FOCUS MAGAZINE

NEW CMDA CANADA WEBSITE

In November 2019, we launched our brand new website at our new URL www.cmdacanada.org. This new website is modern and highly functional. Enjoy our members only features, including an updated membership directory. The goal of this website is to witness to all the good that God has done and continues to do through CMDA Canada. Expect new content there regularly featuring the activities and ministries of our members. To log in, simply use your email address on file and the password from our previous website. If you don’t know your password, you can reset it using your email address by following the prompts on the member login page.

MILESTONES

CMDA Canada is now accepting submissions from members for the Milestones regular feature. Submissions should be 150 words or less and include a relevant picture. Appropriate Milestones can include weddings, births, awards, and in memoriam of members.

CALL FOR SUBMISSIONS

We are currently accepting submissions for FOCUS Magazine. Let us know what issues are affecting you as a medical professional or medical student. Contact Stephanie Potter at communications@cmdacanada.org for more information.

STRATEGIC PLANNING

CMDA Canada has launched a strategic planning process which will provide a more focused direction for CMDA Canada over the next 5 years. Thank you to all who provided input via our member survey and small groups. Please pray for the Board as they discern God’s will for CMDA Canada.

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 2020 and 2021. Keep watch on our website and the Coalition’s social media accounts.

Cover image “Good News is Coming” from Jon Tyson (@jontyson) via unsplash.com
Editorial
STÉPHANIE POTTER

This issue was planned in August of 2019. We had already decided the major themes we wanted to cover for 2020 – each issue was to take on a different aspect of how our membership lives out our mission statement. What we could not have predicted in the summer of 2019 was what life would be like in the summer of 2020. We could not have known how your call to service and ours would have an increasing sense of urgency as our day to day lives grow both bigger and smaller in response to the COVID-19 pandemic. Our responsibilities have grown exponentially while we are increasingly called to stay in our homes, away from the fellowship we need now more than ever.

This issue of FOCUS, planned over a year ago, was designated to cover the kind of service our members engage in. We have curated some articles we hope will inspire and challenge you. Ken Sande shares with us about Relational Wisdom, a useful tool for you as a practitioner or student and in your own life. The Haaks write for us about Biblical Counselling in the helpful context of their new life running a hobby farm. Dr. Amanda Morel gives us insight into the foundation of a new non-profit dental clinic she founded in Ontario. We hope that through their excellent articles you will gain insight into how to continue to integrate your faith even more deeply into your practice.

In addition, Dr. David Deane provided us with an article about how Christians served their community during times of plague. His article inspired us to reach out to our members – graduate doctors and dentists, residents and students – to learn more about how they were managing during the pandemic. The insights gleaned in their articles ring true as we all struggle with our own personal challenges related to the pandemic.

The first 9 months of this year have been a complex mix of life moving at a break neck pace and having to hold aspects of our lives in uncomfortable stasis. New restrictions and regulations have informed every part of our lives. We watch our symptoms – is this a cold, allergies? – to decide what’s enough to be tested. We track cases – suspected, confirmed, recovered, passed – as the baseline measure for how our day, week, month, year will go. We follow the news from our colleagues here and abroad about the progress on a vaccine, the efficacy of various treatments, and the hopeful leads buried in an increasing avalanche of studies. All of that while still caring for our patients, our family, and our community. Many Canadians were furloughed or had their work drastically reduced for several months due to public health restrictions and the economic shutdown as a result of the pandemic, including medical and dental practitioners. But patients didn’t stop needing care, so when practices were able to see more patients, there were months of backlog to manage. Our student members are experiencing medical and dental school in a way our current grads could not have imagined – the lecture hall has been replaced with a series of endless video classroom calls. Where before they had to manage their own physical and mental stamina, they now have to navigate a myriad of tech issues as well to ensure their learning isn’t even more interrupted. Our dental student members are balancing the need for in-person learning with the need for safety.

All of these stresses are added to our lives without our normal support networks – our friends, family, Church, CMDA Canada fellowship – there to nourish and support us in person. More than one member has shared with us how stressful this period has been.

In these dark times, however, there are many signs of hope. In the ever increasing bombardment of COVID-19 research there have been some encouraging details. According to a study by Jeanet Bentzen at the University of Copenhagen, Google searches related to prayer have increased to the highest level ever recorded.¹ The study argues that the increase in online searches for prayer as a topic isn’t as a substitute for religious services in physical locations, but rather is due to people turning to faith in a time of incredible adversity. I suspect each of us has anecdotal evidence of this in our own lives. In the early days of the pandemic shutdown in our province, Churches saw dramatic increases in attendance at online services. My Church, which normally welcomed 1,500 people in a weekend before the pandemic, saw online attendance reach over 10,000 in a single weekend. While this is an extreme example, I’m sure many of us also have experienced a turning to faith among our friends and family. A family member who was raised in the faith, but stopped attending decades ago, acknowledged a call to seek the Lord during the pandemic. She now joins online services weekly and has joined an online home group to help grow her faith. When I asked her the reason she made the leap back into faith, she shared that in the face of this crisis, she noted that the people in her life who had faith were coping with the strain differently. She found that her sense of peace and trust grew as she engaged her faith more through the Church.

My takeaway is that our faith isn’t meant to be lived alone. All the struggles, all the challenges, all the fears, they’re so much less overwhelming through the eyes of faith and with the support of our faith community. As people already part of a community, both our individual churches and CMDA Canada, what is our obligation in these times? I would argue our obligation hasn’t changed. The Great Commission still holds fast. Yet, how we live out that calling has changed to some extent.

There is a drawing in and a reaching out that we are called to engage in during these times. We draw in those on the margins who are seeking faith to help them cope with the encroaching darkness. We welcome the stranger, the prodigal son, and the lost sheep. We ensure they feel supported and have a sense of belonging. We connect them with fellowship and resources where necessary. We invite them to grow in their relationship with Christ.

We also are called to reach out to those outside of our fellowship – those who are struggling alone and those who haven’t a concept of where to find strength and support. They could be our colleagues, neighbours, family and friends. God gives us opportunity to reach out and support one another. With the increase of events online, there are ample occasions to invite even the most unchurched person so they have an opportunity to encounter Jesus. As a CMDA Canada member, if there aren’t online events in your area, we can provide you resources and access to online services so that you can host other practitioners in need of spiritual respite in your area.

These acts of service are part of our call as Christians. No pandemic can come between us and God’s mission. While the maelstrom caused by the pandemic can feel overwhelming, it’s good to remember that our response to those in spiritual need can change the course of their life. They can come to know Christ or enter into a deeper relationship with Him through our small act of service. The Great Commission can’t be shut down. The faith can’t be furloughed. The Spirit is moving all around us and how blessed we are to participate even in our own small way.

**CONTRIBUTORS**

**Dr. David Deane** has a Ph.D. in Theology from the University of Dublin, Trinity College. He is the Author of *Nietzsche and Theology* and the forthcoming *The Matter of the Spirit* and *Roman Catholic Apologetics: The Difficult Questions*. A former fellow of the Irish Research Council for the Humanities and Social Sciences, he is now Associate Professor of Theology at Atlantic School of Theology in Halifax, Nova Scotia.

**Dr. Michelle Korvemaker** works in Woodstock, Ontario in the Emergency Department and she is part of the Oxford palliative care call group. She is the current president of CMDA Canada. She plays piano accompaniment regularly at her church.

**Dr. Diane Haak** is a retired family practice anaesthetist. **Clarence Haak** is a retired farmer and agribusiness salesman. In retirement, their desire is to be actively busy and they have achieved that with highest success! They own a 55-acre small farm near Orillia, Ontario with a few cows, a flock of chickens, a massive garden and about 50 acres of 40 foot tall overly mature Christmas trees. They enjoy their workshop, particularly working with wood. They are studying biblical counselling through online courses, conferences and a growing library and try to use the principles they are learning with hurting people.

**Dr. Sheila Rutledge Harding**'s career as a hematologist has focused on mentoring and service. She has found ways to build bridges while speaking important truths. She ended her tenure as CMDA Canada President in May 2020. She does all of this with the abundant support of her husband Terry Harding.

**Dr. Amanda Morel** is a British-qualified dentist and periodontist. After moving to Canada in 2007, she re-certified and is currently practising in Toronto. Dr. Morel is Director of the Urban Dental Clinic and founder of Filling the Gap Dental Outreach.

**Ken Sande** is the President of RW360. Trained as a medical research and development engineer, lawyer, and mediator, Ken founded Peacemaker Ministries in 1982, where he conciliated hundreds of family, business, church, and legal conflicts, and guided the development of its global training program. He founded RW360 in 2012 in order to focus on teaching people how to get upstream of conflict by building strong relationships in the family, church, and workplace. He teaches internationally and is the author of numerous books, articles, and training resources, including *The Peacemaker*, which has sold over 500,000 copies in seventeen languages. He is certified as a Relational Wisdom Instructor and Conciliator, as well as a Certified Emotional Intelligence Instructor (with Talentsmart). Ken has served as a Certified Professional Engineer, as a member of the Alternative Dispute Resolution Committee of the Montana Bar Association, as an elder in his church and as an Editorial Adviser for Christianity Today.
You, my brothers and sisters, were called to be free. But do not use your freedom to indulge the flesh; rather, serve one another humbly in love. Galatians 5:13
Filling an Ever Widening Gap on Our Own Doorstep

AMANDA MOREL

Having lived in the UK for most of my life, I moved to Toronto in 2007 along with my husband and 2 children. After re-certifying as a dentist in Ontario, I became involved with a volunteer clinic serving the dental needs of uninsured low income adults in Scarborough, ON. After seeing the impact of this work in the east side of the city, I became aware of the huge unmet needs in other parts of the GTA. This inspired me to launch a new non-profit organization, Filling the Gap Dental Outreach, whose mission is to provide dental care to Toronto’s working poor in different locations across the city.

From as early on as my childhood, I sensed that God was calling me to help the underprivileged in some capacity. Throughout my life, I made efforts to get involved in different charitable endeavours, but somehow, due to the business of life and changing circumstances, I felt unable to dedicate sufficient time to really make a difference. By the time we arrived in Canada, I had a sense that life was passing me by and my desire to serve God and give back in a meaningful way was not being fulfilled.

Looking back, I can now see how God was preparing and equipping me in multiple different ways for the work I am now involved in, and His timing, as always, has been perfect. He waited until just the right season of my life to present an opportunity for me to use my skills as a dentist to show His love in a practical way to meet the needs of those within my community.

In 2012, after joining a team of volunteer dentists at a clinic in Scarborough, I was surprised to learn that many working Canadians are unable to afford basic dental care. In the UK, the public can choose to go to a private dentist, where prices are on a par with our dental fee guide here in Canada. For those who can’t afford private dentistry, the government provides the option of subsidized dental care through the NHS (National Health Service). Low income Canadians have no ‘low cost option’ for dental care. This system has led to a gap in the provision of dental care for the working poor. The Wellesley Institute reports that ‘1 in 3 Canadians have no dental insurance’ and that ‘20% of Ontarians can’t afford to visit a dentist’. These individuals often have to sacrifice necessities such as groceries or paying the rent in order to take care of a painful tooth. Hospital Emergency rooms and family doctors are inundated with patients seeking help with dental problems since they have nowhere else to turn. Antibiotics and pain killers are just a temporary fix until the symptoms recur. An analysis of hospital emergency room visits for dental pain in Ontario in 2013 found 58,882 visits at a cost to the Government of around $30 million, while an analysis of visits to Ontario physicians’ offices for oral health problems in 2012 totalled 217,728 visits at a cost of $7.3 million. No doubt these figures have increased significantly since this analysis was carried out.

Whilst I could see that the volunteer clinic in Scarborough was making an impact, I was struck by two issues that still needed to be addressed. One of the specific problems facing the working poor is that visiting the dentist and the associated travel time amounts to loss of working hours and thus loss of wages. Outside of the Scarborough area, there were few options for low cost dental care in the city. In addition, as a Christian, I was conscious that the patients who come through the doors of the volunteer clinic have spiritual as well as dental needs.

For these two reasons, my husband and I started thinking about how to expand this valuable work into different parts of the city and create an opportunity to tell our patients about the love of Christ. We connected with a church in the west end of the city where the need for low cost dental treatment is great. The church leaders expressed interest in being part of a project to connect with their community by providing for their dental needs.

My initial thought was to build a new dental clinic from scratch, but after looking in to the practicality and cost of this option, we felt the door close and went back to the drawing board. Throughout the process, I prayed that God would provide His solution to the problem and that I would hold every project to connect with their community by providing for their dental needs.

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It was during a chance lunch meeting with a friend and colleague that the idea of using community dental clinics’ ‘off hours’ came up. This arrangement solved many of the problems I had encountered, including cost, potential for multiple locations, and collaboration with other community organizations. God then provided just the right connections to make this idea a reality and our first Filling the Gap Dental clinic is in the exact location that God initially led me to.

Filling the Gap Dental Outreach has 2 specific goals:

1. To provide free dental care by volunteer dentists and hygienists to low income uninsured adults in Toronto.
2. To help churches connect with and serve their local communities.

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locations across the city to provide free dental treatment to low income adults. By operating outside of business hours, our patients do not have to choose between missing work/earnings and seeking the care they need. We have established our first location at the Rexdale Community Health Centre and this clinic is ready to open in September and our goal is to source 3 other clinic locations across the GTA, creating local access to care for our patients.

Our second goal is to help churches connect with their local communities. As we build our network of dental clinics across the city, we are also seeking to connect with churches in these locations that would like to reach out to their local community. Our plan is for churches to invite local residents to outreach events hosted by the church. Our Filling the Gap team will offer free dental screenings for attendees and also carry out the necessary financial screening to determine eligibility for our Filling the Gap dental program. Those who are eligible will be referred to a local Filling the Gap dental clinic for treatment. At these events, church members will have the chance to connect with those who attend, invite them to church services and events and offer prayer and support. It is often the case that dental care is not the only problem facing those in low income areas within our city. Many face issues such as drug addiction, financial debt, health concerns and spiritual needs. In days gone by, the church was the main source of practical help and hope within the community but in our current culture the government has taken on this role. Many churches struggle to reach out to their unchurched community and I have found that church leaders welcome the opportunity to connect by offering a valuable practical service. It also provides an excellent opportunity for Christian dental professionals to use their practical skills to show God’s love and share the message of Christ.

We now have a board of directors for Filling the Gap Dental Outreach consisting of four dentists, an accountant and an experienced businessman. All of us have the same desire to address both the practical and spiritual needs of those we serve.

The current COVID-19 pandemic has placed a spotlight on economic inequalities that leave vulnerable communities to bear the economic brunt of the crisis. Thousands of low-income Canadians are facing devastating job and wage losses exacerbating the problem that already existed regarding access to dental care.

My hope and prayer is that our work will provide a ray of hope and encouragement for those who most need to experience a taste of God’s love during this tumultuous time.

How to Help Filling the Gap

While the opening of our clinic has been delayed due to the COVID-19 pandemic, we have had time to get prepared and plan for the future.

Our needs:
• We are looking for more volunteer dentists and hygienists to join our team to ensure that we share the load as a team. Our initial opening hours at our Rexdale clinic will be Tuesday and Thursday evenings and Saturdays.
• Our costs include hiring a dental assistant and receptionist for the clinic and providing the necessary dental materials and supplies for our work. We are seeking donations for these necessary operational funds.
• Our vision for the future involves finding a sponsor to fund a paid dentist to work at our clinics to expand the number of patients and continuity of care that we can provide.

Please contact Dr. Amanda Morel at amandadmorel@aol.com or visit www.fillingthegap.ca if you are interested in volunteering or would like to find out more about the Filling the Gap Clinic.
Using Relational Wisdom to SERVE Your Patients
KEN SANDE

The Hippocratic Oath, which is taken by physicians and dentists around the world, is remarkably centered on relationships and serving others. Among other things it says:

*I will respect the hard-won scientific gains of those physicians in whose steps I walk, and gladly share such knowledge as is mine with those who are to follow…. I will remember that warmth, sympathy, and understanding may outweigh the surgeon’s knife or the chemist’s drug.*

*I will respect the privacy of my patients…. I will remember that I do not treat a fever chart, a cancerous growth, but a sick human being, whose illness may affect the person’s family and economic stability. My responsibility includes these related problems…. I will remember that I remain a member of society, with special obligations to all my fellow human beings…. If I do not violate this oath, may I enjoy life and art, respected while I live and remembered with affection thereafter.*

One of the best ways that healthcare professionals of all kinds can live out the implications of words like “respect,” “share,” “warmth,” “sympathy,” “understanding,” “family” and “affection” is to intentionally focus on improving their “emotional intelligence.”

According to New York Times best-selling author Daniel Goleman, emotional intelligence may be defined “the ability to identify, assess, and manage the emotions of oneself, of others, and of groups.” Ever since the release of Goleman’s initial book on the subject in 1995, emotional intelligence, also known as “EI” or “EQ” (emotional quotient) has been promoted and studied in the context of every major profession, including healthcare. Study after study has shown that the more healthcare professionals improve their emotional intelligence, the more likely they are to enjoy their work and find success in serving their patients.4

The Dark Side of Emotional Intelligence

As valuable as training in emotional intelligence is, high EI can have major deficiencies. High levels of emotional intelligence can actually contribute to significant relational problems, including over-analyzing people, excessive self-criticism and an inclination to agree with questionable actions out of fear of hurting others’ feelings.5

But there are even deeper problems. Secular materials on emotional intelligence typically ignore God’s existence, the reality of sin and the redeeming work of Jesus Christ. As a result, most teaching on EI lacks an objective moral compass. The primary motivation for improving EI is personal advancement. And apart from the transforming power of the gospel, change depends entirely on human effort.

These deficiencies contribute to what is commonly called “the dark side of EI,” namely, that unprincipled people with exceptional emotional intelligence can use those skills to manipulate others for their own advantage.

A Biblical Perspective on Emotional Intelligence

The good news is that God has given Christians access to special insights on emotional intelligence, which enable us to counteract the deficiencies described above. These insights are provided through the Bible and through the science of the brain, which in turn is based on the transforming power of the gospel.

Realizing that God himself has designed the human brain and all its intricate capacities, including our capacity for emotional intelligence, and that through natural revelation and common grace God has enabled secular scientists to gain valuable insights into the neurology of the brain,6 Christians should take full advantage of the many outstanding books, studies and training courses on emotional intelligence. As we do this, however, we need to evaluate this information through a biblical world view, filtering out unbiblical information while taking full advantage of valid insights into the brain in general and emotional intelligence in particular.

As we deepen our understanding of human neurology, Christians can supercharge these insights by combining them with solid theology. To assist you in this process, our ministry has developed a practical systematic theology for emotions and relationships, which we call “relational wisdom,” also known as “RW.”

This theological system or paradigm is essentially a God-centered, biblically-grounded and gospel-driven form of emotional intelligence. In essence, however, RW is simply the ability to live out Jesus’ command

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1 This language is found a modern version of the Hippocratic Oath, which was written in 1964 by Louis Lasagna, Academic Dean of the School of Medicine at Tufts University. To read the version preferred by CMDA Canada members, please visit the Hippocratic Registry: https://www.hippocraticregistry.com/hippocratic-medicine/

2 Daniel Goleman, Emotional Intelligence (Bantam Books, 1995).

3 See sample articles for a variety of professions at www.rw360.org/ei

4 See www.rw360.org/ei-healthcare

5 See www.rw360.org/ei-negative

6 See www.rw360.org/common-grace
to love God with all your heart, mind, strength, and soul and to love your neighbor as yourself (Matt. 22:37-39).

The RW paradigm is based on these simple principles:

- God has designed us to be “three-dimensional” in our relationships. We are designed to be in constant relationship with God, with ourselves and with others.
- Each of these three dimensions involves two essential dynamics: awareness (what do I know about God, myself, and others?) and engagement (how will I act toward God, myself, and others?).

Thus, the paradigm includes six basic skills or disciplines:

- **God-awareness** is the ability to view all of life in the light of God’s character, works and promises.
- **God-engagement** is the ability to trust, obey, and imitate God in a way that pleases and honors Him.
- **Self-awareness** is the ability to discern your own identity, emotions, thoughts, values, interests and abilities.
- **Self-engagement** is the ability to manage your thoughts, emotions, words and actions so that they advance God’s purposes.
- **Other-awareness** is the ability to understand and empathize with the experiences, emotions, values and interests of others.
- **Other-engagement** is the ability to love, encourage, serve and resolve differences with others in a mutually beneficial way.

In modern terms, relational wisdom may be defined as “your ability to discern emotions, interests and abilities in yourself and others, to interpret this information in the light of God’s Word, and to use these insights to manage your responses and relationships constructively.”

The principles of relational wisdom taught throughout Scripture, often in “360 passages” that include all three dimensions of relational wisdom, such as Ephesians 4:30-32, Exodus 20:1-21, Matthew 22:37-39, Matthew 28:18-20 and Philippians 2:1-11.

**Use Acrostics to Deepen Your RW Skills and to SERVE Others**

Here’s a sobering fact for doctors and dentists: Although emotional intelligence has been found to be essential for doctors’ and dentists’ professional success, studies have shown that this vital ability actually declines during medical training. That’s right: the more doctors and dentists train for medicine, the more they likely are to lose emotional intelligence!

Fortunately, this decline is not universal or inevitable. It is possible for doctors and dentists to retain and even improve their EI during their training and as they pursue their careers. This should be especially so with men and women to have put their trust in Jesus Christ, are filled with His Spirit, and are committed to cooperating with Him as He conforms them to His image, which includes becoming increasingly wise in their emotional and relational skills.

RW360 has developed four simply acrostics that you can use to focus on developing the six skills of relational wisdom. The first acrostic applies to the entire RW paradigm, while each of the other three acrostics applies to one of the three primary dimensions of relational wisdom. Each of these acrostics is explained in detail in our online course, but here is a quick overview.

To be relationally wise in all situations, practice the SOG Plan.™

- **Self-Aware and Self-Engaging:** How am I feeling and acting?
- **Other-Aware and Other-Engaging:** How are others feeling and how am I affecting them?
- **God-aware and God-Engaging:** Where is God leading me?

To become more God-aware and God-engaging, follow a trustworthy GPS:

- **Glorify God:** Trust him absolutely.
- **Pursue God:** Seek him earnestly.
- **Serve God:** Do what pleases and honors Him.

To become more self-aware and self-
engaging, READ yourself accurately:
• Recognize and name your emotions.
• Evaluate their sources (thoughts, values, experiences, etc.).
• Anticipate the consequences of following them.
• Direct the energy of your emotions in a constructive course.

To become more other-aware and other-engaging, SERVE every person you meet:
• Smile: Home, workplace, church, story, even on the phone.
• Explore and empathize: Observe others, ask questions and show compassion.
• Reconcile: Be a peacemaker, always ready to confess, forgive, and reconcile others to one another and to God through Christ.
• Value: Express appreciation, respect and admiration for what others do.
• Encourage: Give courage and inspire, always leaving others with more “wind under their wings”.

Serving a Barista

Here’s how I applied the SERVE acrostic when I ordered a cup of coffee before a 6am flight out of Dulles airport.

As I approached the Starbucks kiosk, I could see that all of the staff looked sleepy and weary. After placing my order with the cashier I stood by the counter while a young barista finished the coffee ordered just before me. Even though she was clearly tired, she didn’t rush the process.

After filling the cup with a latte, she took a syrup dispenser and painted a beautiful pattern on top of the foam. When she was done, she reached for a plastic cover and was about to put it on the cup. “Don’t do that!” I whispered. She looked up with surprise in her eyes, wondering if she’d done something wrong. I smiled and said, “You’ve done such a beautiful job on his coffee; don’t cover it until he sees your artwork.”

A smile lit her face as she placed the cup on the counter with the lid beside it. Its waiting owner had overheard my comment, so when he took the cup, he added his praise to mine. Placing a generous tip in the jar, he too smiled warmly and thanked her for her special efforts.

When she looked back at me, the weary look was gone from her face. I asked her how long she’d been working for Starbucks and she answered, “Six months. I just moved here from Ethiopia.”

“Well, with that kind of artistry and customer care,” I replied, “you’re going to be successful wherever you work.”

Her eyes lit up even more as she thanked me and went to work on my order. When I walked away with my own wonderfully decorated latte a few minutes later, it was hard to tell which one of us was feeling more energized, for as God’s Word promises: “Whoever refreshes others will be refreshed” (Prov 11:25).

Continuing Education Credit, Staff Training and Evangelism

Relational Wisdom training materials have been approved for continuing education credit for a variety of professionals, including nurses. Some doctors have also succeeded in obtaining CE credit for the course on an individual, case-by-case basis. To learn how you may be able to use this training for continuing education purposes, please visit www.rw360.org/ceu.

If you’d like to learn how you can study, practice, and share relational wisdom in your sphere of influence, please visit www.rw360.org/training-options. For additional information in any area, email our Director of Training at jeff@rw360.org.

Finally, I hope you will find ways to use our training resources as a way to introduce others not only to the concepts of relational wisdom but also far more importantly, to the gospel of Jesus Christ (see www.rw360.org/witnessing).
RENOWNED SOCIOLOGIST RODNEY STARK HAD A BIG PROBLEM. He needed to account for the rise of Christianity. Being a social scientist, however, he could not use the answer that many Christians would — “Christianity rose because it was God’s will”. No, Stark needed to work out how an obscure Jewish movement came to dominate the Western world in exclusively secular terms.

The triumph of Christianity means that we underestimate the challenge Stark faced. We forget that Jesus’ message was not just alien to Roman ears, the Christian message was considered wicked. We don’t get this. Classical historian Tom Holland’s recent book *Dominion* shows that contemporary western society’s understanding of right and wrong is unconsciously Christian. For example, the idea that the strong are wrong for oppressing the weak, something we take for granted, was not common in the ancient world. Things like the last being first and the first being last, or “turning the other cheek”, were not simply stupid in the eyes of Roman culture, they were seen as profoundly immoral. Because of this, we find it impossible to really appreciate how alien and unacceptable Jesus’ message was to Roman culture.

If we really want to get a sense of how unlikely Christianity’s rise was, we need to remember that Judea was the backwater of the Roman Empire and that Jesus’ home of Galilee was the backwater of Judea. To see Jesus from Roman eyes, then, we would need to imagine someone economically disadvantaged and from a profoundly disadvantaged place. Not a “cool” disadvantaged place either. Maybe more like a trailer park in Alabama. Then we would need to remember that the message this person offered, in their uncouth, “hick”, accent, would have been seen as horribly immoral, something totally unacceptable. How could such a person, with such a message, lead a movement to take over the Western world? In his book *The Rise of Christianity*, Stark needs to account for it, using only secular logic.

Stark holds that plagues and Christian responses to them played a key role in the massive growth of Christianity during its first four centuries. The account he offers is both inspiring and challenging for Christians today, in a time of COVID-19. In this article, I want to begin a discussion of Stark’s conclusion by

1. Recounting this story of how Christians responded to plague in the ancient world
2. Attempting to uncover the theology that led Christians to act in these ways and, finally,
3. Briefly identifying the challenge these actions and their underlying theology poses to Christians today as we deal with COVID-19 and its consequences.

CHRISTIANS DURING ANCIENT PLAGUES

Stark claims that the second century Antonine plague and the third century plague of Cyprian both played a key role in Christianity’s rise from an obscure Galilean movement to preferred status in the Roman empire by the early fourth century. The precise nature of the Antonine plague (165AD - 180AD) is hotly debated. It may have been one plague or two. It may have begun in Mesopotamia or in Eastern China. It may have been smallpox or measles. What is not in question is that it was devastating. Carried through the arteries of the empire by the military, it decimated the Roman Empire. Stark and others claim that up to a third of the Roman Empire died, an estimate that I think is too high. But at least 10% of the empire perished in this plague. Surprisingly, it also led to a massive increase in the Christian population. Why?

One reason is simply that people become more religious in times of great need. Archeology has shown that the rate at which temples were built increased massively during the Antonine plague. This increase in general religiosity led to an increase in Christianity too. But Christianity also grew disproportionately. It’s growth massively outstripped the growth in other religious traditions. In some cities the Christian population doubled during the plague. The reason for this is that Christians died from plague at a lower rate than the general population. While all religions benefitted from people turning to God, the percentage of a population who were Christian rose because Christians were dying in less significant numbers than others.

Was this miraculous? Perhaps, but Stark attributes this to the fact that Christians stayed in the city to care for their sick friends and family. This level of care — Christians bringing their friends and family water and food etc. — led to them surviving at a higher rate than other people, whose networks of support fled the city when the plague struck. The Christian population increased during the Antonine plague because Christians stayed in the cities to care for others, leading to Christians surviving at a higher rate. While the population of a city decreased overall, the percentage that was Christian swelled. This was further enhanced as Stark contends (based on primary sources) that the survival of Christians led to the belief that the Christian God was saving Christians and so, as the plague wore on, people converted to Christianity in large numbers.

Our understanding of how Christians behaved during these plagues is clearer due to us having more sources from the plague of Cyprian in the century after. One of these sources was Cyprian, Bishop of Carthage, after whom this 3rd century plague is named. Around 5000 people were dying in Rome each day. Cyprian’s sermons against the backdrop of this horror are inspirational. He challenges Christians to care for others, to risk themselves, and to remember Christ in whose image they are called to be. Non-Christian sources corroborate the fact that, again, Christians stayed, they risked their own safety to nurse others and survived at a higher rate. Importantly, Christians nursed everyone, not just those in their own community. The Roman emperor Julian, known by Christians as Julian the Apostate, was radically anti-Christian and wrote to a pagan priest “the impious Galileans — led to them surviving at a higher rate than other people, whose networks of support fled the city when the plague struck. The Christian population increased during the Antonine plague because Christians stayed in the cities to care for others, leading to Christians surviving at a higher rate. While the population of a city decreased overall, the percentage that was Christian swelled. This was further enhanced as Stark contends (based on primary sources) that the survival of Christians led to the belief that the Christian God was saving Christians and so, as the plague wore on, people converted to Christianity in large numbers.

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The answer to Stark’s question became increasingly clear. During plagues, Christians risked everything to help those in need and
became a beacon for others. Their message of eternal life in Jesus Christ drew others in and the credibility of their message came from their actions. The risks they took, their care and compassion for others, proved that they were really believed the gospel. This inspired others. And the by-product of their care and compassion was an increased survival rate. In the first century, Christianity was an obscure Jewish movement, in the second century we have the Antonine plague, in the third century the plague of Cyprian, and, in the fourth century, Christianity is the dominant religion in the Western world. Was all this entirely attributable to the fact that Christians cared for each other, were fearless and witnessed to their faith, during plagues? No, but their witness, their faith, and their actions, testified to the power of the gospel, and was therefore a significant factor in the phenomenal growth of Christianity.

WHY DID CHRISTIANS ACT LIKE THIS?

My question is easier to answer than Stark’s. The New Testament and the writings of the early Church Fathers clearly show the theology that drove the early Christians to act like this.

It all began with how they understood their relationship with Christ. For them it was never a relationship between a person and an ideology, or something that was present only in the form of a text or memory. It was a relationship between two living things — us and Christ; two things whose bodies are in relationship. Paul, in the earliest Christian writings, is clear on this. He tells us that Christ lives in him (Gal. 2:20). But how?

The answer is through the Holy Spirit. The Holy Spirit dwells, for Paul “in your mortal body.” (Rom. 8:11) The Holy Spirit is distinct from, but also one with, Christ. Thus, when we receive the Holy Spirit, we become one, in a very embodied, real, way, with Christ. We become — and the significance of this cannot be overstated — Christ’s body.

Colossians 1:15-20 expresses the faith of the early Christians. It is nothing less than a creed. It is a testimony of what early Christians believed. And it is as early as any text in the New Testament. Thus, the faith this “creed” expresses is not the product of late theological musings. It is what the earliest Christians believed. Crucially, the Church is understood there as Christ’s body.

For them, the Holy Spirit united each Christian to Christ; Christ, who comes to dwell in them through this Holy Spirit. This indwelling changes them. Through the Spirit they live and grow in relationship to this living, growing, evolving, presence of Christ within them.

So how does this help explain Christian actions during times of plague? It makes them one body collectively. Not individual bodies, but one body. The Holy Spirit is God, God is one. The Holy Spirit is not broken up into shards, one shard in Paul’s body, one shard in Cyprian’s, one shard in Miriam’s. No, the Holy Spirit is one. Therefore, Paul, Cyprian and Miriam are part of the one Holy Spirit. It is not that their individuality is absolute and the Holy Spirit (and therefore Christ) must be subordinate to them and become part of their bodies. No, their individuality is broken open by the presence of the one Holy Spirit, by the one Christ, inside them. They become part of a whole. They are no longer individuals, no longer isolated. Christ is not a shard in each person, each person is part of a whole body, part of a greater one. Early Christians could not see themselves as individuals. The Church was one body comprised of people who were not not each other. This wording is clunky but if we say they were “one” we will think far more metaphorically than they did. We will think they were “one” in the way Canadians are “one”. But this is not how they saw it. Christ is one. Christ really dwells in each person through the indwelling of the Holy Spirit. If the Holy Spirit was visible, you could see people united through this one real presence in them. A real presence that binds them together by dwelling in each while being one, unbroken, and whole. This wasn’t metaphorical to them. This was real.

This is the key to understanding early Christian actions. If a person is part of one body, then, if someone else is hungry, they too are hungry. They would no more say “you are hungry but I’m fine” then they would say, “My stomach is hungry, but I’m fine”. If one is grieving then all are called to help and if one is struggling then this is a problem for all. And, crucially, just as Paul would never say “My lungs have plague, but I am fine” he would never say, “Miriam has plague, but I am fine”. This is why Christians didn’t flee. They were part of a body, the body of Christ, in which all oppositions, Jew and Greek, Slave and free, male and female, were overcome.

Christians struggle with the fact Paul does not condemn slavery but, for Paul in Ephesians, master and slave, husband and wife, love and serve each other like they love and serve Christ. Their social hierarchy is dissolved as they are no longer not each other. They are one and so the powers and principalities are subdued in this new life, this new body of Christ. He may have been naive and Christians later on would come to take very seriously the human sinfulness in the institution of slavery that impedes us achieving all that Christ desires for us. Eventually such injustices were criminalised because the transformation of human beings, which Paul knew was possible, was always on the way.

But while it was not universal, the transformation was real and evident all around early Christian communities. They were certain — the evidence was everywhere — that the spirit ignites human capacities and makes them capable of more. People gave their surplus to the poor. They shared all they had with others. They died in the Colosseum rather than renounce their faith and (importantly for our purposes here) they risked death to stay with and care for the sick.

These actions “proved” to many the truth of their promises. Christ told them that incredible things were possible with faith and now, all around, the evidence of this was clear. Christians were living differently. The promise of Romans 8:11, “If the Spirit of He who raised Christ Jesus from the dead dwells in you then He will give life to your mortal bodies through the Spirit” was proved by the way they preached, by the way they gave all to the poor, by how they died in the sands of the Colosseum and by the way they cared for the sick. Saul was infused with the Holy Spirit and became a different thing — Paul. Paul lived differently and acted differently. So too Christians lived and acted differently in this world. This was visible. This was real. And it was visible and real in the way they saw each other as part of a whole and, because of this, cared for each other when they were sick.

This account of why early Christians cared for the sick at great personal risk would be incomplete without acknowledgement of the role the resurrection played in shaping all early Christian thought. Since Karl Marx, the idea has been common that faith in heaven means people will care less about the world and people in it. The early Christians, however, prove that Marx was wrong. For them, the hope
of eternal life in Christ empowered them to risk all for others. They had seen death conquered in Jesus Christ. They knew that the empire of death was no more. Because of this they could risk death to help others. And they did. They did by giving to the poor and they did in caring for the sick. Because of their faith in eternal life the Roman empire couldn’t cower them into submission. The resurrection was the dynamite that powered early Christian action.

**WHAT DOES THIS MEAN FOR US TODAY?**

The growth or decline of Christianity is not based on the good work Christians do for society. Despite this, the evidence is clear: Christianity grew spectacularly when Christians showed that their faith was real and that led to them living different kinds of lives than their contemporaries. How Christians lived during the Antonine plague told the world how real their faith was. Scripture promised that a relationship with Christ would transform each person who is open to it. And the wider world, looking at Christian behaviour during plagues, saw that it was true. Because of this, Christianity grew.

What this means for us today is clear: If Christians do not live differently during this time of pandemic, then we are telling the wider world that relationship with Christ does not make a difference. If Christians act with no more love and compassion than everyone else, then Christians are witnessing to the fact that the presence of the Holy Spirit (who is love itself) in our bodies does not make a difference. Early Christian action witnessed to who Jesus Christ is and what Jesus Christ has done when it counted most. Their radical challenge to us is to do as they did.

Now, we know far more about disease than they did. Therefore, our love and compassion will look different. We are not called to take the risks they did because we know that these risks can spread disease. Our witness may be less dramatic, but it must be just as real. The consequences of the current pandemic are legion. Our world is suffering economically. Anxiety, depression, and stress are increasing. Families are fracturing. People need support. This is not simply about health care. It is crucial that people will look back on this time and note the charity, compassion, joy, and courage that identified Christians during this pandemic. The Holy Spirit is alive in the bodies of Christians and the Holy Spirit is faith, hope, and love, itself. Christian action must be marked by faith, hope and love, whether it’s in the hospital or the school, whether it is in being attentive to the needs of neighbours, or even in turning the other cheek to an anxious family member. Challenges like this pandemic look at Christians and ask — “is your faith real?”. The Early Christians answered this with a resounding “yes”. It is important that we answer likewise.

**Milestones**

CMDA Canada enters into the fall with the news that two of our Associate Staff will be moving on from their decades long ministry at CMDA Canada. **Dan Hardock** and **Roger Berrington** have a legacy of over 40 years of ministry at CMDA Canada between them.

Dan Hardock at the University of Calgary has chosen to retire so that he can re-dedicate his skills and talents in teaching and leading at the Alberta Bible College. His joyful presence, thoughtful spirituality and unrepentant use of Dad jokes will be dearly missed by his fellow staff and our members in Calgary.

Roger Berrington will be leaving his role at the University of Manitoba to focus on his work at CanU. We know that he would give much of the credit to the student leadership, but they would undoubtedly acknowledge Roger’s support and encouragement as key to their success.

Jon Dykeman, our Associate Staff Networker and Associate Staff for the University of Toronto, and his wife Yenny welcomed their new baby girl Eloise on September 5, 2020. She is the delight of her parents and her big sister, Eden. Our congratulations go out to the Dykeman family on this wonderful new addition!

CMDA Canada also bids a fond farewell to one of our original members, **Dr. Abraham (Abe) Richert Voth, MD** (October 4, 1925 - September 1, 2020) of British Columbia. Dr. Voth graduated from the University of Manitoba in 1956 and after his internship joined Collingwood Medical Clinic as a family physician. He has been a member of CMDA Canada since his early days in practice and he and his Erika have attended many wonderful conferences. He was always very passionate about medical missions and served in short term missions in Vietnam, Taiwan, Uzbekistan, Albania (the latter two just after the fall of communism) and six times in St. Lucia. Early in his practice, he volunteered his services locally in the downtown east side of Vancouver as well as providing relief to a doctor in Esperanza. He and Erika travelled the world not only sightseeing but also when possible supporting others in humanitarian and medical services.

First Baptist, Vancouver has been their church home for a number of years. His faith in God and prayer have guided him throughout his life and to his final days. Abe has had a long life of service and he will be missed by Erika his wife for 63 years and his children and grandchildren. His friends and relatives remember him for his generosity, kindness, gentleness and willingness to listen.
This once in a century pandemic has created many challenges for our membership. Our student members as well as our graduate members have experienced difficulties varying from the sudden change to online learning mid-semester to disruption of their practice to being on the front line of the pandemic. We invited a few of our members to share about their experiences and how their faith in Christ informed their actions and sustained them.

DAN REILLY

I practice OB/GYN in a small town. For the first 3 months of the pandemic, I was less busy. ORs were closed and there was no gynecological care to be done. So, I just did the OB work and was home by mid-afternoon most days. We are now back to the full range of care, but still slowed down by distancing and the need to clean a lot more often.

Having seen God be faithful through situations that were a bigger threat to my practice, I had a sense through this time that God remained in control. While I was often frustrated, I was never fearful. I know that nothing is a surprise to God. My role is to serve those whom God brings across my path. The pandemic is just another sign the world is broken and another opportunity to show love to our neighbours.

This will end. And something else will come along to inspire fear, but also give God’s love a chance to be displayed in our lives. The frustrations of living in a pandemic strain all of our relationships. My prayer is that we will grow closer to each other despite the challenges!

STEPHEN VANDER KLIPPE

I have a rural family medicine practice encompassing inpatient and emergency department care.

In the midst of this adversity, God has been ever-present. I have turned to Him for strength and guidance, especially when I was feeling anxious. I have been blessed with good conversations with colleagues, and my wife and small group that have been uplifting. I have benefited at times from a lighter schedule that provided time for outdoor work, reading, and rest.

My faith has provided a “heart peace”, and the love of Jesus to share with my neighbour. I know that my foundation is secure, and I can have joy in my heart knowing that I am redeemed, and forgiven. In the future, I see a vaccine providing once again for the health of our communities, and the ability to move about in greater freedom even as we are more mindful of the ways we can transfer microbes and make each other ill. I see Christians using technology in more meaningful ways to connect with those who cannot be in one place, and are especially in need of connection through digital media (eg, Zoom, Live-streaming).

My greatest prayer need is for wisdom, and an ability to hear God clearly, so I may follow rightly in humility and love. I also pray for an ability to know the best way to care for each one of my patients, whether via a phone call, office or hospital-based care, or home visit.

SHERIF HANNA

I am a General Surgeon working at Harpur Memorial Hospital, in Menouf, Egypt training PAACS surgical residents. We were advised to leave because we were at high risk in view of our age and working conditions. We were advised to leave because we were at high risk in view of our age and working conditions. We returned to Toronto on March 21, 2020 with less than 5 hours notice.

Harpur was not a designated COVID-19 hospital, thus the doctors had very little work for several months. In June 2020, the operating room was closed for one week since some of the OR staff became infected with COVID-19.

During this time we were fasting and praying and God answered our prayers. To our knowledge only two doctors and four nurses contracted COVID-19 and all recovered.

Looking ahead, despite the COVID-19 threat, we rely on God’s guidance to return to Harpur on September 28, 2020. Although, we are at a higher risk, we plan to take all reasonable precautions, and to move forward by faith to help Christians and Muslims alike.

Please pray for health and strength as we prepare to return to Egypt, and for protection from COVID-19 while there. Pray for peace of
I practice Pediatric and Orthodontic Dentistry in the beautiful city of Vancouver, BC, along with my sons who are certified specialists in both Pediatric and Orthodontic Dentistry. For the last six months, since the beginning of the pandemic outbreak of COVID-19, our dental college has recommended that all dental clinics should only be opened for emergencies that require immediate attention.

As a responsible caregiver, the pandemic presented me an opportunity to render care and to relieve pain of people in need in this critical time, regardless of their race, colour, economic situation, or cultural background. It is our privilege to share, through the science of dentistry, the love of God for His creatures in season or out of season. I was reminded of how the early Christians in the pagan Roman Empire cared for Christians and non-Christians alike with the love of God, which caused the reigning authorities to notice the good behaviour and practices of the Christian minority. Likewise, Martin Luther admonished Christians during the Bubonic Plague of 1527 to tend to the sick as if tending to Christ in worship.

Matthew wrote: “For I was hungry and you gave me food. I was thirsty and you gave me drink. I was a stranger and you took me in. I was naked and you clothed me. I was sick and you visited me.” (Matt 25:35-36)

We all recognize the need for closeness, community, and self-giving love in our daily living, but we have an obligation to abide by social distancing and strict rules and regulations at this time. Gatherings such as parties, social sports, reunions, conferences, church services, and schools are either closed or restricted for good reason. Rules such as wearing masks, hand washing, keeping 6 feet apart, and office protocols such as PPE are to be strictly observed, not only to protect ourselves, but also to protect others from aerosol spread of the virus. The principle behind these practices is likewise an act of love for others. We do not wish anyone to become infected, by God’s mercy and grace. Obedience to the rules for Christians should be a natural reaction to the Health Advisory Committee’s notices. I believe Christians should be advocates for safe health practices. It is first and foremost an act of love God and of loving our neighbours as ourselves.

There is some uncertainty ahead in the field of dental practice. There will be changes in the way we formulate safety practices for dental procedures going forward. For example, no dental school has taught office management to students in situations like this pandemic. There will be online classes for dental students, but what about the clinical, hands on practice for dental students? What about office protocols? There will be stricter rules in the coming days for practicing dentist. Fees will likely be higher because of the extra requirements needed to practice safely.

The effects of this pandemic have been outrageous: deaths, economic crisis, global alienations and animosity between warring nations have been heightened. The race for a vaccine, nuclear weapons, trade wars and threats of war between the US and China could have devastating aftermath for the entire world. There will be more poverty and loss of employment, social unrest, and an increase in racism and race-related violence.

Do we need to fear as Christian practitioners? No! Because our God is sovereign and He is in control. And His plans cannot be thwarted. He is the one who sustains us. But we need to be patient with everyone and to live in peace with everyone. Make sure that nobody pays back wrong for wrong, but always try to be kind to each other. We are promised by God Himself to have not a spirit of fear, but a spirit of power, of love, and a sound mind.

1 Thessalonians 5:16-17 exhorts us: “Be joyful always, pray continually; give thanks in all circumstances, for this is God’s will for you in Christ Jesus.”

My request is for the people we come in contact with to know Christ and His saving grace and to have a living hope through the
Pray that we all will be His witnesses and more so in these troubled times. Pray that we becoming shining stars in the universe as we hold out the Word of Life.

CHRIS BROOKS – LIFELINE MALAWI

On March 21st, as I abruptly left the Lifeline Malawi Medical Health Centre to return to Canada, there was the agonizing question of what lay ahead for Malawi. The virus had become a reality in Canada, but in Malawi the population and politicians were focused on the rerun of the previous year’s annulled General Election. Although schools, country borders, and large gatherings were shut down, the campaigning continued until June 22, drawing large crowds with no regard for social distancing or the spread of the virus. The virus did indeed creep into Malawi, at first with returning citizens. Slowly, the disease has become community spread. It is difficult to tell the extent of the spread. Certainly, the cases are under reported due to the limited availability of test kits. To date, there have been 5,621 cases with 176 deaths.

Our staff at Lifeline Malawi have been resilient, determined, and full of faith in God, preparing the community, and the Health Centre, for the worst possibilities, but praying for the best. Their sense of peace and calm is a testimony of their faith in God while most people around them are fearful. God has indeed supplied our needs over the months with unexpected donations of PPE for our staff, a continued supply of medicines for our patients, and financial donations that will help fund behavioural change initiatives in the community. With the closure of the schools, there has been an alarming increase in teen pregnancies. Our staff are working with youth and community leaders to address this threat that keeps girls out of school and forces early teen marriages. Our prayer is for the youth of Malawi, that we can make a difference in their lives through the Gospel message of Jesus Christ and through teaching them about healthy choices.

I am hopeful for the future. Although the virus remains in Malawi, it seems that not many people are dying from COVID-19. Perhaps this is because the average age in Malawi is 18 and life expectancy is 60. I am hopeful for God’s protection in the rural community of Ngodzi, where Lifeline Malawi is situated. There is not much more that I can do but to trust in God for the work in Malawi while I am here in Canada. I am hopeful too that I will indeed return one day to the Warm Heart of Africa – my Malawi.

PHILIP DRIJBER

A nursing home in our community where I work was among the first in our province to be stricken with COVID-19. It marched through staff as quickly as it did the residents. This left the home in the situation of residents with increased needs due to illness and isolation, and with less staff to do the care. Finding new staff was difficult. Finding people who want to work in long term care is never easy at the best of times. Trying to recruit in that pre-existing environment and then compound that by the fact all homes were looking for new staff due to the new protocols for care, and your home has the disease and others do not, made it a Herculean task. But God is good, and there is no surprise in that. The local Medical Officer of Health and the Management reached out to the local Ministerial and asked them to canvas their congregations for volunteers. Understanding this recruitment was done when churches only met virtually, if at all, it is remarkable that within days they had over 20 resumes sent in. God’s people answered the call.

Two churches released their ministers from all duties to volunteer in providing care. Many others showed up as well both from churches and from the community. The observation that I made was that although not all were self-identified Christ followers, almost all showed the characteristics of Christ. They were selfless, dedicated, willing to sacrifice their safety and personal comfort (all had to live in isolation from family and could only go to work and the hotel where they were stationed). They were community minded and focused in their goals to care for the residents. They developed a lovely team that worked tirelessly and with dedication to make the life and health of the residents a priority. They supplied not only the physical, but emotional and spiritual needs of the residents. They embodied James statement that pure religion is “to look after widows (the majority of the residents) and orphans (the latter being functionally true of all residents as they were cut off from family by the strict isolation protocols) in their distress.” (James 1:27) The team also looked after each other and encouraged each one to be their best so that they could serve in their positions.

This is consistent with Christ’s statement in John 13:35: “Everyone will know you are my disciples if you love another.” The team showed love for one another in the way they all were willing to do any task. Further, they not only did the obvious duties such as delivering meals and laundry, but actively looked for ways to meet the residents needs such as sending and delivering mail or playing games to help residents pass the time in isolation. They exemplified Colossians 3:23: “Whatever you do, work at it with all your heart as working for the Lord.” Some churches, including our own, supplied meals to all the home’s workers to show support for their work. The regular staff did see the difference that was made and both subtle and direct witness for Christ was made.

I was called upon by the Medical Officer of Health to take on the care of all residents to minimize the potential of spread among other health care practitioners. For almost three months, I was present in house every day, meeting the medical needs of the residents and sometimes the staff as well. My wife, a retired physician, worked as a volunteer. We saw what God did. Our primary prayer request is for good health so that we can continue to serve. We were both thankful for opportunities to show Christ’s love in practical ways to the residents we knew and those we got to know. We felt honored to serve with all who put their shoulder to the task, whether volunteer, new
I am a first-year rural family medicine resident in northern Saskatchewan. Residents are seeing patients in the Emergency Department and in hospital, but clinics continue to be mostly virtual. Many satellite clinics in remote communities have been cancelled or postponed, and academic sessions have largely moved to virtual formats.

I have been blessed with good health and sufficient resources in this season. He has also been putting the words of the hymn Abide with Me in my heart: “When other helpers fail and comforts flee, help of the helpless, oh abide with me”. I have been so encouraged knowing that even though this challenge can make me feel helpless, He is with us and He is our hope!

My Christian faith motivates me to be a person of peace and a safe haven for my colleagues, patients, and friends — especially during the first wave when rotations were cancelled and I was unable to contribute clinically! I pray that after this pandemic we will motivated to continue to collectively protect the most vulnerable among us.

My prayer is for all of us who have moved to new places and who are starting new chapters in our lives during these times.

JAMES MACMILLAN

I practice rural family medicine in Rosthern, SK with a blend of outpatient clinics, emergency medicine, inpatient care, and long-term care. I also do a bit of palliative care consultation in northern Saskatchewan and do some administrative work for the Health Authority.

Initially in the upheaval of the lockdown, I was required to self-isolate for two weeks because of an exposure to COVID-19, dramatically altering my practice. All my clinical work was done virtually, and I had an enormous amount of extra administrative work. Things have gradually shifted with less virtual care and more in-person clinical care. The two greatest commandments — love God and love neighbour — frame my role. I am not my own but belong body and soul to my faithful Saviour Jesus Christ. While there is much talk about “freedom” these days, the goal and expression of Christian freedom is love of neighbour (Gal 5:13-14).

God has used family and members of our local church to support, encourage, and embolden me. I’ve felt a strength that went beyond my capabilities, as I was held up in prayer. I can only echo Leslie Newbiggin: “I am neither an optimist nor a pessimist. Jesus Christ is risen from the dead!” I pray that God would grant me wisdom, courage, and endurance.

KAMI KANDOLA

I am a public health physician working in the Northwest Territories for the past 17 years. I reside in Yellowknife with my husband, son and adult stepdaughters. My stepson resides in Alberta. Currently, I have been officially in the role of Chief Public Health Officer since October 2018. Practicing population-based medicine requires looking at the entire Northwest Territories as one patient. Introduction of a pandemic virus in one community can have devastating consequences on the entire “body” or territory especially when some parts have a weaker defense system. Overcrowding, higher rates of mental illness, smoking, obesity, and chronic diseases as well as remoteness from physician-based health facilities are factors that leave certain members more vulnerable than others.

New Year’s Eve was uneventful other than an obscure report from Wuhan, China reporting on a cluster of atypical pneumonias with a common exposure to a seafood wholesale wet market. Nine days later, China announced a novel coronavirus. In the early months of 2020, we monitored the viral impact related to international travel. So little was known at that point about its transmissibility especially spread without symptoms or before symptoms occurred. It hit Canada around mid-March and peaked in early May. In Northwest Territories, from March to early April, we received 5 travel related cases of which 3 were domestic cases related to travel out of the territory especially during March break. A public health emergency was declared in anticipation of this. This required a 14-day mandatory isolation for out of territory travelers with some exemptions. Like other jurisdictions, Northwest Territories also instituted a containment phase or what is commonly called “lockdown” in early spring with gradually lifting of public health measures.

Regular early morning prayer, along with reading and meditating on Scriptures was and is still part of my daily regimen and has helped me in this time of adversity. I particularly focused on heroes old such as Daniel,
Jeremiah, Isaiah, Ezekiel, and Esther. They all had an unpopular message to proclaim but persevered despite adversity. All their lives were in jeopardy at some point but they held fast to their faith and trusted in the God of Abraham, Isaac, and Jacob. He is an unchanging God and never failed them.

As a leader, the task can be daunting, the needs can be overwhelming and your humanness can be so frail. This is when faith can be truly tested as per the following scripture: “Now faith is the substance of things hoped for, the evidence of things not seen.” (Hebrews 11:1-6) I also know that in these most vulnerable moments, God comes through: “Now unto him that is able to do exceeding abundantly above all that we ask or think.” (Ephesians 3:30)

Currently we are close to 28 million cases worldwide with 900,000 deaths. This COVID-19 pandemic has changed the entire world. It has impacted our daily lives, our travel and how we view social interactions. It will likely be around for a while. However, we do not need to be paralyzed by fear. Similar to the 1918 flu pandemic, where there were no antiviral medications or vaccines available, there are measures we can take to live our lives as best as we can. We can stay home when we are ill. We can wash our hands and keep our distance from those outside our social bubble. We can wear masks when we are out and about in public. We can enjoy time with our family even if it is through video conferencing. We can thank God for our health and for the time we have available for our loved ones due to cancelled work trips. We can enjoy the great outdoors.

The impact of COVID-19 restrictions on the church community can bring out the best or the worst in our reactions. Overwhelmingly, in my role I have been supported by prayers, fellowship, and acts of kindness by my Christian brothers and sisters. At other times, I have felt the tension and angry backlash as if the restrictions were a targeted and deliberate attack on the faith community. The COVID-19 virus has no religious affiliation. Where there is an opportunity, it will spread especially in crowded, poorly ventilated indoor spaces. Who will pay the price? It will be our elders and those who with medical conditions and then it could be a random healthy individual. I pray for a strengthening of spiritual faith in our Christian community that is not dependent on a physical structure. I pray for an overflowing heart of love, gratitude and trust that the Lord is on the throne. “I will give thanks to the LORD because of his righteousness; I will sing the praises of the name of the LORD Most High.” (Psalm 7:17)
Grace Under Pressure: Student Life in a Pandemic

MARTA THORPE
University of Toronto, Class of 2022

There is little that the COVID-19 pandemic hasn’t affected. In the previous school year, the pandemic took away lab time and forced us into an online environment. However, being at home with my family gave me a support system, which I can turn to when my schedule feels overwhelming. Spiritually, time at home helped to highlight the beauty of the institution of the family, even when it proves to have its challenges. Moving back to Toronto and looking toward to the new school year, it has been easy to be discouraged or worried about all the changes. Before me, I see missed clinic and lab time, condensed curriculums, and changes still in progress. I also recognize that, for myself who is the type to attend and learn in lecture, the idea of all didactic courses being online seems daunting. However, by the grace of God and pursuit of seeing Him in everything, I also see some benefits: professors are already demonstrating more understanding, we have been paired with upper year students in clinic, and we will always be practicing by four-handed dentistry. I ask you to pray with me for confidence in the truth that He will work everything together for good and His glory. I reflect on this new year as a leader in CMDA Canada with hope and courage. I know that God is present; I know that His Spirit gives good gifts; I know that He desires to have us as instruments of His peace. As recruitment will be especially hard this year, I ask for prayers to be able to reach incoming students in new and effective ways. Due to the pandemic, the medical and dental student branches of the Toronto chapter have joined together for almost all events. I am already seeing what amazing fruits this has borne and will bear! God is truly creative! Some events have included Praise and Worship nights and the first couple of our Weekly Connects. These are particularly special when attended by those already in the field who have pearls of wisdom to share. My greatest prayer need at this time is for a strengthened prayer life where God may inspire me as to how to show my faith to patients by the way that I live and practice. I also pray for entrustment and stillness in these uncertain times both in my academics and in my personal life.

RHEANNA BHULTEN
McMaster University, Class of 2022

I’m a class of 2022 medical student and our curriculum was changed around due to COVID-19 so that we are now in online pre-clerkship classes until the end of September rather than being on electives throughout the summer. Our transition-to-clerkship block will be several months long rather than several weeks, and our clerkship will be delayed slightly (as with other schools). While my school did a fantastic job rearranging things and accommodating our curriculum, we did lose out on some career exploration and elective experience due to the global circumstances, and I think students in our class are trying to figure out how to cope with that given the tight timeline of a three year program.

I think the pandemic has shown our world more than anything else that we have less control than we thought we did. At first that was frightening for me to acknowledge because I felt I had so little control to begin with as a medical student. I’ve been challenged as a student leader to understand what it truly means to surrender control to God, and to have faith that His plans are greater than anything I could have conjured up. He knows what He is about, and He has always been the one in control – it’s just a bit more clear now than ever before in my life. I’ve also been challenged to realize we were never promised ease and lack of complication in our lives and in medicine, and I believe the students of this generation will be more resilient and adaptable as a result of the circumstances of our training.

I think right now the greatest prayer need for my class is for peace of mind and soul in the midst of a very rapidly changing curriculum. I know that’s been stressful for me and for others in my class and the class of 2023 across the country. I also know that the class of 2021 have faced this challenge and are entering a CaRMS cycle that is unprecedented, so prayer for peace for their class would be especially appreciated as well.

REBECCA WANG
University of Toronto, Class of 2023

The 2019-2020 school year ended off incredibly different from what was expected. With everything suddenly shifting online, I felt like a lot of learning experiences/opportunities were lost or heavily modified. Our faculty obviously worked very hard to accommodate this change as much as possible, but with everything going on, that can only go so far. Clinical skills felt like they were essentially entirely stopped, learning anatomy without 3D orientation was an adjustment, and shadowing physicians became an impossibility. Furthermore, since almost all the learning activities became self-led at home, it felt socially isolating when compared to the routine of seeing my colleagues every day on campus. With social connections only possible virtually, I definitely felt like my vision and my posture were strongly affected by all the screen time as well. On the positive side, I am very grateful that I was (and am still) able to quarantine with my family, though, as I was able to return home before everything shut down completely. Overall, while it was wonderful to spend more time with family, the adjustment to online learning was not easy.

Until December, all learning is being done online (with updates coming in November if things will return to in-person in Jan). Our faculty has been able to implement more adjustments to our curriculum to help our learning be more effective than the end of 2019-2020, so I’m very glad for that. There are more learning activities being done live via video conferencing, and having had the summer time to rest, plan, and think through solutions to how to better adapt, I’m hopeful that it will go better than the end of 2019-2020.

Because the Christian faith directly tells us the importance of bearing each other’s burdens, I feel like it really motivates me to be even more intentional in reaching out to others. Everyone
is being impacted, and there are so many ways that people are being affected. When we are unable to physically be there for each other, it is that much more vital to be there for each other however way we can. The pandemic has pushed me to really work on making virtual connections as meaningful as possible, and when dealing with everything, not to just speak truth, but to speak truth with love. This is such a unique opportunity to exemplify the love of Christ to others, and I hope to make it count.

At the Toronto chapter, we’re working hard to continue growing in our communities despite the physical distance between us. We are meeting regularly via video conference, and after each time, we reflect & evaluate the meetings’ effectiveness so that we can continue to adapt our approach to make each gathering as enriching and meaningful as it is Christ-centred. I think the regularity helps add a sense of routine to the seemingly-endless days quarantined at home, and the chance to meet habitually gives us the opportunity to check-in on one another on how we’re truly feeling/doing and to pray for one another. Coming before Him, together, in prayer has such a distinct power and effect that we hope to continue to experience this even when meeting virtually.

Personally, I think my greatest prayer need right now is for His peace. I’m concerned about how my eyes and my body are coping with the sudden increase of screen time, and on top of that are the regular stresses of learning and schoolwork. It’s a new normal now, and while I’ve accepted it, it’s not really like anything ever before – still a continual process of adaptation and daily choosing to trust Him through it all.

**THIAGO LUSVARGHI**
**University of Ottawa, Class of 2023**

The COVID-19 pandemic pushed our curriculum to online for the remainder of the 2019-2020 academic year. In the beginning, that was okay, but after a while it became very difficult to focus on the material. Because of that we also lost out on the opportunities to learn hands on. We were supposed to have learned our clinical skills and shadow a family doctor for a week in May but all of that got cancelled.

For the 2020-2021 academic year, our curriculum has been switched to a hybrid curriculum. Most of our learning is online except for 2 days out of the week where we will be going into class for 1-3 hours for Anatomy Lab and Physical Skills Development. Everything else is online.

My greatest prayer need is for peace of mind and clarity in focus during the school year. With all the political issues going on and the virus, I feel it is very easy to lose focus on the Kingdom of God and in turn be consumed by school work. But what we need most is the peace of God during our studies, knowing that He is in control and that all we have to do is focus on the task at hand.

**JAMIE GRUNWALD**
**University of Alberta, Class of 2023**

Pre-clerkship medical education at the University of Alberta transitioned into a fully virtual format in early March with the onset of the COVID-19 pandemic. Our program normally records lectures in a vodcast (video podcast) format and posts them in our online server after the class, and we were fortunate that lectures from previous years were thereby available and easily added to our planned schedule. Other lectures and review sessions were hosted over Zoom with varied frequency depending on the preferences of our course coordinators and instructors. While didactic lecture content was continued with minimal disruption, all clinical-based learning experiences and physical exam sessions were cancelled until further notice. Our first-year clinical skills exams – OSCEs – were likewise postponed. Schooling is now functioning under mostly the same structure as in March. The University of Alberta has declared that there will be no mandatory in-person sessions for the Fall semester, meaning that some students have opted not to return to Edmonton for the term. Our schedule has a combination of Zoom sessions and pre-recorded vodcast lectures each week, and there is some discussion around having video sessions for physical exam skills with no certainty for when our OSCEs will be made up for from last year.

Discussions over the summer with the University of Alberta CMDA leadership team were always under the same uncertainty of trying to determine what we would do if in-person meetings were an option versus if they were was not. A clear focus for us throughout this process has been our passion for community. Community is the heart of what my CMDA Canada experience was last year – a place where I could meet with others, share my struggles, ask questions, and delve into what faith looks like within the medical profession. My CMDA Canada colleagues share this desire for Christian community and it continues to influence the choices we make as a leadership team. Community during a pandemic, understandably, looks different than what we were hoping for. We no longer have the options of campus soup lunches, social board game nights, home-cooked dinners hosted by Christian doctors, or sitting around a study room table sharing about our lives together. What we do have, though, is each other. We have a group of people dedicated to connecting with others and if that must happen over Zoom, so be it. There are blessings that have come with meeting online too: people don’t have to cross campus (or the country) to join, we are seeing spaces and opportunities for guest speakers and interdisciplinary interactions that we have not before, and for some, there is even more time to attend now that there are less external demands conflicting with the scheduled sessions.

The University of Alberta CMDA cohort regularly meets on Wednesdays at noon to talk through a topic selected by one of our leaders. This year we named these meetings Oasis, which shares our mission to be a place of rest, reset, and encouragement for all attendees. As we move forward, we hope that those who are in a desert – whether it is within the isolation of physical distancing and at-home learning, the stress of navigating medical school in addition to personal pressure, or one’s inner psychological landscape – will find our group and feel Jesus’s love emanating from the community we have built there. We ask for prayers of support for us as a team to find creative ways to show that love, but prayers that those who are lost within our school and community will find and receive that love are especially appreciated within this season of change.

“But he also can turn a barren wilderness into an oasis with water! He can make springs flow into desert lands, and turn them into fertile valleys so that cities spring up.”

(Psalm 107:35-36)
I grew up in a Christian home. My parents taught my brothers and me about God and took us to church regularly. I know I became a Christian sometime before I was 7 years old, because I remember which house my family was living in at the time. I remember that the pastor preached one Sunday that we needed to confess our sins and believe in Jesus as our Saviour and Lord. I did that. I repeated that many times afterwards until I realized that once was enough.

I loved to read when I was growing up, but I mostly read fiction. During my early 20s, I started to read through the Bible every 1-2 years and I read more Christian living books in addition to the fiction. However, once I started medical school, fiction books were no longer a luxury that I allowed myself, because I knew I would struggle to put the book away when I needed to study. I continued to read Christian living books because I could read a chapter a day and then get back to studying. I later came to the realization that God had used a lot of those books to disciple me. I learned from Jerry Bridges, Elizabeth Elliott, Joni Eareckson Tada, Ed Welch and David Powlison amongst many others. I still love to read and have added audio books as an alternative way to take books in, especially when I go on road trips.

Like most people from Christian homes, I grew in my faith gradually. However, there have been seasons when I grew more quickly. My path through medical school and residency were particularly used by God to increase my trust and faith in Him because of all the changes and stressors which were involved. A major initial stressor for me was moving from London to Ottawa and leaving my family, friends, and church to join a totally new community. God provided roommates who became close friends, a supportive church, and CMDA Canada to help me in this journey.

I found out about CMDA Canada from someone at a Right to Life dinner the year before I started medical school. They gave me a copy of the FOCUS magazine. I was impressed by the CMDA Canada Statement of Faith. When I entered medical school, I became a member of CMDA Canada. We didn’t have an Associate Staff person at that time, but we did get to enjoy the hospitality and mentorship of CMDA Canada graduates in Ottawa. Dr. John Patrick retired from the University of Ottawa the year I began medical school, but he and his wife, Sally, spent time with us when they were able.

I’m thankful for the past years of fellowship with fellow graduate doctors and students and residents at the Eastern Student Retreats and CMDA Canada National Conferences and local chapter events. It is a joy to see how the student ministry of CMDA Canada has grown over the years.

I started taking online Biblical Counseling courses through the Christian Counseling and Education Foundation (CCEF) in 2008. Every course I have completed has stimulated me to grow in faith in God and living more fully for him. I try to attend the CCEF annual conference regularly. One particularly poignant conference for me was the 2016 conference when the theme was “Emotions: Engaging the Expressions of Our Hearts”. It was there that I attended a pre-conference seminar by Ken Sande on Relational Wisdom. I was so thankful to be able to go to this conference and seminar because I was also dealing with a college complaint at the time. It was a stressful and emotional time for me. The college complaint ended with a formal caution, which is evident on my profile at the CPSO website. I learned a lot about dealing with conflict and shame and trusting God with my reputation and applying relational wisdom principles over the months that followed. I continue to grow with the different joys and sufferings that occur in the Christian life as I strive to seek first the kingdom of God and His righteousness.

I used to do locums in family medicine in mostly rural communities up until 2018. I have always had some degree of Emergency Department (ED) work as part of my practice. I have been working full-time in the ED in Woodstock for the last 2 years and I am currently in my third year of being the co-chief of our ED. I am also part of the palliative care call group for Oxford county, which includes helping at our local hospice, Sakura House. I am a member at Grace Presbyterian Church (Associate Reformed Presbyterian denomination) in Woodstock, Ontario. I play piano accompaniment during worship regularly. I have gone on multiple medical mission trips in the past. My last medical mission trip was to Christian Hospital Sahiwal in Pakistan in 2015. I hope to go overseas again but for now, I think my place is to work at home. I’m confident God will redirect my path if He wants me somewhere else. To paraphrase Catherine Marshall, “Life is an adventure when you believe that God is in control of it.” 😊
to be part of the court challenge but I’m very thankful that it is done. Most of the time, I would choose not to focus on the court case unless I had to deal with emails about it or plan to attend related meetings. I had always thought that I would eventually set up my own family practice. The outcome of the court case and the various ethical issues which were brought up besides euthanasia have influenced me to focus my practice more on emergency medicine and palliative care. In the ED, these ethical dilemmas don’t come up as often as they would if I had my own family practice. When I took on the administrative role as co-chief of my ED, I also found that I did not have time for family medicine locums anymore. In my role in palliative care, MAiD will come up in conversation but usually the people have made decisions to focus on palliative care only or do not qualify for MAiD.

I’ll be content if I never hear the word “unprecedented” again in my lifetime. Nevertheless, these are indeed uniquely challenging times. What are your thoughts about how CMDA Canada has been and should be conducting its business in the midst of the pandemonium?

I’m thankful that CMDA Canada has been using technology like Zoom very effectively for virtual meetings, even before COVID-19. It wasn’t a huge stretch for us, in regards to technology, to have to move our student leadership conference online in March and then to have our annual general meeting online as well. While we all missed being able to gather physically and have our usual time of fellowship and encouragement at both conferences, I was pleased that we could still see so many familiar faces as well as meet new people. I sincerely hope that we will be able to meet in person again next May for our annual conference. I’m hopeful that we can continue to encourage the virtual gatherings of our members in their local communities and that we can still engage together across the country using various forms of social media. The online Easter and summer devotional have been helpful. I think CMDA Canada will need to continue to be imaginative as to how to engage members and engage students and residents. Thankfully, the students and residents are very knowledgeable when it comes to newer technologies.

As you look back on your career to date, what’s one thing that surprises you?

One thing that has surprised me the most in my career to date is how patients respond negatively towards their physicians. As part of a counseling course called “Helping Relationships”, I read a book called *Relationships: A Mess Worth Making* by Paul David Tripp and Tim Lane. In the chapter on mercy, the authors wrote about how one of them had been excited to be able to show mercy to someone. In the process, they came to the realization that often the people who need mercy most are the hardest people to whom to show mercy. This helped me deal with the reality that patients aren’t always going to be happy with the care that they receive, whether or not I’ve done my best for them. It is a reminder to me that I still need to show mercy and do my best for each person no matter how they respond to me.

In a couple of years, when you look back on your term as President, what do you hope will be true of your work with and for CMDA Canada?

I hope that when I look back on my term, that CMDA Canada will have continued to be a source of encouragement and support to Christian doctors, dentists, resident, and medical and dental students as they live out their faith in their practices and studies, despite COVID-19 restrictions and whatever other challenges may come up in the next two years. I hope that the CMDA Canada board will be well acclimatized to the new governance strategy and working well together to promote the vision and mission of CMDA Canada. I hope that the less active members of CMDA Canada will become more engaged with the more active members and that everyone will be encouraged and built up in their faith through CMDA Canada. I hope that all members will be winsome witnesses for the gospel in their local communities. I hope that CMDA Canada members who live in communities where there is no local chapter will still feel connected to CMDA Canada through the different means available. Ultimately, I hope to glorify God in all of this activity.
As an opportunity to reflect on the past two years of dedicated service in the role of President, our new President Dr. Michelle Korvemaker interviewed our outgoing President Sheila Harding.

As President of CMDA Canada, what has been the biggest surprise?

I've been surprised – and so impressed – with the ability of both staff and members to adapt to our current pandemic circumstances. Such creativity, nimbleness, flexibility, and grace!

Another surprise has been the unexpected impact a small group of tenacious Canadian physicians, lovingly and prayerfully supported by so many, have had – and continue to have – on the unfolding of the assisted death discussion at the World Medical Association.

What do you know now that you wish you had known at the outset?

It sounds cliché these days, but I wonder what I/we might have done differently if I/we had seen COVID-19 coming. All of my instincts and experiences around ministry are tied to in-person connections. I wish I'd been able to work with students – in person – to create an answer to the question: If suddenly, with no prior notice, we could no longer meet in person, what could be done to create and sustain the same sense of community and support? And perhaps we would have jumped on the governance/strategic planning agenda a little sooner, so that we wouldn't have to figure out how to do it at a distance. That said, God knew it was coming and I choose to trust that He'll continue to bless our efforts to bear fruit in the midst of current limitations. As the worship song reminds us, “God can find a way when there seems to be no way.”

What advice do you have for me? What should I be sure to do? What should I be sure to avoid?

Something to do: Get to know your board members individually – I wish I'd been more intentional about connecting with each of them 1:1, early, getting to know their particular strengths and passions, and being alert to their challenges, so that I might serve them better.

Something to avoid: As you know from the governance work we've been doing, it is easy to stray from governance into operations, and doctors/dentists tend to jump readily into the trenches, as if everything always depends on us. Try to avoid crossing that line.

How can CMDA Canada attend to its full mandate without succumbing to the tyranny of the urgent?

Prayer, prayer, more prayer. I'm glad that we've been intentional about grounding our board work in prayer. In addition, it will be helpful to have very clear rearticulation of mission, vision, values and strategic organizational goals. Then, you and the board and the staff – everyone – will be able to use them as touchstones when issues arise. “Does this advance our organization toward the goals we’ve set? Does this align with our mission, vision, values, or is it a distraction?”

May I put your phone number on my speed-dial?

Absolutely. FaceTime works well, too. May God bless you and make you a blessing!

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calm in the storm

What is the meaning of COVID-19 for Canada’s Christian Healthcare Professionals?

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Retirement at 58 years of age is relatively normal in our society today, but for a physician it is not common. Medicine is a vocation—a profession we feel called to. It takes years of disciplined study. It requires sacrifice. It offers blessing. You do not get into it easily and you do not leave it quickly. Even when I arrived at the point of burn-out for the third time, it took five years of grappling before I was willing to choose retirement as an acceptable solution. If God called me to medicine, how could I leave it so early? Would He call me out of it after calling me to it? Would the world, my friends, my family—myself—see me as a failure? Was medicine my identity? Could I live without it? If God is my source of strength, why could I not keep doing this with Him? And then the practical questions like whether my husband, Clarence, and I would be able to manage this financially? What would we do with our time? Would I drive my husband crazy?

A month-long sabbatical, graciously allowed by my colleagues, helped me as I pondered these questions. I use the word sabbatical purposefully and thoughtfully because the month was spent in much prayer, searching scriptures and reading a devotional about finding, keeping, and maintaining space for God. It warmed my weary soul. I did not come out of that month with the intention to retire early. I did come out of it with a deeper desire to listen for God’s leading voice. Three years later, still burned out, or maybe even more burned out, I arrived at retirement with my hands opened before God. What now? Clarence and I were willing to do whatever God wanted.

We ended up with a hobby farm and biblical counselling. The story of how that all came about is too long to include in this article, but I can say with certainty that we approached both with a serious desire to follow God’s leading.

The humour and wisdom of God’s leading is not lost on us. The hobby farm is hard work physically; biblical counselling is hard work emotionally and spiritually. The hobby farm is at the end of a lane into the trees where we are somewhat secluded from people. Biblical counselling takes us into the lives of people who are hurting and broken; more than that, biblical counselling takes us into our own hurts and brokenness. As we learn, we realize that we have to first apply all this knowledge to our own lives. We find ourselves growing and changing. I find myself questioning whether I would have burned out three times if I had known then what I am learning now.

In our vegetable gardens and small orchard, we are trying to use God’s principles as revealed in nature to grow our food. In biblical counselling, we use God’s principles through biblical wisdom to speak into the challenges people face in life. Biblical counselling’s foundation is laid on the inspired, authoritative, inerrant, and sufficient word of God:

“All scripture is breathed out by God and profitable for teaching, for reproof, for correction, and for training in righteousness, that the man of God may be competent, equipped for every good work.” (2 Timothy 3:16-17)

Scripture provides God’s words that help us live an abundant life. It answers the hard question of “how then shall I live?” This foundation gives me reassurance that God through the Holy Spirit will give me the words I need to give Godly counsel to others. The Bible is a source of wisdom that is trustworthy and true.

We have a few cows and a flock of chickens on our hobby farm. I learn a lot about human nature by watching our animals. One of the analogies I see is idolatry. Our animals are devoted to food—hay, grain, green pastures, insects (at least for the chickens). Their god is food. If we want the animals to do something they really do not want to do, we can hold a bit of grain before them and they become subservient. In humans we carry this idolatry to a much wider, deeper extent. Ezekiel 14:3 states, “these men have taken their idols into their hearts” and Romans 1:21-25 describes the Tragic Exchange. They, in verse 23, “exchanged the glory of the immortal God for images,” and in verse 25, they “exchanged the truth about God for a lie.”

An idol is anything or anyone that captures our hearts, minds, and affections more than God.1

Comfort. Food. Work. Approval of man. The list is endless. I am studying biblical counselling to help others but learning about my own idols has been my deepest help. As Brad Bigney states in Gospel Treason:

“Brought face-to-face with the ugly monster that was my own idolatrous heart, I found freedom in seeing the real enemy for the first time. It humbled me, and it heightened my love and appreciation for the gospel and my Saviour.”2

On our little hobby farm we run into all sorts of pests and weeds that aggravate us. Clarence calls them “sin and corruption”. It is hard work to get them under control. It takes commitment, careful thought, and persistence. Do not let the weeds go to seed; pick the insects off the trees.

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2 Bigney, pg 24.
before they lay their eggs; provide a dust bath for the chickens to get rid of mites; and so on. So too in our emotional and spiritual lives. The “sin and corruption” do not just go away when we recognize them. Identifying the idols of our hearts is a freeing first step but it takes hard work, careful thought and persistence to get rid of them. I was elated when I started learning about my idolatrous heart. I saw so many things I could change to put God first. By personally applying these principles, I started to see myself being transformed “from one degree of glory to another.” (2 Corinthians 3:18)

Yet, it can be so aggravating when we find ourselves doing what we do not want to be doing! “For I do not understand my own actions. For I do not do what I want, but I do the very thing I hate.” (Romans 7:15)

With persistence, I continue to break down the idols when they are lifted to the high places. And hopefully one day they will stay in a broken heap. The repetitive nature of my idols appearing is helping me as I counsel. My expectation for others to change is becoming more realistic. My expectation for a miracle is diminishing and my realization that God’s grace toward all of us is increasing. Heart change will change our lives but it takes time and happens incrementally.

Our orchard is planted in permaculture gardens. The premise here is that every plant that is in the garden benefits the trees. There are nitrogen-fixers, mineral-fixers, pest detractors and pollinator-attractors. Every plant has a function. They work together for the whole. Biblical counselling has a unique permaculture-type function in the church. Hebrews 3:13 states, “but exhort one another every day, as long as it is called ‘today’, that none of you may be hardened by the deceitfulness of sin.”

Each member in the church is looking out for the other, not to pounce on them when they do wrong, but to lovingly come alongside and admonish gently. Everyone works together for the benefit of the whole church and each individual member. If exhortation is done when someone is first struggling with a sinful habit or idol, it gets dealt with before it has hardened people. As in our permaculture orchard, a certain plant can unbalance the whole garden. With good oversight though, biblical counselling – coming alongside – can have a beautiful function in the church. I don’t always like this aspect of biblical counselling. It means being vulnerable. It requires humility. But WOW, the potential for benefit is huge.

Another analogy can be drawn from our orchard. We plant an apple root to grow an apple tree, a peach root to grow a peach tree, a honey locust root to grow a honey locust tree. Most locust trees have long painful thorns. The point, though, is that whatever the root is, that is what the tree produces. In biblical counselling, we talk about roots and fruit and heat. Heat happens to each of us every day. Things, good or bad, happen to us – we bang our thumb with the hammer, the cow steps on our foot when we are feeding her, someone we love dies. Or things happen in us – we are tired because we didn’t sleep well, our head aches, our idols are rearing their ugly heads.

The response we have to either the external or internal heat is indicative of the root upon which we are grafted. If I am rooted on the word of God and the redemption I have through Christ, my response will produce beautiful fruit. (I won’t kick the cow!) If I am rooted on my idols or sinful desires my response will reflect that. In How People Change, I read:

“What I do comes from inside me. The things that happen to me will influence my responses but never determine them. Rather, these responses flow out of the thoughts and motives of my heart.”

When we get up in the morning we are faced with a multitude of tasks. Our hobby farm can become a herculean taskmaster. There are the usual tasks and the project tasks. If we are not careful it becomes OUR project rather than the calling of God, the task He’s given us. It brings to mind a passage, Jeremiah 2:13: “For my people have committed two evils; they have forsaken me, the fountain of living waters, and hewed out cisterns for themselves, broken cisterns that can hold no water.”

We can become so busy with tasks, hewing out our cistern upon which we base our identity and faith, that we lose sight of God. Yet He calls us to Himself. John 4:13-14 says, “Jesus said to her, ‘Everyone who drinks of this water will be thirsty again, but whoever drinks of the water that I will give him will never be thirsty again. The water that I will give him will become in him a spring of water welling out to eternal life.’”

And that is the point of it, really. Living for God – wholly, fully, drawing from His living water. Biblical counselling, in essence, is helping ourselves first and then others find the Living Water.

I find that my early retirement from my calling to medicine has become a completely different calling, that is irrespective of my place of abode or my vocation. He has called me to the Spring of Living Water, to have my roots deeply planted beneath the cross of Jesus, to be part of a permaculture church living in accountability and calling others to the same, to work persistently to get rid of the pests and weeds that corrupt my life, to break down the idols of my heart so that He is first-place and central and to believe in His inerrant, authoritative, fully sufficient Word through which I hear Him speak.
My heart sank when I read the descriptions of the impact of COVID-19 on your practices in this issue of Focus. I felt sorry that so many of you had experienced a significant disruption in patient care and in your medical education. Sadly, some of your practices were completely or partially shut down, in some cases for several months. For this reason, I was pleasantly surprised by your answers to the questions that describe the Lord’s continued blessing even in this disturbing time. You were all praising God for His providential care for you and for those in need during this crisis, despite all of the turmoil you have experienced.

Sometimes devout Christians are portrayed in the media as overly optimistic, naïve and disconnected from the “real” world around them. Here I’m thinking of Ned Flanders, Homer’s Christian neighbour on The Simpsons who manages to always be happy even in the most dismal of circumstances. While Ned is meant to be a caricature, there is a compliment to all Christians imbedded in this character – Christians are positive and nice even if it can sometimes be annoying!

Where does this happiness in adversity come from? To answer this question, I turned to a great evangelical source for insight. After my father’s passing in 2009, I went through his books and found a treasure, a 1955 copy of The Secret of Happiness by Rev. Billy Graham. In this, his second book, Dr. Graham argues that we will find true happiness in the acceptance of the lifestyle described in the Beatitudes. He dedicates one chapter to each of the eight Beatitudes. (Mt. 5:3-11) Given our current circumstances, my interest was drawn to “Happy are those who mourn ….” He defines the word mourn in the following way “to feel deep sorrow, to show great concern or to deplore some existing wrong.”

Among the five types of mourning he describes is the mourning of bereavement. For the Christian, even amid the sadness of loss, there are seeds of joy.

The following paragraph is as poignant for us today as it was 65 years ago:

Nowhere has God promised anyone, even His children, immunity from sorrow, suffering and pain. This world is a “vale of tears” and disappointment and heartache are as inevitable as clouds and shadows. Suffering is often the crucible in which faith is tested. Those who successfully come through the “furnace of affliction” are the ones who emerge like “gold in the fire”.

The Bible teaches unmistakably that we can triumph over bereavement. The Psalmist said: “Weeping may endure for a night, but joy cometh in the morning.”

As a healthcare professional, you have knowingly chosen to stand beside people who are grieving, in many different ways, in order to help them. Most of you were afflicted yourselves by the disruption, uncertainty and physical vulnerability caused by COVID-19 pandemic. Yet, you chose to remain in that environment so that sick and vulnerable people would not be alone in their grief. You did this because you know the deep joy of helping others that is motivated by faith in Christ.

Today, I was talking to one of our members who chose to provide personal care in a nursing home during the most intense period of the virus’ activity. His wife, a retired physician, accompanied him so that she could sit at the bedside of palliative patients so that they would not be alone during their hour of death. Often next of kin visits were severely restricted. Our members were there alongside people who had no one else during their most challenging hour.

I often feel, when I do something good for someone in real need, that I receive much more than I give. While we all need to set reasonable limits for ourselves, and never neglect self-care, we Christians are among the happiest people alive because we understand this aspect of how God made the world. In the Beatitudes, Jesus uncovers the true path to happiness.

Dr. Graham quotes a prayer which is often mistakenly attributed to St. Francis of Assisi. As far as it is possible to ascertain, its genesis comes from the early 20th century around the time of the First World War. Regardless of the source, it perfectly sums up what I am trying to say. I will leave you with it along with my prayer that in the coming months you will be aware of the Lord’s loving presence in your life even in the midst of whatever afflictions have come your way. God bless you and your families.

Lord, grant that I may seek rather
To comfort than to be comforted
To understand than to be understood
To love than to be loved
For it is by giving that one receives
It is by self-forgetting that one finds
It is by forgiving that one is forgiven
It is by dying that one awakens to eternal life


Despite the challenges of the pandemic, there are more opportunities than ever to get involved in CMDA Canada. Local student and graduate Chapters across Canada are hosting online gatherings. Come pray and share with other Christian doctors, dentists, and students about the unique challenges and victories you have experienced during this pandemic. To be connected with members in your area and across Canada, email Stephanie Potter at communications@cmdacanada.org.