health and religion or spirituality is found in studies covering heart disease, hypertension, cerebrovascular disease, immunological dysfunction, cancer, mortality, pain and disability and health behaviours and correlates such as taking exercise, smoking, substance misuse, burnout and family and marital breakdown. Psychiatric topics covered include psychoses, depression, anxiety, suicide, and personality problems. The benefits are threefold: aiding prevention, speeding recovery, and fostering equanimity in the face of ill health.”

- More contentious have been the numerous clinical trials on the healing effects of intercessory prayer or, as some authors choose to call it, “Distant Healing”. These trials have used outcome measures of cure, complications, and mortality to assess efficacy and have been criticised by believers and non-believers alike. To quote from a leading article in Nature Medicine in 2005, entitled “Spirituality’s rising role in Medicine stirs debate...” –

“Driven by a surging public interest in matters of faith, research on the effect of prayer and other spiritual practices on addiction, recovery from illness and the ability to cope with stress has been steadily increasing. ‘There has been a growing attempt to reclaim a place for the divine in the modern world using the methodologies of the sciences,’

And yet two detailed systematic reviews, one from each side of the Atlantic, reach the same conclusion:- that more research is needed.

I quote from the American one -

“Despite the methodologic limitations that we have noted, given that approximately 57% (13 of 23) of the randomised, placebo-controlled trials of distant healing that we reviewed showed a positive treatment effect, we concur with the summary conclusion of the Cochrane Collaboration’s review of prayer studies, the British one, that the evidence thus far warrants further

study. We believe that additional studies of distant healing that address the methodologic issues outlined above are now called for to help resolve some of the discrepant findings in the literature and shed further light on the potential efficacy of these approaches.”

To return to the scientific and technical advances in medicine these, though improving the health of many, have raised great ethical issues for those of all faiths and of none.

We all know of the debates about reproductive medicine, stem cells, assisted dying, prolonging life, personal responsibility for health and rationing of health care. Church leaders of all traditions have made major contributions to these debates. But what of the ordinary Christian? We may not speak with one voice on all of these issues, nevertheless it behoves us to prayerfully seek God’s guidance and to think about these great ethical issues.

In the first of these talks Ambassador Campbell gave us many statistics about global inequalities in health told us of the important contribution the churches are making to solve this problem.

I would like to bring the question of health inequality closer to home. Some time ago an important study on civil servants’ health was done in the UK. The surprising finding was that it was not the permanent secretaries, working late into the night preparing briefs for ministers etc. who suffered most ill health – no, it was the common five - eighthers, the cogs in the wheel, who could not control their own destiny who suffered most.

Of equal interest are the many studies comparing the health of the rich and the poor, which have shown that it is not the absolute degree of poverty, but the difference in income between rich and poor which determines health. In Northern Ireland we can predict that difference in children entering their teen years through biochemical differences.

So to summarise, what have I learned about Christian witness in the workplace.

- Well I hope I have learned not to be defensive when medical authority is challenged. For example, in the human tissue crisis there was a tendency for us medics to say – “we’ve done nothing wrong, we haven’t broken the law” – rather than for us to listen to those who were hurting.
- I hope I have learned to be open when things go wrong and to support both the victim and the whistle blower, and to pray for the resolution of difficult situations which we all face in our working lives.
- Most of all I have been constantly reminded that only God performs miracles. It is natural for us to want to cure and to be cured - God will answer our prayers, but in his way.

Finally to return to our theme – “Faith in Public Life”

I have come to the conclusion that the past was not all good and that the present is not all bad – perhaps we are a seeking rather than a secular generation – and there are great opportunities for us Christians to influence public life. But in this Lenten season how can we best prepare ourselves.

Thinking about this I came across a Bible study which Karl Barth did for

his students at Munster, published in 1926, entitled The Christian Life – I would like to quote his definition of that life:-

“Let us, first of all, reflect for a moment on what is meant by *Christian life*. The situation is really such that we have got to tell ourselves: the Christian life in its true and proper sense, the Christian life that really and truly deserves the name is something that we do not live. A different person altogether lives this Christian life – God in Jesus Christ through His Holy Spirit for us and in us.”

And then later Professor Barth writes:

“We live in the *world* and this world is God’s world, created, sustained, and ruled by Him. We live entirely in the world, in which reconciliation has been effected in Christ. Not in an abyss where God is not at all present, but at a place where God has spoken and by means of His word has acted – and yet in spite of that, in *this world!*”

So if we as Christians are to live out our faith in our public lives we must continually acknowledge our weakness and sinfulness. God, by his very act of forgiveness, leads us and carries us, and by that process we grow spiritually and discern his truth. Held by God, He commandeers us to carry out his work in this His world, while we look forward and hope for the perfect world to come.

The apostle Paul sums it up so well in that great text at the beginning of Chapter 12 of his epistle to the Romans, the text on which Professor Barth based his Bible Study.

Therefore, I urge you, brothers, in view of God’s mercy, to offer your bodies as living sacrifices, holy and pleasing to God – this is your spiritual act of worship. Do not conform any longer to the pattern of this world, but be transformed by the renewing of your mind. Then you will be able to test and approve what God’s will is – his good, pleasing and perfect will.

In this Lenten season as we look to our Lord’s crucifixion and resurrection, let us together as Christians in our six churches in South Belfast, rededicate ourselves to God’s mission in ours and his world.