FOCUS MAGAZINE

WWW.CANADIANSFORCONSCIENCE.CA
Please direct your colleagues, family, friends and Church community to use the website to urge decision makers to protect conscience rights. The website is part of our overall conscience advocacy with the Coalition for HealthCARE and Conscience.

There will be more Call for Conscience campaigns in 2018/2019. Keep watch on our website and the Coalition Social Media accounts.

CMDS ON SOCIAL MEDIA
Our social media accounts keep members and the public up to date with all the latest news articles relating to faith and medicine, upcoming events, and share messages of hope and faith. Look for us on Twitter, Facebook, Instagram, and YouTube.

WWW.CMDSCANADA.ORG
We launched a members-only directory on our website in 2018. It allows members to log in to update their information and search for fellow members. If you don’t have your password or user ID, simply contact us at office@cmdscanada.org.

MONTHLY NEWSLETTER
We also have a monthly email newsletter to keep our members up to date on current events, student opportunities, and upcoming CMDS events like our student retreats, national conference, and local speaking engagements.

CALL FOR SUBMISSIONS
We are currently accepting submissions for our blog and FOCUS Magazine. Let us know what issues are affecting you as a medical professional or medical student. Contact Stephanie Potter at sjpotter@cmdscanada.org for more information.

FOCUS is published three times per year. It is a national forum for students and graduates of medicine and dentistry to discuss topics related to the integration of Christian faith and practice across Canada. Contributions are welcome and should be directed to the Editor in chief (address above). We encourage readers to submit articles of personal or professional interest as well as those related to CMDS Canada activities at home and around the world. Subscriptions are available for $20/year. (Membership in CMDS Canada includes a subscription to FOCUS magazine)

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FOCUS articles reflect the beliefs and opinions of the authors and do not necessarily reflect the official positions of CMDS Canada.

Cover photo by Bryan Minear on Unsplash.
We’ve had an exciting and challenging year, and it’s only April! Our Executive Director Larry Worthen and I flew to Toronto to attend the Appeal of our Court Case heard (at the date of printing the ruling had yet to be released). Our legal team worked hard and gave their utmost. During the process we were able to assist with important research to ensure every point raised had the best answer possible. Regardless of the ruling, we left the court room knowing we had left it all on the table and given our best. The pictures below are the double sized bankers boxes that were absolutely packed with files relating to our court case and Larry and I with the lawyer who argued on our behalf, Eugene Meehan, QC. When all was said and done, though, we were left physically and emotionally exhausted after months of preparation and the flurry of activity over our two days at court. Prepping this issue of FOCUS in the time after the hearing has been strengthening for me, as I think it will be for you. This issue was designed to cover issues relevant to students and residents, such as prayer, resilience and burnout, mental health and much more. These issues are evergreen both for students and residents, but also for all graduate doctors and dentists.

Our spring issue usually features reflections and reports from our two student retreats as well as the Student Leadership Conference, so it was a natural fit to begin our series discusses issues relevant to our student and resident members alongside these regular features. We also had the chance to share selections from our Associate Staff reports from across Canada. The insights into the heart of our student ministry programming are a good reminder as to why we continue to invest in this essential part of the mission of CMDS Canada.

The articles from this issue are insightful, funny, informative and inspiring page after page. Dr. Margaret Cottle shares the secret of she and her husband Dr. Robin Cottle’s success in maintaining a thriving student ministry program at UBC: food and fellowship. Margaret shares with us incredibly practical tips, as well as a collection of their best recipes that promise to become family favourites. As a mother of 7, the Cottles ability to cook hearty food for the masses was equal parts impressive and inspiring. I’ll be adding all of these recipes into our regular rotation. Dan Hardock, our Calgary Associate and long-time FOCUS contributor, share with us the next article in our 50th Anniversary series – a follow up to an article from 2004 which featured a comical take on medical related terms. It’s nice to see that Dan’s humour is still intact 15 years later.

Whenever we speak to students and residents, one of the topics they ask about most is work/life balance, resilience, mental health, and how to be more intentional with their faith. This issue’s features tackle these vital issues from several angles. Dr. Angela Ho addresses the particular stressors that tend to cause burn-out in the medical community and shares some important resources which are of value for all of us. If you are experiencing burn-out or are feeling overwhelmed, please reach out to your CMDS family as well as the variety of resources available to you. Rev. Dr. Cheryl Ann Beals brings her extensive experience ministering to pastors and applies what she’s learned to all Christian leaders. Her reflection on the message of Hebrew 12 is broken down into 10 spiritual training tips to help all of us come closer to God and build up our resilience. Our team heard a version of this piece given at a leadership training event and it was both challenging and timely. As caregivers, we struggle to extend that care to ourselves. The 10 spiritual training tips Rev. Dr. Beals shares with us remind us to rely most of all on Christ.

In her article, Dr. Sandra Brickell shares with us the wisdom she’s gained since medical school in how to enrich and maintain her prayer life. Her authentic sharing paired with powerful quotes from Scripture and Christian literature will give you inspiration to delve deeper into your prayer life. Dr. Dan Reilly brings us his piece, Ask the Doc, which features some of the most common and most interesting questions Dan has been asked during the Q&A sessions he runs for students and residents at the SLC, ESR, and National Conference. We know that this will be a valuable resource to students across the country. The questions he answered are concerns that are there anew each generation and his answers are incredibly rich and helpful.

This issue is truly jam packed with excellent articles. Thank you to all who contributed their wisdom, humour, and spiritual encouragement. I trust you find as much spiritual and mental relief and enjoyment from them as I have. ☀
Rev. Dr. Cheryl Ann Beals is the Director of Clergy Formation & Wellness for the Canadian Baptists of Atlantic Canada. Cheryl Ann is a graduate of Acadia University with a Bachelor of Science Honours in Psychology and a Bachelor of Education in Special Education. She also holds a Master of Education degree in Counselling from the University of Western Ontario, London, ON and a Master of Divinity degree from McMaster University, Hamilton, ON. In May 2016 she graduated with her Doctor of Ministry degree from Acadia University. Her area of research was clergy burnout, well-being and resilience. Her passion is to live in a growing freedom in Jesus Christ, while assisting others to do the same, especially Christian Leaders. She has a desire to see well-formed resilient spiritual leaders and spiritual communities, where people are set free and equipped to follow Jesus, even in the midst of adversity and suffering.

Sandra Brickell is married to another physician, Michael Koke. They have four kids, whom they homeschool, so Sandra works part-time. Sandra also leads our CMDS Canada Prayer Chain.

Margaret Cottle is a Palliative Care physician in greater Vancouver, BC, working in Home Hospice Programs, and is a clinical assistant professor at the University of BC medical school. She speaks internationally about end of life issues and palliative care and addressed members of the Canadian Parliament in 2006. Dr. Cottle and her husband, Dr. Robin Cottle, an ophthalmologist, sponsor the UBC student chapter of the Christian Medical and Dental Society of Canada, hosting the students weekly for dinner and discussions.

Dan Hardock is the Associate Staff person at the University of Calgary serving that campus in two stints, 1998 - 2007, and currently since 2014. Dan has served in a variety of capacities with CMDS and worked as a professor for 16 years at a local theological college. He is married to Christin (MD) and together they have four children. Dan has recently been appointed a board member of CanMedSend.

Angela Ho completed her medical training and psychiatric residency at the University of Toronto. As a member of Inner City Health Associates, she provides psychiatric care with an intensive case management team focusing on marginally-housed individuals with severe mental illness and substance use disorders. Through both private community practice and Sinai Health System, she provides couples therapy, often receiving referrals from the Ontario Medical Association's Physician & Professionals Health Program. She is involved in clinical teaching and is the Secretary for the Ontario Psychiatric Association. She previously provided shared care with multidisciplinary teams at the U of T Health & Wellness Centre and the East End Community Health Centre. She lives in Toronto with her husband and 2 kids.

Dan Reilly is a rural OB/Gyn and the McMaster OB/Gyn Undergrad Program Director. He has received a number of awards for excellence in teaching and travels Canada speaking on topics in ethics, women's health, and the business of medicine. To learn more visit danreilly.ca
Therefore go and make disciples of all nations, baptizing them in the name of the Father and of the Son and of the Holy Spirit, and teaching them to obey everything I have commanded you. And surely I am with you always, to the very end of the age.
Matthew 28:19-20
Photo Journal: Eastern Student Retreat

Every January our students from the Eastern half of Canada come together for the Eastern Student Retreat. This year’s retreat focused on the much requested topic of finances. Students join us for a series of presentations and also enjoy time in retreat. This annual event is a much needed respite for students so that they can turn their focus on God and take a break from the constant pressure of medical and dental school. Our thanks to Dr. Dan Reilly and his assistant Kellie Bessey for all the work they put into making the Eastern Student Retreat a prayerful and engaging experience for all blessed. Contact the CMDS National Office if you would like to sponsor students for next year’s Eastern Student Retreat.
To My Younger Self: Advice on Prayer

SANDRA BRICKELL

I was a medical student from 1992-95 and an internal medicine resident from 1995-99. These are the things I would tell the student/resident I was, if I had the chance!

• You must find time to spend with the Lord and reading (and ideally memorizing) His word, even if it is small bits here and there. If you can’t, ask Him to find it for you (or maybe even start by asking Him).

• Ask that the God of our Lord Jesus Christ, the glorious Father, give you the Spirit of wisdom and revelation so that you may know Him better, and that the eyes of your heart be enlightened to know the hope to which you are called (Ephesians 1:17-18) and how deeply you are loved (Ephesians 1:4-5).

• Every person you meet - patient, family member, colleague, or other staff of the clinic or hospital - will live eternally, somewhere (Matthew 25:46). Ask the Holy Spirit to use you to bear witness to the One Who created him or her in His own image.

“It is a serious thing to live in a society of possible gods and goddesses, to remember that the dullest most uninteresting person you can talk to may one day be a creature which, if you saw it now, you would be strongly tempted to worship, or else a horror and a corruption such as you now meet, if at all, only in a nightmare. All day long we are, in some degree, helping each other to one or the other of these destinations. It is in the light of these overwhelming possibilities, it is with the awe and the circumspection proper to them, that we should conduct all of our dealings with one another, all friendships, all loves, all play, all politics. …[t]he immortals whom we joke with, work with, marry, snub, and exploit - immortal horrors or everlasting splendours.” (C.S. Lewis, The Weight of Glory)

• When you are exhausted and can’t see how you can possibly keep functioning, ask the Lord to multiply your sleep as He did the loaves and fishes (John 6).

• When you are uncertain in a clinical (or any other) situation, ask the Lord for knowledge and wisdom. God always knows the answers you lack.

“For the Lord gives wisdom; from His mouth come knowledge and understanding.” (Proverbs 2:6)

• Pray that you will not be tempted to live your own life.

“The man or woman who is willing to exchange and surrender all aspects of his or her success is the one who is going to go on with God. We are not living for this world but for the world to come. The economy we are bartering in is not of this world but of the world where Jesus Christ is preparing a place for us. We have the awesome privilege of exchanging worldly success for favour with our Father which art in heaven.” (A.W. Tozer, The Crucified Life)

• At all times, but especially in times of doubt and uncertainty, seek first the kingdom of God and His righteousness (Matthew 6:33). God, who has called you into fellowship with His Son Jesus Christ our Lord, is faithful (1 Cor. 1:9) and the grace of Christ is sufficient (2 Cor. 12:9).

“One day I was talking with a missionary and he said to me, ‘Brother, remember that when God puts a desire into your heart, He will fulfill it.’ That helped me; I thought of it a hundred times. I want to say the same to you who are plunging about and struggling in the quagmire of helplessness and doubt. The desire that God puts into your heart He will fulfill. If any are saying that God has not a place for them, let them trust God, and wait, and He will help you and show you what is your place. I have learnt to place myself before God every day, as a vessel to be filled with His Holy Spirit. He has filled me with the blessed assurance that He, as the everlasting God, has guaranteed His work in me. If there is one lesson that I am learning day by day, it is this; that it is God who worketh all in all. Oh, that I could help any brother or sister to realize this!” (Andrew Murray, Humility)

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Father in heaven, we come to You in the mighty name of our precious Saviour Jesus Christ. Please raise up this generation of medical and dental students to know that You created them in Your image, that You love them, and that You have prepared good works in advance for them to do (Ephesians 2:10). May they delight in You, live crucified lives (Galatians 2:20), and bear fruit for Your kingdom. Strengthen them against all unholy opposition, and give them Your eternal perspective. Amen!
Mental health difficulties and their prevalence are being acknowledged more in the public realm, but work remains to be done to address the mental health of health professionals. The 2017 Canadian Medical Association’s National Physician Health Survey revealed that it is not uncommon for physicians to be dealing with burnout, depression, and suicidal ideation.

**BURNOUT AND PSYCHIATRIC DIFFICULTIES**

Burnout is usually characterized by a sense of exhaustion, depersonalization, and decreased sense of personal accomplishment. Lack of control over work conditions, time pressures, fast pace of work, and lack of alignment between the values of physicians and administrators contribute to burnout. Specialties at high-risk include critical care, emergency medicine, family medicine, and surgical specialties. Other contributing factors include being of younger age or early in one’s career, working more nights on call, and lack of social supports.

Physicians can be exposed to unique stressors including regulatory college complaints, lawsuits, patient death, and medical error. Geographic moves for training or to fulfill return-of-service agreements contribute to a lack of sense of control, often leading to social isolation or even separation from family. Likewise, transitions in practice can take their toll, by challenging one’s professional identity and requiring adjustment to new roles and responsibilities. Furthermore, high debt loads and unpredictable government impositions affecting funding or practice models can cause substantial distress.

For Christ-following physicians, there can be questions and internal conflict in attempting to reconcile death and suffering with one’s faith, or navigating medical treatments such as abortion and medical assistance in dying. These are all layered on top of the usual seasons of faith, where there may be periods of darkness and sorrow in one’s non-professional life. At the same time, it is important to not conflate one’s spiritual life with one’s risk for mental health difficulties. Spirituality and involvement in a faith community can be protective against mental illness, but mental health is affected by a multitude of factors including hereditary or genetic risk, and the interaction between one’s biology and the environment; therefore, experiencing mental health difficulties should not be viewed as a reflection of a deficit in one’s spiritual life. With this in mind, the Christian physician may find relief and freedom from leaning on one’s faith and trusting God to lead, rather than trying to manage factors that are not within one’s control.

Besides burnout, physicians are not immune to psychiatric difficulties, including mood disorders such as depression and bipolar spectrum illnesses; anxiety disorders and obsessive-compulsive disorders; traumatic stress disorders (including vicarious trauma); disordered eating; psychotic spectrum illnesses; and substance use disorders (including the misuse of prescription medications). Physicians are also likely to have the ‘compulsive triad’ of personality characteristics – self-doubt, guilt, and exaggerated sense of responsibility, which further put them at risk. Because of internalized

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**2019 ANNUAL GENERAL MEETING**

The CMDS Canada Annual General Meeting will be held Friday, May 10th, 2019 at the Pacific Gateway Airport Hotel in Vancouver, BC during our annual National Conference. Please ensure your 2019 dues are paid to ensure you have voting privileges during our AGM. For more information, please contact Stephanie Potter at office@cmdscanada.org.
stigma, denial, and minimization of difficulties, physicians are less likely to seek assistance. Rather, they are more likely to attempt to self-diagnose and self-medicate, while also pre-maturely stopping medications or discharging themselves from hospital if admitted.

IMPACT OF BURNOUT AND PSYCHIATRIC ILLNESS

The impact of burnout and psychiatric illness plays out in various ways. On an individual level, there may be changes in mood, motivation, sleep, appetite, energy, lack of interest in usual involvements, or suicidal thoughts. Peers or colleagues may notice social withdrawal, unusual thoughts, and significant personality changes such as poor decision-making or impulsivity in spending, in relationships, or in substance use. Illness symptoms often have significant repercussions on romantic relationships, especially if one's partner is unaware of the signs of mental illness or if s/he has psychiatric difficulties as well. Moreover, many medical couples need to navigate the constant tension between professional obligations and familial responsibilities in facing the realities of having a finite amount of time and energy to devote to the self and others. Often-times the workplace is the last place that symptoms reveal themselves — through reduced performance, absenteeism, impaired judgment, or aggression.

Though there has been much focus on ‘resilience’ as a trait of health professionals, there is dire need to address broader systemic factors and medical culture which have a larger impact on health status and wellness: learning and practice environments that value autonomy, collaboration, mentorship, safety, professional development opportunities, diversity and inclusion are needed. Intimidation and harassment have not been eradicated.

HOW TO HELP YOURSELF AND OTHERS

Many are likely already familiar with the typical recommendations of self-care through continued engagement in recreational and social activities and healthy lifestyle (sleep, diet, exercise, alcohol in moderation, and avoidance of substances with psycho-active effects). Activities which promote a sense of purpose are encouraged. Furthermore, involvement in professional associations are key to address systemic or political factors which affect the wellness of health care providers across the country.

Though there has been much focus on ‘resilience’ as a trait of health professionals, there is dire need to address broader systemic factors and medical culture which have a larger impact on health status and wellness

Build relationships and community among peers – these personal relationships are avenues not only for allowing Christ's love for us to overflow to them, but serve as invaluable resources for ensuring colleagues are their best selves for their health’s sake and for the protection of patients.

Become familiar with formal supports available. Supervisors can help navigate emotional responses to patient encounters and prevent boundary violations. Advice from program directors can be useful if academic accommodations are needed. Each province’s Physician Health Program can offer confidential supports and referrals for physicians and their immediate family members. They also assist those involved with their regulatory college due to mental health difficulties or disruptive behaviour.

FURTHER RESOURCES

- Spiritual mentors, church pastors
- Family physicians
- Peer support programs (where available)
- Student Life or Student Affairs Offices of Undergraduate Medical Education
- Residency Program Directors
- Postgraduate Medical Education Offices
- Provincial Residents’ Associations
- Provincial Physician Health Programs
- If in acute distress, call your local distress centre or go to the nearest hospital

HELPFUL LITERATURE

Canadian Medical Association — Physician Health and Wellness
https://www.cma.ca/physician-health-and-wellness

American Academy of Family Physicians — Physician Burnout & Work-Life Balance collection
https://www.aafp.org/fpm/topicModules/viewTopicModule.htm?topicModuleId=43

“Mental Health and Mental Illness: A Christian Psychiatrist's Perspective” — Dr. Jonathan Lee (Psychiatrist)
https://www.youtube.com/watch?v=NS1uoqCZ3o0


This piece, in Dan Hardock's inimitable style, is the second part of an article that was originally published in the October 2004 issue of FOCUS when he was but 6 years into his misadventures as CMDS Canada's Associate Staff in Calgary. It seemed appropriate for our 50th anniversary series to have Dan share this follow up.

Working as a CMDS Staff worker for more than two decades has imparted to me a great deal of knowledge about the medical world. I am somewhat in the strange position of the oft theologically lauded “in the world but not of it”. While being deeply submerged in the medical subculture I am not a doc. More than a decade ago, I published, in this esteemed journal, a dictionary of terms used by medical students that to the uninitiated were quite obscure. I believe it is high time that I update and expand this important literary and informational resource for those who might be left at a loss when “student doc-speak” is being used. I have offered a few revisions of the original dictionary based on further observations of medical student behaviour.

In keeping with the age, a disclaimer is necessary: No drug company sponsored the research of this article nor was any third party responsible for its writing as they all fled after reading the first draft. No trees were harmed in the writing of this article nor was any extra oil put in a pipeline (built or unbuilt) during its production despite the fact that it was written in Alberta. The only oxygen consumed by the author during this article’s writing was that which was sufficient for sustaining life (although I accidentally gasped when I realized it might exceed the word count).

Here goes (in no particular order).

First Year Medical Student: A student in their first year of medical training who is characterized by super optimism, energy, and a general “let’s take on the world” attitude. Genuinely convinced that they know the answer to almost any question that could be posed, first year students should not be allowed to make medical decisions about anyone, even themselves.

Second Year Medical Student: A student in their second year of medical training who is characterized by lack of sleep, exam induced paranoia, depression, self questioning and general disillusionment with the world. In academic training, they are still not allowed into the hospital primarily because they would be mistaken for patients in the intensive care unit.

Fellowship: A highly deceptive term that has neither any thing to do with gender specificity nor any kind of water-based transport system. In medical school a “fellowship” is a means to which a graduate can acquire more letters behind their name. Many female students object to being referred to as “fellows,” but considering how busy anyone is in this part of their training it is unlikely anyone would notice gender anyway.

Intern: An intern is a medical student who has completed the first few years of academic study and is being reluctantly allowed to touch patients. Having had the optimism of being a first-year student being systematically abused out of them, and the depression of the second-year experience addressed by a battery of counsellors, the intern is generally quiet, inward looking and nervous despite the presence of a lab coat and stethoscope. Most common phrase that is used when speaking to the Preceptor is: “I agree.”

Specialist (original definition): A medical student who adds several years to their medical training so they can have regular office hours and make more money.

Specialist (revised definition): A medical person who has chosen a field of expertise often in order to avoid contact with patients, but does not have the scientific background to do pure medical research. A sub-specialty of specialists avoids contact with all persons unless they have golf skills. They occasionally see people who are sick because of the irritating habit of Family Doctors (see below) referring patients to them.

CaRMS (Pronounced C-c-c-c-a-a-a-r-r-r-r-r-m-m-m-m-s-s-s-s-s-s-s-s-s-s-s-s-s-s-s-s-s-s-s-s-s-s-s-!!!!!!!)): CaRMS stands for “Canadian Resident Matching Service” and needs to be updated and expanded based on the two definitions provided by the original dictionary:

Resident: I always thought that this referred to a person who lived at a particular address. Through CMDS Canada, I have learned that this is a person who lives at a hospital who is in a state of overwork and is
Residency: An ongoing experiment jointly sponsored by the College of Physicians and the Government of Canada into sleep deprivation.

CaRMS, therefore, is the means by which Canadian medical students entering residency are placed into the hospitals in which they will obtain no sleep. Special attention is given to making sure that students are matched to places that are the farthest possible location from where they currently reside. It is quite literally a lottery where anyone can win – and like most lotteries, almost everyone loses. Perversely, residents are given the title of “Doctor,” but are given very little power to perform anything. This is a good thing, since it is entirely possible that the resident that you are referred to in Emerg may not have slept for the last thirty-six hours. Given that studies have shown that this level of sleep deprivation can induce around the same state of consciousness as being stoned, when asked if the resident can see you take some advice from Nancy Reagan: “Just say no.”

Billing Number (Pronounced $$$$ or Ka-Ching!): That which every medical student in the Canadian medical system strives to obtain. Every student is in hope of the rapture created by the arrival of The Great and Awesome Billing Number and those that remain faithful reap its rewards. Unfortunately, the coming of The Great and Awesome Billing Number has its own set of Apocalyptic Horseman including “The Coming of the Great Debt Repayments,” the “Whaddaya mean I need to set up my own Practice?,” and the horseman of “How much did you say my obstetrics insurance is?????”

If the student is not careful, the blessings of the Billing Number can be exceeded by an over optimistic idea as to how many cars a doctor can own and how many patients they can actually see in a day.

Rounds/Rotation (Original definition): Something done by medical students whose result is dizziness after several repetitions. Ironically this is done in hospitals that are generally square shaped.

Rounds/Rotation (Revised definition): Rounds are often part of a Rotation. A Rotation is a unit of study that usually leaves the student feeling like a square peg in a round hole, or perhaps, a square hole in a round peg. It is hard to tell because during a particularly heavy rotation the room never stops spinning.

Paediatrics (pronounced peedz): Due to a monumental break down in linear thinking, this course of study is almost always put before OBGYN (see below). This training module teaches students how to care for the health of children without actually seeing or touching a child. It involves unlearning everything they have heard about children which will eventually have to be relearned if the student ever has children of their own (see Family Doctor below). In more advanced rotations, “Paeds” can be used as a verb, such as “That little rotter paed on me!” Bad Paeds experiences may convince students to consider becoming a gerontology specialist who occasionally see older people.

OBGYN (Pronounced Oh-Be-Jin or Oh-Be-Gine): Ostensibly referring to “Obstetrics-Gynaecology”, this rotation is the medical student’s equivalent to the much feared “the birds and the bees” talk, but in a considerably greater depth than most nervous moms and dads could ever imagine. For those sheltered students who never had the original parental talk, it usually induces a three-week state of shock.

Family Doctor: A front-line doctor who, upon graduation, actually sees patients. Un-insulated by layers of bureaucracy, family docs are usually the first ones that people see and may actually get a chance to get to know them, depending how big their practice is. It is also a field chosen by many because it is possible to have a family of their own while continuing to be a doctor. The relationship between “Family Doctor” and “Having a family” has not been thoroughly researched enough to determine a cause/effect relationship. Family Docs are viewed by many specialists in the same way as military officers view the general infantry – necessary to get the job done but not demanding of a lot of respect.

Obstetric/Paediatric Family Doctor: Similar to above, as this refers to a front-line doctor who upon graduation both sees patients and also delivers babies. These are doctors who generally love children, but who have consciously or unconsciously decided not to have any of their own. Being on call with or without a call group effectively eliminates the possibility of having children on the basis that one must occasionally see one’s spouse.

On Call: A medical form of accepted harassment. Being on call is an accepted form of torture that effectively destroys any possibility of doing anything other than twiddling one’s thumbs during the prescribed period of time. Occasionally doctors forget when they are on call which results in a desperate nurse quoting Jesus’ words that “many are called, but few are chosen.”

Call Group: A group of doctors who have decided to band together in order to experience a medically accepted form of harassment. Misery loves company, so why should doctors be any different in this respect?

Surgeon: A surgeon is a person who is responsible for cutting parts out of people and occasionally patching new ones in. Anecdotal information concerning the stereotype that surgeons are generally anal retentive, emotionless robots, who view their patients as biological machines needing to be fixed are generally difficult to un-substantiate. Most medical students during their surgery rotation certainly feel that they are viewed by their surgical preceptors as biological machines that need to be fixed.

Post Doc: A doctor who moonlights as a mail carrier. Given that Canada Post has a better retirement package than most docs can even dream of, I can hardly blame them.

Ethics Class: Considered to be the biggest joke of a student’s entire medical training as the conclusion of all who participate is that you “do whatever you think is right.” It is a futile attempt to discuss universal truth in a post-modern ethical setting where individual “truth” is posited as being equally valid as anyone else’s. It is a joke to everyone except for the unfortunate student who actually has convictions on ethical issues. For those individuals, Ethics Class becomes a place where the student is cross examined by those dictating that political correctness and the need for everyone’s opinion to be respected requires all students to believe what the preceptor does – or else...

Conclusion

I hope that this little guide to the obscurities of medical terminology has been helpful to all the readers of FOCUS and in particular to those who work with students. Navigating the medical subculture can be a difficult process but armed with the correct information staff members can be successful.
Every quarter our Associate Staff send us reports on their ministry to students on campuses across Canada. These reports give us valuable insights of the trends in student ministry, help us assess where additional support may be needed, and help our Associate Staff learn from each other’s experience. We are so blessed by the work of our Associate Staff and Campus Ministry leaders across Canada. They include paid staff and volunteers who recognize that medical and dental school are a critical time to step in and provide support to students. For this issue of FOCUS which centered on time to step in and provide support to students, we wanted to take the opportunity to celebrate the work of our Associate Staff and show you places where they need the opportunity to celebrate the work of our Students and Residents, we wanted to take for graduate doctors and dentists to come alongside to magnify the impact of their work.

Munjula Saito - University of Western Ontario

We’ve been going through the Gospel of John at our lunch time weekly meetings. Attendance is increasing. Last week 11 signed up to come but in the end there were 18 of us. Every week, a small miracle happens and there is enough food but I was a bit nervous last week. I’d say the community is growing and I am committed to working on getting the 1st and 2nd years connected and that’s one of the benefits of a lunch time gathering. People are at the school already and need a break. I make a nice lunch and take it over. There at least 15 Christian 2nd year dental students. I know CMDs Canada attracts more medical students than dental, but when you think about it, dental students are there in the school for 4 straight years! Clerks and 4th years are mobile for schools with 4 year programs. My goal is to have a solid core of dental students and I can bring in speakers and have special events that are targeted for each group with a good opportunities to interact and get to know the other faculty.

David Ritz - McGill University

We have had a good semester. We have been meeting every two weeks going through the Health, Illness and Healing study. It’s been really well received. We have had all the 4th year students come back and begin attending again, which has been really exciting. We are trying to figure out the best way to get the 1st years involved. We do advertise free food, but are struggling to really get the 1st years who are ingrained into the study.

We did a joint event with Muslim Medical Student Association and the Whole Person Care student group this semester that went really well. We had a panel discussion on what the role of spiritual care is with regards to seeing a person achieve whole health. We had a Christian psychiatrist, a chaplain from the Montreal General Children’s Hospital, a Muslim family doctor, and a non-practicing Jewish Zen buddhist surgeon. We had good discussion, and it was agreed that we needed to do it again, and are looking to do another event in the fall. Excited to see how this can continue to evolve!

Now we are looking ahead at future leaders, and the next academic year!

Jon Dykeman - University of Toronto

The past few months have gone by very quickly. We are currently in a stage of connecting with students who are finishing up their programs and thinking ahead to what is next in life. It is bittersweet for a lot of us.

St. George Medicine

Our group decided to change our early morning prayer and Bible study time to Mondays at lunch hour and this has proven to be a positive adjustment. Only 1st year students were not able to make it out to our early morning sessions previously as they are. Meeting at lunch has made for a time for second year students were able to join. The turn-out still hasn’t been fantastic. We get about three or so students who come out regularly. I know some of it has to do with many of the students having to run off to the hospital for class. I will be having a conversation with one of our student leaders and trying to figure out what I am missing (if anything) or how we can do better.

That being said, God has opened the doors for me to connect with more residents. We have a monthly Residents’ Bible study. This is hosted by a young physician. I have met with one resident multiple times to chat about some of the challenges and demands of her program and other conversations about relationships and Baptism. We also recently had a board games night for mainly residents.

Jolene Felsbourg-Linton - Northern Ontario

I continue to send out the weekly updates that include local and national CMDs Canada events, community events connected to churches, the hospital and university and prayer requests. I have been promoting the FOCUS magazine. I have about 25-30 people who receive the weekly update.

I was able to encourage a physician who was having a difficult time in January and feeling overwhelmed. In February, many of the students were on placement in Indigenous communities – some in the far north in fly-in communities. We kept them in prayer.

I had lunch at the hospital with a resident on placement in the ICU. I connected with a 4th year student and another resident connected with CMDs Canada while they were doing

We had more students come out for our biannual CMDs Dinner, where our students lead worship.

Dental Christian Fellowship

This group continues to be faithful in coming to our regular meetings. We regularly have anywhere from five to twelve students gathering for Bible study. We have been working through the book of Esther and have recently started reading “The Cost of Discipleship”.

Last Friday, a group of us went to the Rec Room, which is an arcade-style place. We had dinner and socialized together. It was a lot of fun.

I have also been walking with a 4th year student through his decisions around what he will do when he graduates and where he will be. We are also planning an end of year Dental Fellowship gathering for our graduates - about five students who have been a part of the fellowship.

Mississauga Academy of Medicine

Our humble group of two students gathers every Thursday for a study on Proverbs and worship. This group again is small - in previous years it was our larger group - about seven or eight students. God is reminding me this year of my need to be grateful for those who do want to be a part of our fellowship and not to be obsessed about numbers. It can be a real distraction from doing actual ministry when we dwell too much on this.

We did a joint event with Muslim Medical Students Association while it was doing a placement in the ICU. I connected with a 4th year student who was finishing up his program and trying to figure out what he will do when he graduates and where he will be.
placements on the Peds and mental health units. I was able to connect a few physicians from two Northern Ontario and one Southern Ontario who were swapping some academic presentations. I also planned a dinner out and was joined by two residents and their families for pizza.

In February, there was a lot of buzz amongst the email group to have a presentation on Pro-Life and MAID issues at the Sudbury NOSM campus. Thunder Bay and North Bay showed interest in connecting via technology. Unfortunately, when I put out a call for someone to help me plan the event all chatter stopped – I literally have not heard a single word since asking if someone wanted to help me host this event. With some help, I wanted to plan something before the school year is over. Without help, I am aiming to plan something in the fall seeing the group will need to do some fundraising for a speaker.

A physician in North Bay emailed me for suggestions and provide encouragement on how to start CMDS activities in that community. I have suggested that this summer we plan the CMDS picnic somewhere between the two communities to connect.

In March – A few students and a resident came out for a Sudbury Five pro basketball game with me next weekend – I have been connecting 1:1 with physicians to see if they can join us. Dr. Ryan and Sue Carlson are hosting a games night for students in April. I am also going to try a spring hike and prayer time on Holy Monday/Earth Day in April on the trails near Laurentian University.

My ongoing challenge this year again has been securing physician participation in any activities with the students. I have had a physician in Thunder Bay and North Bay curious to how they can start events in their communities, but in Sudbury, the doctors are rarely available to participate. I have been planning the kind of events that they can bring friends and family out to rather than Bible studies as was requested in the fall but still, there is very little response.

Some interesting prayer requests – a local family physician who is connected with the Christian school but not CMDS requested prayer for this family going on a mission trip. The trip was cancelled at the last minute due to unrest in Haiti – sometimes prayers for protection get answered in unexpected ways.

We kept a summer camp in prayer as they were choosing counselors for the summer – a few Christian physicians and a dentist connected to CMDS send their kids to this camp for the summer. Over the winter I have been collecting coats and shoes for adult mental health seeing these are high need items. One student donated an old coat this winter which was very kind.

**Ben Jolliffe - University of Ottawa**

We have been meeting weekly over the last month or two, alternating between an evening event and a morning prayer meeting. Prayer meetings aren’t super well attended, usually 4-5 of us, but the two student leaders of CMDS have been very faithful.

Our evening meetings are most often a Bible study. We are working our way through Philippians, piece by piece. We do an inductive study without prearranged questions, working through observation, interpretation and application to see what God wants to teach us through His Word.

We have also had a few evening events interspersed with the Bible studies. A few weeks ago, we co-sponsored an event with two other faith groups (Muslim and Jewish associations) where doctors spoke of the relationship between their faith and their practice. They covered issues like MAID, abortion, as well as the more ordinary practices. Around 20 students came and the Catholic physician spoke well from the Christian perspective.

We also had a few weeks before that, Drs. John and Sally Patrick come and speak. They are local physicians involved with CMDS. We had a dinner and an evening at the house of one of our student leaders.

Overall, it has been a really good Spring. We have two great leaders who attended the Student Leadership Retreat and I am excited to see how things finish up for the year.

**Don Corry - McMaster University**

Our monthly meetings have continued at the Harvey’s. We had a great turn out in January, especially among the first year students. It was quite encouraging. The topic was abortion and we had a guest speaker who provides counseling for those considering abortions. In February Dr. Jane Dobson led us in a discussion primarily around transgender issues. This did not have students attending, but rather more residents. In March we combined with the Canadian Federation of Catholic Physicians and Societies had a presentation on assisted suicide. Two 1st year medical students came. We are looking forward to our banquet in April with Jean Chamberlain speaking.

I have been meeting with students on Tuesdays for lunch after class. We have talked about current issues they are facing. One student is struggling with pornography and is spending too much time late at night, so he is not sleeping enough. Another student has had difficulty speaking up in tutorials so that she has received poor ratings from her preceptor. We have discussed how she can present herself better and perhaps get an advocate in her group to help her gain a platform. Another student has faced some doubts about the Bible and the Canon. We worked that one through.

The students had been meeting regularly on their own in the Fall, but this has stopped. They are trying to resurrect it. We did have students go to the Eastern Retreat and the SLC. That was encouraging.

**Roger Berrington - University of Manitoba**

The term has been a bit tricky with the new curriculum and it’s more frequent and demanding exam schedule but we continue to plug away.

Thursday lunch bible studies continue when students are available and we have had up to 14 students attend. We are working through excerpts from the gospels.

We have had a couple more free campus breakfasts with over 200 students and staff being blessed by this simple act of hospitality and kindness. We had 20 students attend the Western Student Retreat, the most ever.

CanU wrapped up in Early March and once again some key cmd students were involved in supporting this healing good work in our city for kids growing up in adversity. CMDS’ partnership in CanU generates as does the breakfast a reputation that is strong and respected. CanU is a recognized service learning provider and has over 150 faculty of health sciences students volunteering in two key programs.

We have a new group of student leaders signed up for 2019-20. Including a 2nd year dentistry student.

I continue to meet one on one with med students for all kinds of reasons and feel like I am in a good spot being guided by the Spirit and seeking to be open to recognizing the Kingdom of God and how near each student is to it. Customizing our conversations based on these factors.
The Cottles have been inviting students and residents into their home every week for food and fellowship for decades. Their ministry is a blessing to all UBC students. We asked Margaret to pass along some wisdom and a few favourite recipes that we’re sure will become house favourites for you too. If you’re thinking about hosting students in your home, contact your local Associate Staff or Campus Contact to see how you can help.

Here are a few tips we have gleaned over the years. Maybe there will be a few pearls of wisdom. May the Lord richly bless you with many guests, and may He be glorified in everything. Having an open, hospitable home is not only biblical…it’s fun!

**Cooking for Crowds**

**Romans 12:13:** Share with God’s people who are in need. Practice hospitality.

**1 Peter 4:9:** Offer hospitality to one another without grumbling.

Hospitality does NOT equal entertaining. Focus on others, not yourselves. Be hospitable and invite those who cannot return the invitation. Do not wait until you have the perfect conditions — start now! Things that have helped us

**Get a Big Pot**

We’ve been using an 18-quart roaster oven (available at Costco [sometimes] or London

1 cf. Karen Burton Mains, *Open Heart, Open Home*

cf. Edith Schaeffer, *What is a Family?*

Drugs [almost always]) with good success. This is like a big crock-pot, except that it has a proper thermostat and you could bake in it as well. In addition to roasting turkeys, I use it for the soups and sauces and can cook things like chili in it from start to finish (way less clean up!). I also have a big regular pot — 16 quarts. Get one with a thick bottom so things do not burn. We have a couple of stacks of Corelle plates, and about 40 stacking glasses, some extra [cheap] real cutlery and lots of mugs. Things taste better and it feels more like home when real plates and cutlery are used. A good rice cooker is a real asset. Get the kind with the lid that latches.

**The Meal**

Find a menu that works for you and perfect it; guests do not tire of it, even if you do. Students and residents appreciate a good home cooked meal, and once you have a few standards you can whip up without thinking, it will make it easier. Do as much as possible ahead of time so you can enjoy time with your guests and aren’t trapped in the kitchen. Have a designated griller — it’s easier to prepare the meal when the main course is delegated. Use “potluck” as much as possible — e.g. our Christmas dinner — and ask each family contributes. This will give you a break and also brings some variety to the gatherings. Large scale can bring efficiency — if you batch cook, you can freeze or donate doubles of what you make. Bless others by providing meals (celebrations, new baby, illness, etc). Re-direct requests when they are unreasonable (e.g. host a dessert instead of dinner). Don’t be afraid to improvise: use what you have and use your imagination in regards to seasoning.

**Practice Makes Perfect**

Keep a record of what you do. Try using a small booklet or record things on your computer to keep track of your menu, shopping list(s), table decorations, seating charts, “when to do what” and then a “de-brief” on what worked and what you would change. This can be a great template for the next time you take on something big. You can carry it around with you and make notes as things come to mind. As you are making your shopping list, look through your recipes to be sure you have all the ingredients, and think of what you will need to serve the items, too (e.g. remember the butter for the buns and the cranberry sauce for the turkey or the lemon for the salmon).

**RECIPES**

**Hamburger Stroganoff for Roaster Oven**

10 lbs extra lean ground beef
1 bag sweet onions

Brown the meat in the roaster oven and get rid of any fat. Coarsely chop all the sweet onions then cook with ground beef until onions are clear. This can take about 2 hours!

Take out half of the cooked onion and beef mixture and freeze for later. This makes it very easy to prepare the second time. To what is left of the beef and onions (or what you have thawed out) add:

12, 10 oz cans of sliced mushrooms (drained)
6, 10 oz cans of Cream of Chicken soup
1 tbsp lemon pepper (the kind without salt)
1 tbsp paprika (mild type)
Worcestershire sauce to taste

Cook until flavours are well blended. Before serving, add 2L sour cream. Heat through without boiling. If you have to thicken it, add a bit of cornstarch mixed with water, but I usually do not need to thicken it. Serve over brown rice. Have cheddar cheese for the top as well. Some folks like cranberry sauce on it, too. I always put out Tabasco sauce for those who like things spicier.

**Big Pot Turkey Chili**

5-7lbs ground turkey
4 small cans of kidney beans or mixed beans—rinsed (I like the mixed beans better)
5-6 small cans of black beans—rinsed (You can use more or less depending on how much meat you use, and your own taste. Our family likes black beans much better than kidney beans, so I use more of those.)
3 large chopped onions (or equivalent)
6 cans (at least!) (28 oz. each) diced tomatoes (or get the big #10 ones) [Extra tomatoes will stretch this recipe. Just be sure that they cook long enough to take on the flavour of the chili.]
2 cans (15 oz. each) plain tomato sauce (optional)
4 TBSP (or more) chili powder
Bouillon powder (“Better Than Bouillon”—check for gluten in these), salt and Worcestershire sauce (don’t add if anyone has gluten sensitivity)
1/3-1/2 cup brown sugar if needed to enhance the flavour of the tomatoes and take away a bit of the “acid” taste.

Cook turkey in pot, drain off any fat. Add onions and cook until clear. (This takes a VERY long time [hours]!) I often do two recipes of turkey and onions at the same time and freeze half already cooked; the next time I make it, it is a LOT faster with this part done.) Add everything and simmer. Be careful when stirring so as not to mash the beans. I make this very mild and put different flavoured bottles of Tabasco sauce on the table for people to use to make it hotter if they wish. We often serve this on plates over rice—it’s delicious and stretches the food. A bowl of grated cheddar cheese for the top makes it perfect. It is also easier to clean up plates than bowls.

“Better Than Bouillon” is a paste that comes in a jar and actually contains some of the meat stock of the flavour on the label. It has no MSG, goes into solution easily, and comes in many varieties including beef, chicken, turkey, fish and mushroom. In addition to using it as a soup base, it also comes in very handy when making gravy, especially for large groups. Most grocery stores stock it, and I can often find it at butcher shops.

Whenever possible, I use brown rice because it is not only more healthful, but guests tend to take less of it, and the amount cooked goes further. I find that guests often overestimate the amount of white rice they can eat, and much more of it is thrown away. When serving rice alone, I use a mix of brown and wild rice (usually 1.5 small cups of wild rice and 7.5 small cups of brown rice with the 10-cup cooker filled with water to the 10 cup mark) This stretches even better than brown rice alone and looks more interesting on the plates.

**Hamburger Barley Soup**

3lbs ground beef (beef tastes better than turkey for this recipe)
2 medium onions chopped (This is another recipe where I cook twice the amount of beef and onions initially and freeze half for later.)

After the beef and onions are cooked, add the rest:
3lbs carrots chopped (I usually use the peeled baby carrots & chop them into 3 pieces.)
4 (or more) bouillon cubes or equivalent-(see note about Better than Bouillon)
1 head of celery chopped (can be more)
2 cans tomato soup—undiluted (omit if you need it to be gluten free.)
6 cans (at least!) (28 oz. each) diced tomatoes
1/2-cup brown sugar
2 TBSP Worcestershire sauce (omit if your need it to be gluten free)
10 bouillon cubes
3-4 quarts (liters) of buttermilk
1-1.5 kg frozen corn (a better one like peaches and cream)
Salt to taste (careful here if you are using bouillon!)
Flour or cornstarch to thicken if desired.
I have also used frozen hash browns as a thickener.

Cook onions. Add everything except buttermilk. Heat then simmer until potatoes are done. Add buttermilk last… heat but don’t boil. Thicken if desired with cornstarch. Also nice with cheddar or Parmesan cheese on top. Tabasco sauce helps, too.

**Moroccan Chicken**

2.5-3lbs of peeled little carrots cut in thirds
3 large sweet onions coarsely chopped
4-5lbs boneless, skinless chicken thighs
1 kg raisins
1 kg dried apricots cut in half (kitchen scissors work best for this sticky job)
1 ice cream tub turkey stock (about 3 L) or use Better than Bouillon + water small can tomato paste (optional)
1-2 tea of lemon juice
1 No 10 can chopped tomatoes (or 4-28 oz cans) (You will likely need to add more later)
2 tbsp garlic powder
1 tbsp ground ginger
1 tbsp ground cinnamon
Lemon pepper
Sauce
Use pre-made “red” sauce and add show up later on. In case you have to cook more if extra folks with boiling water in it is a good precaution sauce. Having a third pot of a decent size bigger for the pasta, and the other for the... You’ll need two good size pots. Use the pasta like heat.

Pasta
like heat. Usual hot sauces to liven it up for those who even some cranberry sauce along with the crowd. Serve with fresh Parmesan cheese and over rice as it is much easier than pasta for a everything has been consumed. I serve this if I need more or someone comes late after that I can press into service at the last minute have some chicken and extra jars of sauce amount (very precise, I know!) and then how many you’re serving. Since we never know exact numbers because it is flexible. It also accommodates vegetarians and gluten-intolerant folks. (Have someone with a sharp knife and oven mitts designated to cut open potatoes as they are served.)

“Gourmet” Hotdogs
This is a very popular meal. Rob buys a variety of “gourmet type” hotdogs from Costco along with a few “regular” ones. Most are gluten free and we try to have some veggie ones and definitely some non-pork ones. We serve these with buns and tortillas, pickles, cheese slices and condiments along with a variety of chips, potato salad, kale salad, and baked beans that have been in the crock-pot all day. The students also seem to like this same meal with make-your-own hero sandwiches instead of the hotdogs. Just get several types of cold cuts and cheese.

Perogies
Purchased frozen and served with real bacon bits, cheese (buy it grated) and sour cream as toppings. This is an especially good meal if you have no idea who is coming. You can keep an extra pot on the stove with boiling water and just keep cooking them as long as folks keep arriving.

Salads
Buy lettuce already cut. Use kale salad, romaine, organic mix or a mixture.

Chicken Caesar: Cooked sliced chicken breast, croutons, fresh Parmesan, bacon bits, Caesar dressing.

Mandarin Chicken: Same chicken as above; drained, mandarin oranges in cans or jars; crispy chow mien noodles; poppy seed dressing.

FEATURE

Modified Chicken Alfredo
I have also started doing a modified chicken alfredo using the cut up chicken from Costco (this one works even if the chicken has been previously frozen if you had leftovers from a chicken salad, for example) I do a big batch in my roaster oven and cook up a Costco bag of very coarsely chopped sweet onions and a Costco bag (maybe a bit more than 1) of the celery sticks, chopped coarsely. I cook those until the onions are translucent (this takes a while and I often do this part the day before. You can just leave it in the oven overnight and reheat the next day. It is quite sterile once it has been cooked for a loooong time) When getting ready to serve, I add the cut up chicken, and heat it all through then add Newman’s Own classic alfredo sauce. The amount you’ll need will depend on how many you’re serving. Since we never know how many will come, I make up a decent amount (very precise, I know!) and then have some chicken and extra jars of sauce that I can press into service at the last minute if I need more or someone comes late after everything has been consumed. I serve this over rice as it is much easier than pasta for a crowd. Serve with fresh Parmesan cheese and even some cranberry sauce along with the usual hot sauces to liven it up for those who like heat.

Pasta
You’ll need two good size pots. Use the bigger for the pasta, and the other for the sauce. Having a third pot of a decent size with boiling water in it is a good precaution in case you have to cook more if extra folks show up later on.

Sauce: Use pre-made “red” sauce and add cooked ground turkey to taste. Can also modify the sauce with extras of your choosing. Alfredo sauce is also nice. Pre-cooked chicken or cheese (careful about shellfish allergies, though) make nice additions to this.

Pasta:
We cook a couple large bags (900 grams each) and freeze or give away the extra. We use penne, spirals or other small shapes that are easier to eat. This also includes tortellini which are very popular, too. We have some real Parmesan cheese for on top.

Robin’s Roast Beef Extraordinaire
Use a large eye of the round roast. Early AM: sear well on outdoor BBQ. Place in open pan in indoor oven and roast 10-12 hours at about 175-180 F. Cooked when internal temp reaches desired level. Slice thin. Serve with buns, sliced pickles, cheese, horseradish sauce, mustard and mayo.

Baked Potato Bar
Scrub, pierce and cook potatoes (about one and a half potatoes per person [depending on the size]—takes 1-2 hours) and put out lots of things to garnish them; e.g. sour cream, butter, taco meat (usually ground turkey with regular taco seasoning per the packet), bacon bits (buy precooked in the little jar or bag) cheese (buy it grated), sliced mushrooms, chopped peppers, green onions or chives, sprouts, salsa, chopped tomatoes, etc. This is a good meal if you do not know exact numbers because it is flexible. It also accommodates vegetarians and gluten-intolerant folks. (Have someone with a sharp knife and oven mitts designated to cut open potatoes as they are served.)

Residents
Baked Potato Bar
Scrub, pierce and cook potatoes (about one and a half potatoes per person [depending on the size]—takes 1-2 hours) and put out lots of things to garnish them; e.g. sour cream, butter, taco meat (usually ground turkey with regular taco seasoning per the packet), bacon bits (buy precooked in the little jar or bag) cheese (buy it grated), sliced mushrooms, chopped peppers, green onions or chives, sprouts, salsa, chopped tomatoes, etc. This is a good meal if you do not know exact numbers because it is flexible. It also accommodates vegetarians and gluten-intolerant folks. (Have someone with a sharp knife and oven mitts designated to cut open potatoes as they are served.)

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Purchased frozen and served with real bacon bits, cheese (buy it grated) and sour cream as toppings. This is an especially good meal if you have no idea who is coming. You can keep an extra pot on the stove with boiling water and just keep cooking them as long as folks keep arriving.

Salads
Buy lettuce already cut. Use kale salad, romaine, organic mix or a mixture.

Chicken Caesar: Cooked sliced chicken breast, croutons, fresh Parmesan, bacon bits, Caesar dressing.

Mandarin Chicken: Same chicken as above; drained, mandarin oranges in cans or jars; crispy chow mien noodles; poppy seed dressing.
Balsamic chicken: pine nuts, dried cranberries, goat cheese (or blue cheese) crumbled, balsamic vinegar and olive oil—or a prepared dressing like that (I use Newman’s Own balsamic vinaigrette if I need a dressing)

Taco salad: Taco meat and any of the other toppings noted in the baked potato bar. Can also add some tortilla chips. A real treat is to use the tortilla bowls to put it in.

Roast beef, ham and salmon are also quite easy. Adding rice (a brown/will mix is nice—see above) and a salad or veggie makes it a very easy meal. You can also have buns to make sandwiches. Costco sells nice sliced cheddar (not processed) that is great for sandwiches. Frozen corn is also popular; allow plenty of time to cook; does not get soggy so you can start early.

Desserts
Do not hesitate to buy them. (Costco and Safeway are good resources). Ice cream sundaes are easy to do — hot fudge with extra toppings is a favourite and feeds a LOT of folks, very nice with 1 or 2 of those “one bite” brownies under the ice cream. A big bowl of Mandarin oranges or other fruit is always good. Cheesecake is good for large crowds, as is “mud pie.” If you have a really big crowd, ice cream treats from the store +/- cookies is a good dessert choice since you do not need any dishes or cutlery for these.

Chai Lattes
Chai lattes have become a regular feature every Thursday evening. For years we served regular tea and sometimes coffee, but this took a significant amount of time and was complicated by too many choices—caffeine or no caffeine, cream, milk, or one of the many milk substitutes, sugar, honey or an artificial sweetener? Once we started serving only the decaf chai lattes, the whole process was easy. One simple choice: take it or leave it! Even better, the students are delighted to have this treat every week, many saying they look forward to it. There is also the benefit of a delicious aroma throughout the house to welcome guests into our home. We have a big student group and make about 8-9L every week. The amounts could be adjusted to serve smaller numbers.

Ingredients for 8-9L:
2 full boxes of Decaffeinated India Spice Chai by Celestial Seasonings
5+ L of water

2-2.5 cups granulated white sugar (to taste)
a big “glug” of pure vanilla extract
0.5 teaspoon salt
4L whole milk (3.25%)

Instructions:
1. Put 5-5.5L of water into a large pot.
2. Add 2 full boxes of the teabags. They come attached together as pairs and it is wise to leave them that way as this makes them much easier to retrieve later.
3. Bring to a boil and simmer for 15-20 minutes until the liquid is very dark brown and the spices have been released into the water. Do not skimp on the boiling time.
4. Remove the teabags (we use a big scoop with holes in it that was designed for pasta, I believe) into a large measuring cup (ours is a 6 cup sized one) and squeeze any liquid that you can back into the pot.
5. Add the sugar (I have tried both honey and brown sugar, but the flavour is no different and plain white sugar is much less expensive); salt (enhances the sweetness) and vanilla and stir until dissolved.
6. While heating on low heat, add 4L whole milk and heat until almost boiling. Cover, stir frequently and pay attention. If you boil it, it will get quite scummy, but it still tastes fine. We keep a small sieve on hand to skim any “skin” off the top. If you keep the lid on the pot, this tends to prevent the skin from developing. However, you have to watch things carefully because it is VERY easy for this to boil over. Not pleasant.
7. Do a taste test and adjust for sweetness and amount of vanilla as needed.
8. We use our big 6 cup measuring cup to scoop out the chai and pour it into mugs.

Cottles’ Wedding Punch
1 large can pineapple juice (28 oz) (or 2 liters from tetra packs)
2 liters chilled ginger ale
1 can frozen pink lemonade (not diluted)
2 liters strawberry ice cream cut into chunks

Mix everything except ice cream and then stir in the ice cream chunks. Delicious and easy. This makes a LOT of punch. We often mix it in a large bowl or pot before pouring what we need into the punch bowl. This is also a nice recipe because you can have enough to make several recipes’ worth on hand, but if you do not need to do so, nothing is wasted.

Do not forget to entertain strangers, for by so doing some people have entertained angels without knowing it. — Hebrews 13:2
Reflection: Western Student Retreat

The CMDS Western Student retreat was a breath of fresh air, and a time of spiritual refreshment. Our always gracious hosts at Camp Chestermere provided good food for our bodies, while Bruce and Carolyn Hindmarsh provided rich nourishment for our souls with their teaching on prayer. We came away not only reminded of the importance of prayer in sustaining a vibrant Christian life, but also equipped with several practical means by which to pursue this. Speaking personally, the practices of praying of the Psalms, and praying short, frequent prayers throughout the day have both been effective means God has been using to sanctify my days and form me into a Christian medical student, rather than a medical student who also happens to be a Christian. In short, God is good, and His goodness was clearly on display at the WSR in gently forming us and calling us to follow Him, so that we may have life, and have it abundantly (John 10:10)! – Karl Boschung, UBC Class of 2020
2018 Year End Draft Financial Report

We have had another year full of kingdom work at CMDS Canada. Our ministry is CMDS Canada has strived to help our members – students, residents, medical doctors and dentists – to integrate faith and practice. This has included support of our local Chapters, continuing to invest in our student ministry programs, FOCUS Magazine and international missions. As with every year, our National Office staff continued to seek ways to use our budget more effectively for the mission and vision of CMDS Canada. We have separated our Operating statements from the Restricted financial statements to give our members a clearer indication of our overall financial health. Please note this statement is a draft until approved at the AGM.

We thank each of you for your support and generosity towards CMDS Canada. Please know that you are all in our most sincere prayers.

2018 OPERATING REVENUE & EXPENSES

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Net Income: 14,008

Net Income: (17,721)
Entering medical school, I was eager – eager to learn medicine and become a doctor; eager to be a fervent witness to my new classmates. However, my passion was short-lived. After the semester began, I continually heard medical faculty and those around me, praising us for our brilliance and congratulating us for becoming medical students. It seemed like we had achieved a new realm of success and value by becoming medical students. Hearing this, I began to believe it and prioritized my identity as a medical student. I lost sight of wanting to be a witness for Christ in this setting, and began focusing mainly on my studies. As I met my classmates and news flowed about everyone’s successful backgrounds and talents, I began to feel insignificant. I placed my identity in medicine, but yet I felt like a flickering miniature candle in a room of bright flashing neon signs.

A few months into medical school, I was asked to consider leading our CMDS chapter at the University of Alberta next year. This came as a surprise to me as I had not been very involved in CMDS. As I was still trapped in my self-sufficiency and pride, I pushed the idea to the back of my mind. Fast forward to Christmas break, I attended the student missions conference, Urbana 2018. During a prayer intercession session, I renounced self-sufficiency and was told that my invitation to lead CMDS was God’s gift of grace to me. Leading CMDS would help me refocus my attention on God and His will. However, I was still unwilling to fully surrender to God. I was anxious about leading CMDS. I thought to myself, if I agreed to lead CMDS, would I suddenly become a target in medical school? I am not ready to defend the faith against a class of intellectuals. If I agreed to lead CMDS, would I be put on a pedestal for judgment – would I shame Christ because of my daily imperfections? How could I, with my petite flame, shine for Jesus?

Skip ahead to the CMDS Student Leadership Conference in March, God answers my questions and uncertainties. During the conference, I was reminded by the story of Gideon how God works through the weak. I was encouraged by personal stories which displayed the message that “things worth doing always will be difficult” and “there is always sacrifice in taking up leadership”. An especially memorable moment to me occurred one night, when a few of us gathered together and shared our personal testimonies. As we listened, and recounted our journey of faith and path to medical school, I was reminded that God was/is/will be faithful. By God’s sovereign love, on the last day of the conference, God spoke to me through preaching from my favorite Old Testament book of the bible – Daniel. Whenever I read the story of The Fiery Furnace, I am always blown away by God’s timing. I imagine myself in the shoes of Shadrach, Meshach, and Abednego. Imagine this: You are forced by law to perform an act against God’s commands – in this case, bowing to an idol. Despite your faithfulness, God does not evidently appear. You are brought before authorities and condemned. Despite your faithfulness, God does not evidently appear. You are falling into the blazing furnace. Despite your faithfulness, God does not evidently appear. You are now within the fire. Because of His faithfulness, God is there. God chose to appear only after they stepped into the fire.

I always long for an “amazing” testimony – stories in my life where I see God miraculously intervene and deliver. Yet, I desire comfort. These are not compatible. Our faith is refined by fire. In our suffering, difficulties, trials, sacrifice, and weakness, God’s strength and glory shines most brilliantly, if we submit. Thus, in my weakness, and despite my feelings of inadequacy and insignificance, I can be a humble conduit of God’s majesty. I end with one of my favorite quotes: “...if my fire is not large, it is yet real, and there may be those who can light their candle at its flame.” A. W. Tozer.

- Dickson Leung, University of Alberta
While at the Student Leadership Conference this year, I was really challenged through the story of Boaz and the personal experiences of Dr. Paul Zung who was speaking at the conference. I was struck by the parallels between Boaz and Jesus, and started considering what redemption looks like in my life and in the lives of others around me. When Boaz enters the story the first thing he does is he notices and he inquires after Ruth. Ruth is a total stranger when he first sees her in his fields. What she was doing was common practice for the less wealthy at that time, and for Boaz to concern himself with her is remarkable. He hears Ruth's story form his workers and he's filled with compassion and kindness towards her. God is like this in that he sees us, he knows about us and he cares. Matthew 10:30 says God knows all the hairs on our heads and I think that's a really powerful picture. I've been really challenged to be more observant with the people around me. And not just with people I care about, or who are in my immediate circle but beyond that to people I don't know at all.

While Boaz is legally obligated to Ruth as her guardian redeemer or Goel, he goes beyond this obligation. Goel is a Hebrew term which comes from the word lig'ol (“to redeem”), meaning “redeemer”. It identifies a person as the nearest relative of another and defines their duty to restore the rights of another and avenge their wrongs. Boaz tells the harvesters to drop the best behind for Ruth, he tells them not to intimidate her. When Ruth comes to him at the threshing floor, he covers her and protects her reputation even though at this point she has little in the way of social standing. I've been challenged to express compassion for others that goes beyond just compassion into kindness. I think of all the times in my life where maybe I do pay attention, and maybe I do notice someone. Maybe I even inquire after them and I'm filled with compassion, but how often do I act? I think if Jesus calls us to be like him in every way he also calls us to be redeemers to those around us and that's a tall order. Ultimately Jesus is in every way our Goel. He restored our right to be one with God in fellowship and our right to eternal life. He is with us in every struggle we experience in this broken world, he conquered Satan and enables us to conquer sin. Jesus is the only one who can redeem us for eternity, but the actions of redemption are for us all to work out as Christ followers on earth. Understanding that Jesus is first Our Redeemer gives us the strength and courage to be a redeemer to others.

- Adesewa Adeleye, University of Alberta
Following are 10 things that can help us in our service and our leadership as we become who He has called us to be and do what He has called us to do. These reflections are all drawn from the lessons from Chapter 12 of Paul’s letter to the Hebrews. I chose to frame this as training in the context of a race, because Paul uses the language of us running the good race. We ourselves know that life itself is the marathon God is calling us to run and it makes a difference how we run that race.

Let Us Strip Off

Taking off or stripping off has to do with relinquishing. As leaders, we need to reflect on what God is calling us to relinquish. Sometimes they are the very things that have been most useful or helpful to us or even things we’ve enjoyed the most, but now are things that get in the way of our relationship with God, our ability to rely on God, or of what God wants to accomplish in and through us. When we take our self-inventory, one of the things we should reflect on is what God want us to relinquish, let go, strip off so that we can draw closer to Him.

What are the strengths you depend on all the time? Your dependence on those strengths can get in the way of your depending on God. That doesn’t mean you won’t still have or use those strengths, but it means you will strip off your dependence on those strengths so that you can rely more on God. Another area of reflection is whether there are ideas, attitudes or habits you are being called to strip off. Anything that interferes with your ability to draw closer to God and creates a barrier to that relationship can be stripped off.

Let Us Run with Endurance

Angela Duckworth wrote a book called Grit. In her book she talked about grit as being the ability to endure while working towards a long-term goal. I think the writer of Hebrews is describing a sort of Holy Grit, a grit that allows us to continue to follow the vision and call that God has placed over our lives. “Grit is living life like it’s a marathon and not a sprint.” (Angela Duckwork, Grit) As Christians and as leaders, how are you living and leading in a way that your life is a marathon and not a sprint? What does it look like to be so committed to what God has called you to? As you reflect, it is likely clear what the areas are where God is calling you to have perseverance and holy grit in living out and following through on His calling in your life.

Keeping Our Eyes on Jesus

Our ability to endure is tied into our focus. I like to think of a compass pointed due north. It’s important to develop and implement personal strategies to help you stay focused on Christ. Something as simple as little alarms on your phone to remind you to center yourself in Christ and remind you of God’s loving presence in your life. There need to be intentional ways that we keep our eyes on Christ. Each of us can find sustainable ways to keep our inward compass pointed due north, to Christ.

Think of All the Hostility He Endured

We don’t tend to want to talk about how life as a devoted Christian and a Christian leader is hard and involves adversity. The reality is that there is a lot of adversity for us. We need to think about how Jesus’ mission on our behalf wasn’t an easy one and He faced a lot of adversity and hostility. How do we have resilience? How do we cope with and grow from our adversities in such a way that we get stronger? When Jesus was speaking to his disciples, he said “I’m telling you all of this so that you will not stumble.” (John 16:1) Jesus then goes on to talk about the various trials and adversity the disciples will face. In John 15, where Jesus talks about abiding in the vine, He is giving them lessons on how to endure, how to persevere, how to be resilient. First, we have to be prepared for and acknowledge that there is adversity and know how we are going to deal with it. The literature on resilience, a bit part of what help us to endure and be resilient are having a good network where we can both give and receive support. Another reinforcement for our resilience is being self-aware and reflective in how we respond to adversity. We can choose to develop the skills that help us become and remain resilient.

As medical and dental professionals, we can get caught up in the idea that we are running this race alone. We have had to learn skills of self-reliance for our work and mission, and that can skew our ability to endure the adversity and stress of running the race. However, the 10 training tips below work best in the context of a community of believers. Having fellow believers support you and help you stay accountable will help keep you on the right path. CMDS Canada has a built-in support system through the Chapters and the many growth and fellowship opportunities. Find other people with whom you can train for the race so that you can encourage each other and keep each other on track.
Don’t Give Up When He Corrects You

The writer of Hebrews tells us that God is going to discipline us because He loves us. It can be a hard thing to accept at face value, because none of us like being discipline. How do we get to a place where we welcome God’s discipline? In scriptural times, discipline was learning the ways of the master. A disciple is a student of the disciple of the master. Discipline is difficult, but that doesn’t necessarily mean punishment (although it can). It means mastering or training to do something, like a racer trains for a marathon. This process can be painful, difficult and challenging. Just like training for a marathon, learning the disciplines of Jesus can be very difficult. A significant part of this is knowing how to receive God’s correction. That ability comes with discernment, in teachings ourselves to hear God’s voice as a loving sound even when He’s correcting us. Discernment is about being so in tune with God that we move with the Spirit. When God corrects us, it is because He wants us to be in tune with His will and in tune with the movement of His Spirit. My first reaction when God is correcting me is that I don’t like it and I don’t want to do it. Then I remind myself that God loves me and He wants me to grow and become all that I can be in Him. I ask God for the grace to accept and receive His correction. When that happens, it’s usually something that helps me to grow, become more aware, and deepen my relationship with God. What began as something painful, then becomes something transformative.

Endure His Divine Discipline

After we learn to discern and accept God’s discipline, then we enter into that discipline. God disciplining us and training us is His formation. It’s like we’re clay and He is the potter forming and molding us. Every experience we have in our lives, whether positive or negative, is an opportunity for God to train us and the Spirit to work in our lives. Whether positive or negative, is an opportunity for God to mold us and speak into our lives, we get to know him and to rest in Him. When we allow God to mold us and speak into our lives, we get a powerful new grip on His presence and our relationship with Him.

Strengthen your Weak Knees

We begin to stand firmer in who we are in God. There’s a confidence, strength and courage that comes forth. We may have entered this process with God, He’s given us new strength, a second win, so that we can keep running the race with even greater zeal.

Mark out a Straight Path

Once we follow this process, we’re now able not only to lead ourselves, but also to guide others behind us. We are marking out a straight path that leads to God. When that happens, it’s not just me, but others who follow behind us so that they too can find their way deeper into relationship with God. I can model a life of what it looks like to lead in Christ for them to follow. “Mark out a straight path for your feet so that those who are weak and lame will not fall but become strong.” (Hebrews 12:13) We can look ahead of us on the path and see other people, a cloud of witnesses, who have been a model of living in Christ. We can join them and by making a path for our own feet, make a path for those behind us.

10 Training tips

1. Let us strip off every weight that slows us down, especially the sin that so easily trips us up.
2. Let us run with endurance the race God has set before us. We do this by keeping our eyes on Jesus, the champion who initiates and perfects our faith. Because of the joy awaiting him, he endured the cross, disregarding its shame. Now he is seated in the place of honor beside God’s throne. Think of all the hostility he endured for us, so that you won’t become weary and give up. After all, you have not yet given your lives in your struggle against sin. And have you forgotten the encouraging words God spoke to you as his children? He said, “My child, don’t make light of the Lord’s discipline, and don’t give up when he corrects you. For the Lord disciplines those he loves, and he punishes each one he accepts as his child.”
3. As you endure this divine discipline, remember that God is treating you as his own children. Who ever heard of a child who is never disciplined by its father? If God doesn’t discipline you as he does all of his children, it means that you are illegitimate and are not really his children at all. Since we respected our earthly fathers who disciplined us, shouldn’t we submit even more to the discipline of the Father of our spirits, and live forever? For our earthly fathers disciplined us for a few years, doing the best they knew how. But God’s discipline is always good for us, so that we might share in his holiness. No discipline is enjoyable while it is happening — it’s painful! But afterward there will be a peaceful harvest of right living for those who are trained in this way. So take a new grip with your tired hands and strengthen your weak knees. Mark out a straight path for your feet so that those who are weak and lame will not fall but become strong. - Hebrews 12
Ask the Doc: Question Bucket

DAN REILLY

Question Bucket is often a popular activity at CMDs Canada student retreats and conferences. I have also used it with groups ranging from grade 8 health classes to a hospital volunteer tea. If you are comfortable with authenticity and improv, it is a great way to ensure an audience’s needs are met. The rules are simple. Everyone must put something on a piece of paper and put it in the bucket. That way, no one knows who asked the especially awkward question. Some people will write “thanks for coming” but others will ask deeply important and personal questions. I promise to honestly answer every question in the bucket but reserve the right to reword the question to use proper names for things like body parts. I had to do that at both the grade 8 health class and the volunteer tea.

Some recurring questions are asked at almost every CMDs student event. Those have prompted this article.

Q: How do you choose your specialty?

A: Start by exploring what kind of person God made you. Do you like the particular or the general? Do you prefer to know a lot about a little or a little about a lot? Are you most comfortable and fulfilled when the challenges you face are in a very narrow area of knowledge that you can know all the way to the bottom? I am that kind of person so narrowing my work to only five organs in half the population, fit. If you are that kind of person then explore surgical, medical, or psychiatry sub-specialties. Or are you the kind of person that lives for variety and enjoys pulling together disparate knowledge into a whole. I find these people are fulfilled in family medicine, emergency medicine, and general surgery, medicine, and psychiatry. Is a good day one spent contemplating complex problems or one spent using your hands to fix mechanical issues? I have always enjoyed taking things apart and putting them back together and loved the OR from my first experience with it. I quickly loose interest when my internal medicine colleagues start debating which of many diagnoses would explain a patient’s blood work.

After you decide what kind of person God created you to be, explore what life is like in different medical careers.

1. What is exciting or “cool” about that specialty? One way to figure that out is to watch movies and TV. If a specialty is for you then the dramatic and unusual in that career will get your adrenaline flowing and bring out the best in you. If those cases or career aspects overwhelm or bore you then avoid that job. On TV every delivery is an emergency. The baby’s heart rate is dropping, or the mother is bleeding, and surgery needs to happen fast! While I work hard to ensure that situation never happens, when it does I am reminded why I love my job and how good at it I am. When I look at what is on TV for other specialties I am happy I don’t do their work. The first trauma I observed in real life was overwhelming. Complex and rare medical diagnoses don’t even interest me on TV. ER and internal were not for me.

2. What is the “bread and butter” of that career? What will “pay the mortgage”? That is all the things that are done each day in that line of work. While those things aren’t very exciting, you do need to enjoy that work enough to look forward to going into work each day. As you do each rotation in clerkship, pay attention to how you feel about the work by the end of the rotation. Were you still looking forward to it? Did you miss it when you moved on?

3. What is awful about that specialty? If you are going to do that career, you will need to be able to cope with that and the rest of the work needs to make that worth enduring. For ob/gyn, that is the unexpected term stillbirth or the young patient with cancer. There is suffering in the care of those patients, but I have learned to recover. Some of the negative experiences I had on other rotations I knew I could not face again.

Q: How do you maintain work-life balance?

A: Well at times and poorly at times. As a Christ follower, I find the entire work-life balance idea to be problematic. I strive to live surrendered to Christ, entirely his. There is no balancing anything. In everything I seek to join Christ in the work that he is doing and that he calls me to. But at the end of the day it is his work, not mine and so the pressure is off.

I try to be brutally honest in my scheduling. If a meeting is scheduled for an hour and it will take 15 minutes to get there then the office ends 30 minutes before the meeting. The extra 15 minutes accounts for the unexpected. I strive to only say yes to tasks or projects that there is time for and that only I can do. I aggressively delegate work that others can adequately do, even if I could do it better. Some projects move slowly because I prioritize rest, physical activity, and Christian community.

If something does not get done despite my careful time management then I have to trust that God knew what he was doing when he orchestrated my day. I have found that when I have taken on so much that my relationship with Christ and others is suffering it is because pride or fear are driving my choices. The solution is not better time management but more humility and trust.

Q: How do you protect your faith in a busy and chaotic career?

A: Flexibility and community. The schedule varies from day to day so the time I spend reading scripture and praying does as well. Some days prayer is limited to very brief requests for help and a sense of God’s presence or thank-you for something going well. Scripture reading is often done in short breaks between other tasks. In medicine we spend a lot of time waiting for things to happen and that time can be well used or wasted.

We are not meant to live alone as Christians. So I have strived to be connected to a local church and to have a few people around me that I can be completely honest with. I miss about 25% of Sunday mornings but catch up on the sermon by listening on-line, sometimes in 5 minute chunks.

Q: What is the biggest ethical challenge you face in your work?

A: I think students expect this to be about contraception or abortion but it is not. My greatest struggle is how to spend time and money. There are more good things to do than I have time and money for. Decisions about time and money are the ones I am praying about the most and which challenge my ethics training most strenuously.
In one of his final acts before becoming Pope Benedict XVI, Cardinal Ratzinger coined the term dictatorship of relativism to describe a trend in modern society that imposes a lack of belief in moral certainty in our legal, educational and political institutions. This concise and pithy phrase has been an insightful hermeneutic for me as I have participated in the conscience battles across Canada. Undoubtedly all of my readers would find preserving conscience rights important; fewer however might deem them to be a priority. In the following paragraphs I set out why this battle is essential to preserving freedom, democracy and indeed Christianity, in Canada today.

Euthanasia has been legal in Canada since 2016. Since that time regulatory bodies like the College of Physicians and Surgeons of Ontario (CPSO) have required that physicians who object to providing the procedure must refer their patients to someone who will. Evangelical, Catholic and Orthodox Jewish physicians who are unable to refer because of their personal convictions informed by their respective faiths are faced with a stark choice – either do what the regulations require or leave their practice of medicine.

Sections of the Canadian Charter of Rights and Freedoms that protect conscience and religious freedom have not provided much cover. In January 2018 the Ontario Divisional Court ruled that despite the fact these regulations trample on constitutional protections, the slender chance that a patient might not be euthanized when they wanted was sufficient to jeopardise the healthcare of the patients of approximately 1500 physicians in Ontario. At the appeal hearing of the earlier court’s decision on January 21 and 22 of this year in Toronto, the Court of Appeal heard that a service has been developed by the Ministry of Health so that patients who want euthanasia can phone Telegenetics to arrange to get an assessment. Programs and services for those who are infirm like homecare, nursing homes and hospitals also provide multiple access points for assessments. The patient access concern became very narrow: a small number of patients who made their way to their doctor’s office for an appointment, who wanted an assessment, who could not operate a telephone and who were not in home-care or a nursing home might be impacted. This would only happen if the patient did not have another caregiver, family member, or friend who could help them. Given the relatively small numbers of patients who request euthanasia and the small percentage of the total medical community who are conscientious objectors the chances of this happening are estimated at much less than one in one thousand.

But the facts are not informing this debate. The debate is driven by an elite view that it is no longer socially acceptable to live according to your relationship with Jesus Christ in matters ostensibly decided by the Supreme Court. There are numerous other examples of this in Canadian society:
- Conservative MP Rachel Harder was deemed unacceptable to sit as chair of the House of Commons Committee on the Status of Women because of her pro-life stance which is informed by her religious beliefs.
- Numerous Church organizations were deprived of access to the Canada Summer Job Grants in 2018 because they refused to sign the “attestation clause” supporting “reproductive rights”. Despite the fact the clause was amended, organizations will still be disqualified due to their work with women who decide to keep their babies rather than terminate their pregnancy.
- Recent news reports indicate that despite being recommended by the Attorney General, Manitoba Justice Glenn D. Joyal was not chosen to be Chief Justice of the Supreme Court of Canada because the prime minister was concerned that Joyal wasn’t committed to protecting LGBT rights and abortion access, since they’re not enshrined in the Charter of Rights and Freedoms. This means that if an Appeal Court Justice somewhere in Canada has aspirations to join the Supreme Court, they will know how important it is to have a judicial track record that supports the issues of concern for the Prime Minister.

Seen in this way we are but one issue of many that demonstrate that the levers of power are directly being used to support an agenda that marginalizes conscientious Christians and vilifies various components of traditional Christian moral values. This can no longer be justified under the mantle of diversity, since we practicing Christians, who are now essentially a minority in this country, are being excluded.

What is Christ calling us to do in this environment? In my view we must witness to the relationship that provides meaning in our lives. The anthropological vision of the other side offers no hope for humanity – it will lead to more death and eventually nihilism – a complete lack of meaning. Only Christ is the answer – but unlike the tactics of the past we must propose rather than impose the gospel message on a society which is starved for the truth. We must make more Christians aware of what is happening so they can support initiatives like the Call for Conscience Campaigns. In one campaign in Manitoba 14,000 people wrote letters to Manitoba legislators supporting a Bill that was passed to protect conscience rights. A similar campaign in Saskatchewan has generated over 11,000 letters so far. A grass roots movement following the lead of the Holy Spirit can act as an antidote to the vain assumption that this elitist value system is so intrinsically good that it must be publicly adopted by everyone in our society. Because the proponents of this alternative secularist agenda are not aware of their own subjectivity, they run the risk of imposing their views on the rest of us, with dire consequences. Wherever the secularist experiment has been tried under Stalin, Mao Zedong, Hitler, or Pol Pot the inevitable repression has crushed the human heart and spirit.

I can’t believe that it is the will of God that it will happen here. That suggests that it is up to you and me to accept God’s grace to help us turn things around.

God bless you.
I’VE GOT A CONFESSION TO MAKE. Things are not as bad as I let on.

Over the past seven years I’ve been travelling across the country telling you about the tremendous threat to Christians and other practitioners of conscience caused by the legalization of euthanasia. Our Colleges of Physicians and Surgeons were enlisted (coopted?) into implementing and regulating this procedure. Because of this some became champions of the practice rather than impartial regulators. Euthanasia proponents like professor Jocelyn Downie gained an inordinate amount of influence with provincial departments of health and insisted that MAID be uncritically added to the list of procedures that the health care system provides everywhere. To my knowledge Canada is the only permissive jurisdiction in the world that has striven to completely integrate MAID into the health care system. Like the legalization of MAID which was accepted uncritically by the media and the public, the integration of MAID into our health care system has moved along without any public outcry.

Faith based institutions and conscientious physicians were, according to Downie’s plan, going to be the casualties. The Supreme Court decision which legalized euthanasia focussed on permitting individuals to end their lives with the help of a doctor. It never said that the whole health care system had to accept and implement MAID and that those who objected would lose their jobs. That is absurd.

A Divisional Court decision in January 2018 seemed to be pointing in that direction, until you read the decision carefully. According to the court, the CPSO has the legal right to enforce policies that strip away doctor’s religious freedom because those doctors can retrain. This statement is outrageous from a practical perspective and clearly illustrates why the courts should not be making decisions like this. Governments, who are the proper decision makers have shied away from making any decisions about life issues because they have all decided that this is an area they don’t want to wade into.

Having said all of this we have had remarkable success for a little organization with 1700 members. Along with our partners in the Coalition and by the grace of God the following have been accomplished:

1. Legislation in Manitoba.
2. 12,000 letters sent to Saskatchewan Minister of Health to seek legislation.
3. Telehealth service in Ontario to allow patients to directly access MAID without a referral.
4. Meetings with senior Ontario officials regarding conscience protections in that province.
5. Good relationships with many Colleges across Canada.
6. Openness on the part of Deans of medical schools to discuss the comfort level of students who are unable to participate in certain procedures because of their religious beliefs.
7. We have an established prayer team of over 125 people.

It is helpful to see our issue in the context of larger political movements. We have had 30 years of unfettered abortion access. You have seen the human effects in your practices. For some very powerful people in our society it is now settled that abortion is a good thing and anyone who suggests otherwise should not be part of the public square. The summer jobs debacle of 2018 has clearly illustrated how out of touch our politicians have become from grass roots people most of whom have a live and let live attitude. Even your patients who want these procedures would not want you to lose your jobs because of their choice. I also am convinced that your colleagues would support you in recognition of the importance of professional independence.

So why is this happening? Basically the whole country has been held hostage by a very vocal, well organized minority who has a good narrative and knows how to promote it. They also have no qualms about distorting the truth. Canadians as a whole are soft hearted. They don’t like to see disturbing images like the one of Dr. Don Lowe, eyelids taped open one week before his death pleading for euthanasia. But if they were presented with another compelling image of a vulnerable patient who believes they have no choice but to end it all, they might think differently.

There is hope but only if we act. I’d like each of you to make one communication in the next week. Contact your pastor and tell him or her how Christian doctors are being bullied out of the medical profession because of their beliefs. Ask if your church can do something to make the parishioners aware of this problem and to ask the Lord in prayer for His intervention. If 1700 churches across Canada wrote letters to their provincial ministers of health change would on the horizon.

I’ve tried to present a very bleak picture to light a fire under you to get you to act. Many of you have done so and I am grateful because that is the reason we have accomplished what we have. Let me change tactics in 2019! The Lord is with us and our cause is just. We need to be salt and light for our fallen world. Many of our members have discussed this with their pastors and there has been an outpouring of spiritual support.

I know that all of you are very overworked and busy with patient care which is your passion. A 15 minute conversation with your pastor is not too much to ask. We have all of the materials your church will need and can send them out in electronic form.

If you don’t act soon you might wake up to a practice that has been restricted to hair loss or obesity medicine so as to avoid the referral requirement. (Oops – it slipped out) God bless you. 🙏
Reach out to your colleagues
Invite them to join the CMDS Canada fellowship

The issues have never been so serious, the need for a Christian voice in healthcare has never been more apparent.

“I would like to express my thanks to all the members of your society who are involved in this [CPSO] case. If Christians do not stand up to discrimination and the violation of our rights, we will only have more and more of them taken away.”
– member of the public

If you know someone you think might be interested in becoming a member, send us their name and we will mail them a complimentary copy of FOCUS and invite them to join our fellowship!

office@cmdscanada.org
CMDS Canada 50th Anniversary

REFRESHING STREAMS
Isaiah 43:19

May 9-12, 2019
Pacific Gateway Airport Hotel, Vancouver, BC