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.

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 2021. Keep watch on our website and the Coalition’s social media accounts.
Editorial
JON DYKEMAN

To say this has been a difficult year would be an understatement. It’s been a tumultuous year - systemic racism has reared its heads in Canada and the US; a much-anticipated and polarizing Presidential Election south of the border; our federal government pushing through a new assisted suicide law; a novel coronavirus, which led to a global pandemic and the need to alter how we do just about everything.

In many ways, it has felt like we are all Phil Connors in the film Groundhog Day. Every day has been the same day since mid-March, albeit with some intermittent better days. Pastor and author Pete Scazzero, drawing from St. John of the Cross, names the situation we find ourselves in a collective, global, “Dark Night of the Soul”. As much as each of us have been faced with similar daily challenges of adjusting to life with PPE, new protocols for seeing patients, and needing to bring our daily fears before God, we have seen signs of new life and growth.

In this issue, Emergency Medicine physician, Dr. Jemy Joseph talks about what it was like to adjust to working on the frontlines of COVID-19 centres in Toronto. Dr. Loreanne Manalac tells the unlikely story of studying medicine in her native country of the Philippines and, through hard work, good connections, perseverance, and resilience, God opened the door for her to match in family medicine in Regina, SK. Professor of Evangelism at Wycliffe College, Dr. John Bowen, shares his experience in seeing growth in church communities amidst the pandemic. Dr. Margaret Cottle shares a thoughtful article, using poetry as a curative measure for the beleaguered soul.

This is also a year in which we saw the Student Leadership Conference, an Associate Staff retreat and weekly devotional for the healthcare community – each online, a first, and each giving members the opportunity to connect with God. Rev Dr. Cheryl Ann Beals has led several CMDA Canada members through an online pilot program, Emotionally Healthy Spirituality. It has been a tremendous gift to sit at the feet of Cheryl Ann. You will read testimonies from Dr. Jennifer MacKay and Dr. Tim Ehrmann about their experience in this program.

We also have articles from both the Pan-African Academy of Christian Surgeons (PAACS) and Atwell Pregnancy Clinic about their important work in mission fields home and abroad. Both articles speak to the innovation of their teams. Our members are and have been involved in both of these projects and give helpful insight into how more members can be at the forefront of medical training and patient care.

This year we have all been invited (and perhaps forced) to grow under the pressure of crisis. All of us are enduring the shared crisis of the pandemic, but each of us has experienced the challenges of the year in our own particular context. Medical and dental students have had significant challenges in the changes to their programs, made to accommodate current restrictions. Dentists have had to navigate the new PPE requirements and rolling lockdowns across the country. Healthcare professionals have been on the front line, worrying for the health of their patients while also worrying about their own likelihood of becoming ill themselves.

My own challenging call to new life and growth came this year through suffering. On July 23, I was in a terrible car accident in which the car was completely written off. Thankfully, no one else was involved in the accident. I suffered a left clavicle fracture requiring surgery for a plate with screws, as well as a concussion. My experience throughout my recovery was very difficult. I thought I would bounce back from my injuries and surgery within a month, but that wasn’t the case. Not long after the surgery, my surgical wound become infected and I was prescribed high dose of antibiotics for six weeks. By the middle of my treatment on the antibiotics, my wound had not fully healed. The surgeon was considering another surgery to treat the wound, but was willing to keep me on the antibiotics for another two weeks as we had a baby due soon.

When I got into the car to go home after this appointment, my wife, Yenny started to have labour pains. It felt like more than I could handle – a possible second surgery and a baby coming anytime. My parents were extremely supportive. I called them when I got home and we wept and prayed together. My Dad, a retired family physician, reminded me of God’s nearness to me, especially through this difficult time. The next day we welcomed beautiful Eloise Mei into the world. God provided the help we needed with my mother-in-law as I still needed to rest as much as possible to help my recovery.

At my next follow up appointment, I was seen by the resident and the surgeon. The resident was encouraged by my progress, but the surgeon was not entirely satisfied. It had been about a month and half since the infection has been diagnosed and it wasn’t healing. The resident was convinced I was progressing and simply needed more time on the antibiotics. His conviction won out over the surgeon’s – and he was right! In the next couple of weeks my wound healed over. God did what God does and brought about healing into this area of my body.

In the midst of all this, my wife and I decided we ought to take steps towards this sense of God’s call and leave our jobs and move to my home province, where God had opened doors in the past for ordained ministry. Without any concrete job prospects and still not completely over my injuries, I tendered my resignation in late October and worked my last day with CMDA Canada in early November. Although it all sounds a little absurd, my wife and I and other spiritual leaders in our lives believe we are being led by the Lord to pursue ordained pastoral work in a Church setting. We were continuously of Isaiah 43:18-19: “See I am doing a new thing, do you not perceive it? I am providing a way in the wilderness and streams in the desert.”

The physical and emotional suffering I experienced as a result of the accident, I believe, was soil for God to birth something new. I re-learned how much God loves me and how He spared me from worse or even fatal injuries and a second surgery. I re-learned to trust the ways in which He was speaking to me and calling me. I re-learned to trust His provision as He provided my mother-in-law to help when it would have been impossible to seek outside help, especially in a pandemic. I also saw God’s hand as worker’s compensation paid for a lot of my salary as I was off sick. I also received significant support from our students, residents, church and CMDA Canada staff. The suffering has led to a deeper reliance on God and an acute awareness of how He truly does look after us in our time of need.

I will dearly miss working with the students and grads in Toronto and our staff team in Nova Scotia. I think I have received far more than I could have contributed in this role. I am sad to go but I believe we are following God’s will; God has a way of having His way and I wouldn’t have it any other way.

I trust this issue of FOCUS blesses you, as we look at stories of God growing us through this collective “Dark Night of the Soul.” Suffering, as painful as it is, is often the soil for spiritual growth. May the Lord use this issue to help you in your own spiritual growth.
Dr. John Bowen taught evangelism at Wycliffe College in Toronto from 1997 till 2013. He retired at the end of 2016, and is now spending more time on the things he loves best—teaching, preaching, mentoring and writing. John came to Wycliffe College after 25 years serving with Inter-Varsity Christian Fellowship in universities and camps. He has been married to Deborah, an English professor at Redeemer University College, for nearly fifty years. They have two adult children and four grandchildren, of whom they are ridiculously proud.

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

Dr. Tim Ehmann is a child and adolescent psychiatrist who originally hails from Saskatchewan, but by God’s grace is currently working in Eastern Ontario where he resides with his wife, Erin, and children, Jacob (9), Ada (6), Elias (3) and Caleb (1).

Dr. Theodore K Fenske is a Clinical Professor with the Division of Cardiology at the University of Alberta, Fellow of the Ezra Institute for Contemporary Christianity (EICC), and Chair for the CMDA Edmonton Chapter. He has a passion for preventative medicine, and has authored several books, including his newest work, Keeping Faith in Medicine: Navigating Secular Healthcare with Grace and Truth (2020). He has given numerous talks in public forums on a broad range of topics. Formerly from Vancouver, he is the proud father of three sons and content to call Edmonton home, where he and his wife, Tanya, are actively involved in the Christian community.

Dr. Jemy Joseph works as an Emergency Physician at the Scarborough Health Network Centenary Site in Toronto, Ontario. She completed her residency training in family medicine at the University of Toronto. She has also done rural and remote medicine locums in various parts of Canada, such as Northwest Territories, Nunavut, and rural Ontario. Dr. Joseph’s interests are broad, ranging from clinical medicine, public health, immigration and issues surrounding cultural integration.

Dr. Jaro Kotalik served as an oncologist and CEO of the NWO Regional Cancer Centre until 2000. He was the Founding Director of the Center for Health Care Ethics Lakehead University and has been active as a full time bioethicist for over two decades. Presently is a Professor at the Northern Ontario School of Medicine.

Dr. Jennifer MacKay works as a family physician in Sioux Lookout, Ontario, alongside her husband, Dr. Blake MacKay. They also serve the northern community of Sandy Lake First Nation. She attended medical school at UBC and was first connected to CMDA Canada by the wonderful student ministry there. She completed her family medicine residency and rural enhanced skills training in northern Ontario. She has a passion for rural under served communities and indigenous health.

Dr. Loreanne Kathleen Baino Manalac is a first year family medicine resident at the University of Saskatchewan. She is originally from Mississauga, Ontario where she completed her undergraduate studies at the University of Toronto. Loreanne attended medical school at the University of Santo Tomas Faculty of Medicine and Surgery in Manila, Philippines. She enjoys spending time with her family and friends, reading, staying active and gardening.
So then, just as you received Christ Jesus as Lord, continue to live your lives in him, rooted and built up in him, strengthened in the faith as you were taught, and overflowing with thankfulness. Colossians 2:6-7
There are many reasons to be discouraged about church right now. One pastor friend was recently looking back over six months of COVID-19. He said with a shake of his head, "We should have been able to say, 'Well, friends, this is what we've been preparing you for. We've taught you how to read Scripture, how to pray and listen to God, and how to Grow the Kingdom in the world. Go for it!' But we didn't—and by and large we couldn't." That's sad but true.

Here's another observation. Some are saying, when we get back to "normal," every church will be a church plant — meaning, we will need to start over, and that's a great chance to rethink what we mean by church and how we do church. It's a great idea. But in my experience of churches, most are not thinking that radically. Their priority is getting back to things inside the building, on Sunday morning, with the minister or priest doing their stuff up front. In other words, we can't get back to business as usual. We don't have the energy or the vision to do anything differently, and certainly not better.

But the Holy Spirit of God cannot be stopped by COVID-19, or anything else for that matter. The Spirit of God is always at work, nurturing the good, working against the bad, inspiring, nudging, creating, sometimes in big obvious ways, sometimes in less eye-catching ways behind the scenes. The ground may look dry and dead but, come the spring, green shoots will appear, some in unlikely places, and things will change. In my front yard, the lilies of the valley will, as usual, break through the surface of the driveway. That's how strong the force of life is in them. But that is only a tiny picture of the creativity and power of the Spirit to bring new life, and for it to break through the asphalt of COVID-19.

Well, you may say, all that's very easy to say. I know. Cheap words, no doubt. But I find, as I look around, there are some of those unexpected green shoots already breaking out. Let me tell you just a couple that my wife and I are directly involved in — though there are countless such, under most people's radar.

For many years, my wife has been involved in a Saturday morning women's Bible study called Bibles and Bagels. Before COVID-19, the group met in the church basement for a couple of hours on a Saturday morning every two weeks. At first, COVID-19 stopped all that. Then people began to discover the miracle of zooming. Not only did the group resume, but it moved to being weekly, and several new members joined.

One of these is a life-long church-goer, whose faith is just now becoming a personal thing. Another is a cradle Anglican discovering the relevance of Scripture to her everyday life. A third is a young mom from a conservative Christian background who is recovering a love of the Bible after having been turned off by it by having too much of it as a child. A fourth is a new graduate who had drifted away from faith but is finding regular study with other women to be a real encouragement. All these women are finding it more, and not less, manageable to attend a Saturday morning study when they have to get only as far as their computer, rather than travel to the church. Every week they study the Gospel reading for the next day using lectio divina. Each week, they all share their insights, thanksgivings, and prayer requests. They are getting to know each other quite deeply.

My story is similar in some ways. For years, like many others, I have been teaching that church is not just in the building for worship on Sunday morning. I am also passionate about lay leadership, being a lay person in church leadership myself. I have also been very influenced by those missiologists who talk about the importance of place and of being God's people in the neighbourhood where you live. COVID-19 seemed like a perfect time to put my money where my mouth is.

I discovered there were a dozen families from our church within six blocks of our house. The neighbourhood is pretty clearly defined by the street pattern, so it was easy to know where to look, and how to identify the group. I contacted all those families, and said, "What about meeting once a week on someone's deck—socially distanced, of course—to share what's going on in our lives and to pray for one another?" Not a Bible study, not a formal service. Nothing much to prepare, no professional leader, no books, no bulletins, not even PowerPoint!

Over the eight weeks since then, we have met on the back deck of five different homes and, though there have never been eight people present on any one evening, twelve different people have attended and are committed. As we originally agreed, we meet for a little over an hour, we share something that has been a blessing and a prayer request from the previous week. For our actual prayer, we use a booklet containing a contemporary form.
of the ancient evening service of Compline. As a result, one witty member suggested we call the group Deckompline. Thankfully, it is not catching on. The only thing that wasn’t in our original agreement is that hosts have started serving tea during our gatherings! I for one have developed a liking for peach and ginger. I recommend it.

Nothing earth-shattering about this, I think you would agree. But still, a cheeky little green shoot that is a promise of the spring to come — eventually. We have got to know Christian folk we didn’t know before. It would have been too easy an option to get together with friends we already know all over the city. People can all walk to this gathering. We have shared one another’s joys and heartaches, including a fatal accident in one family, and offered support and prayer. People who were not used to praying spontaneously and out loud have become comfortable with it. Folk have led worship who have never done it before — and assumed they were not “qualified” to do so! The gatherings are quiet, intimate, and relaxed. And God is with us. For me, and I suspect for others, it is a highlight of the week.

There was one hilarious moment at our second gathering when Chris arrived twenty minutes late, carrying a six-pack of beer. He was laughing, and explained: “You know I’m an extrovert and I know all my neighbours. So as I was walking here, people kept stopping me to ask where I was going. I told them to a Bible study. They looked at me, and looked at the beer, and said, ‘Hmm, that must be some Bible study!’” So there is even spin-off in terms of witness to the neighbours.

Will these things continue when we are finally allowed to resume some semblance of normality? I was talking to a friend who is a sociology professor in England. “People who lived through the Second World War used to talk about the warm feeling of community there was through that time, a bit like we are experiencing now,” I commented. “But was anything changed once the war was over?” To my surprise, he answered: “Oh yes. People don’t generally know this, but the founding of the National Health Service in the UK was a direct result of the Second World War.”

May the lessons we learn during COVID-19 stay with us once it is under control. Not least, may the green shoots of life and spring, whatever shape they take, grow and flourish in the life of Christ’s followers.
Emotionally Healthy Spirituality: Invitation to Relationship

JENNIFER MACKAY

RECENTLY, I HAD THE OPPORTUNITY TO PARTICIPATE IN THE EMOTIONALLY HEALTHY SPIRITUALITY COURSE WITH A GROUP OF OTHER CMDA CANADA MEMBERS. I was was blessed by lots of wonderful, thought-provoking conversations, and challenged to look at things that may be holding me back from growing spiritually.

One central theme of the course was creating a habit of silent time alone with God. This is a discipline that I admit I had neglected in recent months. The course challenged us to look at the idea of the daily office; scheduling specific moments of the day to pause, reflect, and pray or read. I love the idea of having this rhythm of prayer in my life, but reliably fitting this into an erratic schedule of shiftwork and call is a constant challenge.

I admit that I am guilty of going through much of my workday without turning my attention to God’s presence with me. The mental clutter that comes with a busy clinic day or chaotic ER shift quickly directs my focus away from God and onto the task at hand. Certainly, there is nothing wrong with the intense focus required for much of our clinical work. But I felt inspired to think of ways to ground myself in the knowledge of God’s presence, even in the midst of busyness and demands.

Embarrassingly, the biggest barrier for me is forgetfulness. In Isaiah 49:15, God explains His abounding love by comparing it to a nursing mother (is) and live the rest of the day ‘forgetting’ God. I am so grateful that God is faithful and merciful, even when I am fickle and distracted.

Isaiah 49:15, God explains His abounding love by comparing it to a nursing mother is too busy to keep focused, I will repeat a phrase in my mind, like “Be still and know that I am God” (Psalm 46:10) or “You hem me in, behind and before.” (Psalm 139: 5) It seems like a natural time to re-centre my attention on Christ before starting my work. Some days, this is just 3-4 breaths. If I am more anxious about the work ahead, I try to set aside 2-3 minutes. When my mind still manages to wander, but I have started to really appreciate this practice of book-ending my workday with time to just be.

Commuting: “Mindful” and “present” are not words I would typically choose to describe myself during travel to and from work. I am usually either rehearsing the to-do list that awaits me at my destination, or stuck ruminating on events from earlier in the day. Predictably, I end up arriving at my destination grumpy and distracted. As an alternative, I have recently set an intention to be present with God on my commute. I am lucky enough to be able to walk to work, which creates a natural time to pray or listen to worship music. Sometimes I focus on really paying attention to little details of beauty around me. I have tried a couple different audio recordings of daily office prayers. My mind still manages to wander, but I have started to really appreciate this practice of book-ending my workday with time to just be.

Bedtime: I used to be a verbose journal-writer. I don’t fill the pages the way I used to, but I still try to take a moment to reflect and write down a few words most nights before bed. 3 years ago, a friend gave me a 5-year journal. Each page has space for that date’s events over the 5 year period. It has been fascinating to look back on a random November Tuesday, and be reminded of a fun outing or a difficult situation that I would have otherwise forgotten. I chuckle about the worries that I now see as trivial, and am reminded to keep my current worries in perspective. I read about prayer requests that I forgot had been answered. No wonder God gave Israel so many calendar events to commemorate His miracles! We need constant reminders of the amazing things He has done. My journal is nothing fancy, typically just a sentence or two, but it can be powerful to look back and see how God was working in my life in ways I couldn’t see at the time. Even for those who aren’t keen on keeping a journal, this is a simple and really rewarding way to allow God to give you perspective.

I am definitely a work in progress. Thankfully, He is a patient God, and I know he will continue to help me grow and reveal Himself as I learn to be attentive to His presence. Like any practice, having a routine makes it more likely to persist, but it is never meant to be a checklist or another burdensome item on the list of tasks. To quote a previous pastor of mine: prayer is a ‘get-to’, not a ‘have-to’. I have found these reminders a helpful way of learning to accept that incredible invitation more often.
It has been over 10 years that I have been involved with a mentorship group. This group, which has grown from 2 psychiatrists at its commencement many years ago to what has become a gathering of 4 psychiatrists, a family physician, and an orthopedic surgeon. It has been a wonderful part of my life. Through the group I have been provided a monthly ‘sabbath luncheon’ in the middle of what are always busy work weeks. It was in 2017 this group diverted from pursuing the typical topics related to the life and practice of physicians, and sought a loftier goal. “Twenty-Five Books Every Christian Should Read” was suggested by our most senior member, and before any of us realized what we were getting into, a reading plan was established.

Over the subsequent 24 months, I was exposed to the likes of St. John of the Cross, St. Teresa de Avila, St. Benedict, the writings of the Desert Fathers, and among many others, those thoughts of generations past handed down to us in the Philokalia. We had set our course for intellectual and spiritual maturity. Transformation into mature, intelligent believers was destined to follow.

Sadly, at the end of those 24 months, I never met my destiny. I discovered that transformation had not occurred, not one ounce. All that time spent listening to these apparently essential classics with the help of Audible as I made my daily commute, and yet not an ounce of upward movement. Unbelievable! For myself, the reading of these spiritual classics occurred during a long period of personal and professional burnout (really a Major Depressive Episode and my first episode of what qualifies as alcoholism). Thanks be to God though, for He is gracious; He abounds in lovingkindness, and His patience is, well, like no one’s on earth.

In July 2020, while I was resting in the green pasture and enjoying the quiet waters where the Lord has led me, I received an email from CMDA Canada announcing “a pilot” on Peter Scazzero’s “Emotionally Healthy Spirituality”. I put forward my name immediately, with the hopes to beat out the other 1599 CMDA members, who, like me recognize their intractable emotional immaturity much in need of growth and healing.

Lead by Dr. Cheryl Ann Beals (of the theological type), I entered into an 8-week journey with a group of wonderfully humble, transparent, and encouraging physicians at all stages in life. I was relieved to discover that it was not only myself who wrestled with an emotional disconnect and immaturity, but every other member of the group described similar struggles. It was a interesting and eye-opening opportunity to discover that this problem of emotionally unhealthy spirituality was a common experience by all members of the group at some point and even continuing in the present regardless of how many years they walked with the Lord. I suppose there is a reason why the Lord regards us as ‘His children’.

Using materials created by Peter Scazzero (Emotionally Healthy Spirituality and its accompanying workbook and daily office), our group set out on a healing journey together. And I was pleasantly surprised to discover that Scazzero drew as much or more from the Christian spiritual classics I had read in recent years as he did from what have become commonly accepted psychological tenets. Primarily founded upon and utilizing the Daily Office (a morning and midday moments of stillness before God, followed by scripture reading and prayer), I found myself incorporating the spiritual practices that I knew were good for me, but had never been able to work into my academic, intellectual daily ‘study’ of scripture.

I had always been so preoccupied trying to ‘learn more’ while in the word, that I never created time to ‘just be’ with God. I have since discovered that ‘just being’ – regularly slowing down to spend time with God, meditating on His love – is a transformative and healing practice. It has changed me, and how I approach Him. I would say, that I no longer experience Him as I did my
own father growing up – distant, providing for my material needs, but otherwise disinterested and with little knowledge of me – to the God that He is, who knows me better than I do myself and loves me in spite of that knowledge!

Scacuzzo’s study also provided wonderful information to assist those of us in the church in better understanding and recognizing how our own life experiences can perpetuate pockets of emotional and spiritual immaturity within our lives. The study begins with simply recognizing that something is wrong with our maturity, in spite of the fact that many of us have been followers of Christ for many years. Scacuzzo presents key concepts that are helpful for people to make sense of their emotional immaturities, including childhood experiences within our families of origin that can perpetuate generational sin. We discussed the temptation to pursue power and control in our lives and the problems that such pursuits cause in our relationship with Christ. The topic of loss and grief was explored, highlighting this as a human experience that causes searing pain which we don’t ‘just get over’ or ‘move on from’. And most enriching for me was a fresh exploration of spiritual practices of generations past, and the integration of these into my life through the Daily Office. Over the 8-week course of this study (which for our group turned into about 12 weeks) our group gelled wonderfully, and enjoyed enriching discussions around these topics citing examples from our own current and past experiences. It was wonderful group therapy!

Initially presented to CMDA Canada members as a “pilot” project, this one was indeed successful and worthy of regular offering. The interactions with the group through this study material has been a wonderful reminder of the teachings and practices of devout Christians from centuries past, and the relevance of their teachings for the believer today. It has also offered much hope, and a path forward, as we seek emotional maturity as followers of Christ. I will not speak for the group, but suffice it to say that I think we are all going to continue with what has become a new pattern for many of us in engaging the Daily Office, growing in our ability to open ourselves before the Lord, and receiving His healing love.

**Milestones**

After 6 years of dedicated service to CMDA Canada, Jon Dykeman and his family have discerned a call to ordained ministry in his home province of New Brunswick and they will be moving there in early November. Jon has been an essential part of our team from his earliest days as Toronto Associate Staff in November of 2014 and in the last 3 years in his role on staff at our National Office. His heart for pastoral care and ministry was a gift to us as an organization and as individuals.

We know that what made him such an asset to CMDA Canada will make him an excellent pastor to whatever congregation is blessed to welcome him. We are grateful that God chose to send Jon to CMDA Canada as part of his work for the Kingdom and pray for God’s protection and anointing in the next chapter of his ministry.

In happy news, CMDA Canada member Dr. Lindy Buzikieievich married her fiancé Ben Scholten on December 5, 2020. Lindy and Ben head off to Kenya for 6 months of work in the missions field. Our Associate Staff at the University of Alberta, Alan Chettle, married his fiancée Melissa Melick on December 12, 2020. May God bless both happy couples with a long and happy marriage, blessed with every good thing.

CMDA Canada has said farewell to a member of our family, Eleanor Gingerich, the wife of former Executive Director and long time member, Dr. Roger Gingerich. Eleanor passed away on September 23, 2020, at home, with her family by her side. A faithful and loving wife, mother, grandmother, and friend, Eleanor will be dearly missed by all who knew her. She is survived by her husband Roger, her children: Joel (Cassandra), Jodi (Mike), Andrea, and Mark (Nathanja); and her 10 grandchildren.

Eleanor was born in Winnipeg, MB and raised in Landmark, MB, where she spent her days on her family’s farm. She had an idyllic childhood, with gentle and loving parents, and four wonderful sisters. On March 31, 1973, after a short courtship, she married Roger, the man with whom she would walk through life’s joys and difficulties, for 47 years. They loved family, working together during medical missions, travel and ministry. Their goal was to follow and to see the wonder of God during their great journey of life.

Countless people throughout Eleanor’s life can attest to her generous spirit, her encouraging heart, and listening ear. She loved to share a cup of coffee and quiet conversation, and made everyone know that they were important. She seldom met a person with whom she could not — and did not — become friends.

Like Eleanor, may we pursue what she pursued. May we too choose joy, as she did, and believe that all whom we meet are capable of loving and being loved. And may we all recognize that we too have been pursued by a Love that descends and grows, receive this Love, and Grow others in the same way.
Calm in the Storm - Finding God in the Midst of the Pandemic

2021 NATIONAL STUDENT RETREAT

This is an on-line student retreat led by Rev. Dr. Cheryl Ann Beals, and includes discussion, reflection, fellowship and personal prayer. Graduate physicians, residents, dentists and spouses are welcome too.

With our lives turned upside down with COVID-19, this retreat helps us focus on our relationship with God “a very present help in trouble” (Ps. 46:1). Sometimes we can be so stressed and busy, we lose touch with “the streams that make glad the city of God.” (Ps. 46:4) This retreat will help us get in touch with the Lord, who is the source of our peace, even when we are experiencing real discomfort. Even though you may think you are too busy, we think that you will find this break rejuvenating so that you can go back to your studies/work with your joy restored.

Rev. Dr. Cheryl Ann Beals will be our guide for the retreat. Rev. Beals has been a pastor, Christian counsellor, spiritual director and is currently Director Clergy Formation and Wellness for the Canadian Baptists of Atlantic Canada. She led a wonderful retreat for our student ministry team earlier in 2020 and has facilitated a course for CMDA Canada on Emotionally Healthy Spirituality for members. Cheryl has a gift for helping people get in touch with the Lord emotionally, intellectually and spiritually. And she is fun to be around!

Dates: January 15-17, 2021

To negotiate time zones for our first ever national online retreat, we decided to have two separate groups on Friday night and all meet together on Saturday and Sunday.

Register Today!

Go to https://cmdacanada.org/event/2021-national-student-retreat to register.
COVID-19 Silver Linings: Opportunity to Ensure Sexual and Reproductive Health Access for Women

FOCUS ON THE FAMILY - ATWELL CLINIC

The novel coronavirus has not only presented new challenges, but it is also bringing to light opportunities in health care. The closure of many public health offices for community-based sexual health care has left a gap in care for vulnerable populations. A new initiative among Canadian pregnancy care centres is filling that gap. The Atwell Centre, located in Hamilton, ON, is one organization that is thriving through the pandemic, having launched their STI clinic this past July.

Executive Director Lois Benham-Smith explains, “Our health care program has opened up conversations about sexual integrity and relationships that we haven’t been able to have before.” Their local sexual health unit was closed due to COVID-19 precautions, so access to sexual health care has been reduced for their community. As an essential service, Atwell has been reaching clients in the pandemic who otherwise may not have accessed care via a walk-in clinic or family physician.

One of our first clients was a bit surprising: a middle-aged man – not a demographic they had previously had much connection with. He’d had a one-night stand with a work colleague, then received a shocking text from his hook-up partner months later. She’d tested positive for an STI and advised him to get tested as well.

“This man, Joe, was in panic mode when he came to see us,” recounts Benham-Smith. “He had a wife and children. He said this phone call and what he termed a ‘stupid moment of temptation’ were threatening everything he held dear.” That’s where Atwell entered his story.

While Atwell’s nurse manager, Jocelyn, carried out his STI testing, she was able to talk to him about his real concerns with compassion and kindness. She had the opportunity to build rapport with him and develop a trusting nurse-client relationship. She gently asked him if this is what “Freedom 55” looked like for him. She encouraged him to reflect on his marriage and figure out what was most important in his life.

Joe left Atwell with resources to access marriage counselling. When he came back for his test results the following week, he thanked Jocelyn for her kindness and support, and gratefully reported that he’d booked a marriage counselling session with his wife.

Unique Approach to Care
Ms. Lois Benham-Smith, RN

The name, Atwell Centre, was derived from Scripture and it sets the scene for how they engage. Much like Jesus did with the Samaritan woman at the well, they want every client to experience the mercy and acceptance that leads to life-transforming spiritual refreshing.

“There’s no way Joe would have been coached on values and found marriage support at a walk-in clinic. They just don’t have time like we do,” continued Benham-Smith. “Our unique focus on whole-person care in sexual health provides a beautiful contrast between the world and the Kingdom approach on which we base our care. It’s time intensive, but life-changing.”

In October this year, Atwell began providing pregnancy assessments through point of care ultrasound scans. A registered nurse trained in point of care scanning carries out an ultrasound to inform her care plan and ensure the client has access to accurate information about her pregnancy options to make an informed decision.

The results have been immediate. “We knew this service would be a game-changer, and it’s already changing lives,” says Benham-Smith.

A pregnancy options client, Katie, arrived at Atwell with her mother, both adamant that she needed an abortion. Katie’s boyfriend had just broken up with her; he had been verbally and physically abusive to her when she told him about the pregnancy. Her current work was unstable and finances were an issue.

After the Atwell team reviewed her pregnancy options with her, Katie was invited to have her pregnancy assessed through their point of care ultrasound scanning. She agreed.

Atwell provides both transabdominal and transvaginal scans for clients through point of care ultrasound (POCUS), providing a specific, goal-
directed exam and not a full scope consultative ultrasound. POCUS guides the nurse in her care plan and her further management of the client, allowing her to provide education and support specific to the options available to her. A client who consents may view the screen and have questions answered about the pregnancy, allowing her to fully appreciate what is happening inside her body at that moment in time. Strict criteria govern client qualification for ultrasound, including indicators of ambivalence regarding her pregnancy options, presumed gestational age by the last menstrual period (LMP) and other factors such as symptoms of a miscarriage, in which case a client will be referred to an appropriate health care professional within the community.

It was the opportunity to understand what was happening in her body that most impacted Katie. She was early in her pregnancy and consented to a transvaginal scan. The scan provided a clear image of her uterus, with the fetus visible, although tiny. But it wasn’t clarity of image she was drawn to. When Katie saw the little flicker of the heartbeat on the screen she turned to Atwell RN, Jocelyn, and said, “That looks like a jumping bean.” And then a few minutes later, as it sank in, her excitement was visible. “That’s MY jumping bean!”

A Game-Changer for Informed Decision-Making

Despite the challenges of her situation, Katie made a brave decision to continue with her pregnancy. “That’s the game-changer,” says Benham-Smith. “The image of the jumping bean. None of her circumstances had changed but with the image of her baby’s beating heart, her pregnancy had become real to her.”

Katie is one of Atwell’s many clients arriving at the centre with layers of complexity in their personal circumstances. The reasons clients find themselves facing a pregnancy options decision are most always multi-variant: psychographic, demographic, and socio-economic. Some clients have experienced sexual trauma or assault, abusive relationships, dependencies, and other challenges. “Others are heading towards what seems to them like a quick and easy ‘fix’ — as touted by our society — when, in reality, this is a complex, life-impacting decision that a woman will have to live with no matter what she chooses,” comments Benham-Smith.

Nurses and all client care staff are competent in providing trauma-informed care as well as “wrap-around” support to empower clients to work through some of the challenges they may be facing. Referrals and community information are provided for support such as housing, education and practical material needs. Clients can also access spiritual care as Atwell’s whole-person approach empowers clients to pursue well-being in all aspects of their lives: physical, emotional, social, and spiritual.

Atwell’s care is very specific in scope and they stay focused on their mission, as clearly defined by their limitations of service. Clients who require clinical care beyond what their team have either the scope, capacity, or training to provide onsite are referred to alternate healthcare professionals in the community. This applies to all clients with a positive pregnancy test as they do not provide ongoing prenatal care. Regardless of whether a client decides to terminate or carry to term, she should pursue follow-up with a primary care provider.

Despite the uncertainty created by the pandemic, Atwell has plans to expand its community care, including opening a satellite location in nearby Halton. The Atwell team also provides peer support to other pregnancy care centres growing their client programs through health care.

“In the midst of the COVID-19 chaos,” Benham-Smith continues, “we’ve had what I’d call a ground-breaking year. Our health care and amazing healthcare professionals have given us a new level of credibility in the community and it’s already impacting clients’ lives more than we could have imagined.”

The Role of the Medical Director
Dr. Jane Dobson

As an OB/GYN subspecialist in reproductive medicine, I have always had a passion for women’s health. In my busy practice, I have worked with many couples wanting to start a family that have had a new pregnancy complicated by a sudden change in life circumstances, such as a family crisis, a relationship breakup, or a loss of a job. Even for those that were planning for a family, a pregnancy can cause a crisis. Therefore, one can imagine how an unexpected pregnancy can turn one’s world upside down.

I respect that women have the legal right to choose in Canada, but I strongly feel that the discussion about options in a crisis pregnancy and the support of each individual woman is not being done well in our current medical system. In my large office, I was fortunate to have nurses, counsellors, and a psychiatrist to support my patients in decision-making during critical periods. I was also able to provide urgent ultrasound dating and viability checks, as well as regular bloodwork. This, however, is not the norm for most physician offices. It is disturbing for me to think about the many women with unexpected pregnancies who are quickly making life-changing decisions with little factual information and no support.
For years, I have been burdened to develop better early pregnancy support in my region, but I could only put in so many hours in my own practice and I was burning out. It was during this time that a long-term nursing colleague requested assistance. She was working at the Atwell Centre and she explained their mission and how they were discussing all options with their pregnancy clients and supporting them in their decision-making, including providing post-abortion support. They were doing sexuality education for youth and were moving to provide medical services such as STI testing and point of care ultrasound.

During our discussion, I became more comfortable that this centre was not just trying to indoctrinate women about the evils of abortion, but they genuinely wanted to support women and their partners in their time of crisis, regardless of their final decision. I found the approach this centre was taking was both full of grace and compliant with our current health care regulations. They also were clear that they wanted to excel in the services they provided and wanted to ensure that all the care they provided surpassed the required provincial standards. Thus, the reason they were reaching out to me to obtain some expert advice.

As I had run a licensed OB/GYN ultrasound unit for years and I was pulling back on my clinical hours, I agreed to assist them. I became a quality assurance physician advisor for the point of care ultrasounds done by the nurses at Atwell and helped them develop the centre’s policies and procedures to be compliant with provincial guidelines. As I have become more involved with the centre, I see the different areas where physicians can really support and elevate the care. Each pregnancy support centre would benefit from the involvement of:

- Family physicians and GPs that are willing to take over prenatal care or follow-up STI results in their offices.
- OB/GYNs that can take on complications of early pregnancy and assist developing relationships with local emergency departments.
- Radiologists and diagnostic imaging professionals that can train nurses and provide ultrasound quality support.
- Psychiatry experts that expedite taking referrals that centre support workers determine need further medical attention.

As with any medical charity, physicians are always needed to volunteer as advisors, board members or medical directors. There are positions that involve being physically in the centres and are time-consuming, but there are also many behind-the-scenes advisory roles that require specific expertise. Many roles such as mine require only a few hours quarterly. Due to carefully designed policies and procedures (individualized for each province), the medical professionals involved with the centres may not be taking on any extra medical legal liabilities – as all clients requiring further clinical care are referred to physicians outside the centre.

It is my hope that by sharing my story and discussing the medical needs of my local pregnancy support centre, we can help align pregnancy support centres across Canada with local medical professionals for optimum care of the clients, and improve the sustainability and credibility of the centres. Are we as medical professionals ready to step up to support women with an early pregnancy crisis in our local communities? The work is already being done but there is always need for further expansion of services and higher quality levels of care. The
harvest is plentiful, but the workers are few.” (Luke 10:2)

Open Doors Across Canada

Hamilton’s Atwell Centre is an affiliate of Pregnancy Care Canada, a national Christian organization that provides leadership and operational guidance to approximately 80 community-based organizations in Canada. Their client goal is to provide a safe environment in every community for a woman to make a pregnancy decision that is fully informed, evidence-based, consistent with her belief system, and free from external influence.

“Nearly half of all pregnancies in Canada are unplanned. That’s a staggering number,” notes Pregnancy Care Canada executive director, Dr. Laura Lewis, a family physician based in Huntsville, ON. “We believe every individual in Canada challenged by an unexpected pregnancy should have access to accurate information and compassionate support.”

Affiliates of Pregnancy Care Canada who offer health care also participate in their Hope Hub Health Care Program. Offered with support from Focus on the Family Canada, Hope Hub is a joint endeavour to equip pregnancy care centres in Canada to offer high quality health care that is compliant with legislation and regulation. “This approach can be very effective in serving women who feel that abortion is the only medical solution to the ‘problem’ of an unexpected pregnancy,” notes Lewis.

“Pregnancy care centres who offer health care have a tremendous opportunity to reach women and men who might otherwise fall through the cracks of a health care system heavily burdened with time and budget constraints,” says Hope Hub program liaison, Carolyn Wadsworth. “The Hope Hub program equips pregnancy care centres in laying the groundwork for exceptional care, but partnership with local health care professionals is critical to their success.”

An opportunity for impact

Pregnancy care centres who wish to provide health care for their clients need the support of local physicians, nurse practitioners and other medical and legal professionals. The national team behind the effort also seeks advisors, both on an ongoing basis and ad hoc as new issues emerge. Find out more on the Pregnancy Care Canada website: pregnancycarecanada.ca/hcp
PAACS: A Permanent and Sustainable Solution to the Critical Need for Surgical Care for Africa

The Pan-African Academy of Christian Surgeons (PAACS) began as a unique response to the great need for surgical care in Africa. According to the World Health Organization, there should be one surgeon for a population of 20,000. Many places in Africa only have one surgeon for 250,000 people. In other places, it is worse — only one surgeon for 2.5 million people, resulting in needless death and permanent disability. Many Africans, especially in rural and under-resourced areas find themselves unable to find surgical care, or having to travel long distances, sometimes for days, to get the care they need. This can lead to the worsening of their medical condition, increasing the likelihood of serious complications and potential death.

The Pan-African Academy of Christian Surgeons (PAACS) was created to serve these people. PAACS is an innovative five-year surgical residency that trains African physicians to become surgeons to care for Africa’s sick and those without access to surgery. PAACS also disciples these surgeons to provide spiritual hope to their patients in the name of Jesus Christ. At this time, PAACS is the only program in Africa that combines accredited surgical training with a spiritual curriculum. This model provides a permanent and sustainable solution to the critical surgical need rather than a temporary response.

PAACS began as the idea of long-term medical missionary, Dr. David C. Thompson, who recognized that he needed to pass on his knowledge and expertise to national physicians so that medical care could continue to the people he was serving. In February 1996, Dr. Thompson and a group of like-minded general surgeons serving in Africa came together to form the Pan-African College of Christian Surgeons, whose name was later changed to Pan-African Academy of Christian Surgeons.

Working primarily with 10 mission hospitals in eight countries throughout Africa, PAACS trains African national physicians as surgeons. These men and women have been called to make a commitment to serve God and those in need in the underserved areas of Africa. Currently, PAACS is training 98 residents and fellows in 16 surgical training programs, which include...
1 General Surgery Programs, 3 Orthopaedic Surgery Programs, 1 Pediatric Surgery Program, 1 Cardiothoracic Surgery Fellowship, and 1 Head & Neck Surgery Fellowship.

PAACS has issued 102 Graduate Certificates with graduates serving in 21 countries throughout Africa. To date, 100% of these graduates have gone on to work in rural, or under-resourced areas of the continent, caring for the poor of all races and religions. Based on our 2020 Alumni survey, we estimate that one PAACS graduate will impact over 3,000 lives each year with surgeries and clinical interventions. In a 20-year career, that graduate will touch over 61,000 lives!

In 2020, with much excitement, PAACS opened its very first general surgery training program run completely by PAACS graduates at AIC Litein Hospital, Kenya. In total, 19 PAACS graduates serve as faculty within various programs and are training the next generation of surgeons for Africa. Our graduates also serve in leadership positions in their community. All are part of a permanent and sustainable solution to the critical need for surgical care for Africa.

From Canada to Egypt to Serve God

Dr. Sherif Hanna is a surgical oncologist with a special interest in hepatic, pancreatic, and biliary oncology from Toronto, Canada. Over the course of his surgical career, Dr. Hanna became involved with the international work of the Pan-African Academy of Christian Surgeons (PAACS). In 2014, Dr. Hanna relocated to the small town of Menouf, Egypt, to establish a 5-year residency training program in General Surgery at Harpur Memorial Hospital. The goal is to train Egyptian residents to a level equal to that of a North American resident. In turn, graduating surgeons would be able to train others in a sustainable high quality, surgical residency program. The general surgery program at Harpur Memorial Hospital is the only PAACS program in Egypt, North Africa, or the Middle East. God continues to work mightily through the PAACS program at Harpur. In Dr. Hanna’s own words, the impact is immeasurable!

Pediatric Surgery in Kenya and Ethiopia

Dr. Dan Poenaru, a Canadian pediatric surgeon, joined the fledgling PAACS group in 2000. When he arrived with his family as full-time missionaries to Kenya in 2003, he immediately opened a pediatric surgical rotation for PAACS residents at AIC Kijabe Hospital. Then in 2007 Kijabe started the first pediatric surgical training program in East Africa under the auspices of PAACS and COSECSA (College of Surgeons of Eastern, Central, and Southern Africa). This fellowship has currently graduated 8 pediatric surgeons, all serving God in their countries of origin (Madagascar, Ethiopia, Uganda, Sierra Leone, Kenya, Cameroon, and Rwanda). The training program continues 13 years later under several great PAACS missionary program directors, continuing to train godly surgeons for the physical and spiritual needs of Africa.

After leaving Kenya in 2011, Dan moved to Ethiopia to support the work of Dr. Frehun Ayele, PAACS ‘11 graduate, in Addis Ababa, until 2014. He now works in academic surgical practice and research in Montreal.

To learn more about PAACS visit www.paacs.net, and for more stories from Africa follow us on Facebook and Twitter. You can also contact Deb Pedziwol, Director of Partnership Development, at 423-612-1045 or deborah.pedziwol@paacs.net.
Paul Roberts was a “no mountain too high” man. Where others would back off the challenge, Paul Roberts just went ahead and did it. And amazingly others followed him. He could communicate that it was God’s work that needed doing, and He would provide all that was needed, and good people caught the vision - AND IT WAS DONE.

That is the story of Paul’s life: sick and miserable as he was in his Sunnybrook Palliative Care bed, he was on the telephone stirring up a shipping route for the fourth ambulance to Ecuador. Capping off tons and tons of goodwill that he has steered into his adopted country.

He was just a little kid born to impoverished missionary parents in his mother’s home in London, England. Back in India he was left under big sister Ruth’s care to do pretty much as he wanted, for the first eight years. Toted from one lodging to another through the States and Canada; finally, when his Dad returned to the business world, settling with his parents in an apartment near Toronto’s elegant Rosedale district. Was it Paul’s enterprise or his father’s that got him into trouble for peddling lollipops to his wealthy classmates? Or was it the berries from the backyard tree that he sold to neighbors that got him into trouble for peddling lollipops to his wealthy classmates? Or was it Paul’s enterprise or his father’s that tipped off that this was a young man who would not wait for the world to be handed to him; he’d go off on his own, and do it all by himself. He decided to be his own boss and he would win him a full professorship with the help of 25 specialist colleagues to each write a chapter of a book detailing surgical techniques.

This confidence carried through when he returned to Canada where, in 1968 he was enlisted to help open the new university hospital, Sunnybrook; in almost every department he was a key player on the team. When he retired, he was Acting Chief of Family Medicine and full Professor, University of Toronto. Paul Roberts always kept a Bible on his desk and gave many away during private practice years.

During those years he led 10 teams of Orthopedic surgeons to Ecuador for conferences upgrading national specialists.

At one point, Paul was granted a six months sabbatical to serve as physician in an ‘under-serviced’ area. In this case it was with First Nations people and railway employees in a remote area north of Lake Superior. While there Paul realized how many of his minor surgical skills had deteriorated, and thinking about the many doctors in similar situations, decided to enlist the help of 25 specialist colleagues to each write a chapter of a book detailing surgical techniques. Paul compiled these into a 600-page book — a book that has helped doctors around the world and would win him a full professorship with the University of Toronto, with a nice increase of salary, and pension. “Once again I could only thank God for His help,” Paul concluded.

Soon after his return to Canada in 1969, Paul had become a member of EMAS, then associated with CMDA Canada, gathering supplies to facilitate medical missions overseas. He also was involved in setting up the Christian Horizons program providing Christian-led residences for challenged young people. He was one of the founding members of Christian Children’s Fund Canada and only recently retired as Honorary Chair. His gift of fund-raising continued, enlisting enough money for his new church building program; and later he brought in millions for a campaign to enlarge and modernize his beloved Hospital Vozandes.

In his family and church life, with his wife Barbara and children David, James and Betsy he tried for normalcy with regular Bible class attendance and an open Sunday dinner table. Paul reveled in playing trumpet with the Roberts Brass Trio in Sunday night services, with James on trombone and Dave on trumpet. The Algonquin Park cottage was a treasured summer retreat, with Paul pulling the kids on water skis down the lake. He was delighted that he could send his children to the best schools, and treat the family to trips to Bermuda, Ecuador, and India.

Possibly what Paul Roberts valued most was his continuing Ecuador ties: he was thrilled when asked to serve as Ecuador’s Honorary Consul of Ecuador in Toronto which involved issuing passports and visas, legalizing birth certificates, even performing marriage for Ecuadorian citizens. And he was given a special consular red license plate for his car! He liked that very much. Paul was the consummate diplomat with a capital “D”; he enjoyed immensely the Consulate Corps activities and social functions such as the glittering black-tie dinner for the Queen and Prince Phillip at Toronto’s glamorous new Harbour Castle Hotel. The man beside him keeled over and it was Dr. Roberts to the rescue — the Queen never blinked an eye as they carried the poor man out.

Then he was given Ecuadorian citizenship — only the second time for a person not so born, with Passport Number One. Over the years there were many awards and tributes from the President, including the equivalent of Knighthood.

When Paul was 74, the President sent an SOS asking Paul for help following the disastrous El Nino floods. And within two months friends helped pack a 20-foot container of food, followed by a special aircraft carrying six tons of medical supplies. And so, with the little FRIENDS OF ECUADOR COMMITTEE it has continued with enormous supplies of medicines and medical equipment, hospital beds and wheelchairs,
was permitted to interfere with that sacred time. 7 and 7:30 a.m. were “the Lord’s” — nothing of the first thing in the morning. The half-hour between 6 and 7 a.m. was considered a lifelong habit of “keeping a morning watch.” The learned during Inter Varsity Christian Fellowship days at University of Toronto was the Saturdays at hospitals.

Stephens who all went on to build missionary friendships were made with Bob Foster and Bob in Times Square New York with Peoples 17, the solo Last Post in packed Varsity Stadium the music had played a role: he was an accomplished musician. He would look back with awe and wonder at the leading of the God and His Word, the Bible, that Paul so many years ago had decided to trust utterly.

Most wonderful for Paul Roberts was that last trip to India in 2010 to help celebrate the 100 years since the Gospel of Jesus Christ came to the Hmar tribe through the ministry of one man, Paul’s father, Watkin Roberts. “If your father had not made that long dangerous trip through the jungle to bring us the gospel of Jesus Christ we would still be living like animals, killing each other. We used to be HEADHUNTERS. NOW WE ARE HEART HUNTERS!”, they told Paul again and again as they grasped his hand and hugged him. Almost the entire tribe of 200,000 people are transformed believers, no poverty, no crime; the entire community was bustling and prosperous.

The elders honored Watkin Robert’s son Paul with a Doctor of Divinity degree, wearing that magnificent hood, Paul led the Faculty parade into the Convocation Ceremonies where he gave the Convocation Address for Trinity College and Seminary. Fourteen of the graduates were earning their Masters of Ministry Degree; all were the grandchildren of headhunters.

Possibly the most dramatic night of his life, the most wonderful night of his life, was the night when 6000 Hmar believers gathered in the Centennial Celebrations tent. The lights were turned off, and in total darkness and silence, as 6000 people watched in awe and gratitude, from the back of the tent Paul solemnly carried a flaming torch down the long aisle to the platform. And then in a loud voice he announced: "THE PEOPLE WHO WALKED IN DARKNESS HAVE SEEN A GREAT LIGHT!" (Isaiah 9:2). Then Paul lit the torches of a dozen Hmar pastors who proceeded to light 6000 candles. And the massed choir burst into a melodious song written by their director, honoring Watkin Roberts who brought them the LIGHT OF THE GOSPEL! Moving and marvelous beyond words.

Possibly tying that occasion for amazement was in June 2017: it was the evening of his 70th Anniversary Graduation from University of Toronto Medical School, when Paul marveled that from among the others of his class, he had been chosen to “give the charge” speech to new students in the Great Hall of Hart House.

Paul, then age 94, stood at the lectern and the years fell away: he stood there tall and straight with a young man’s posture, and in a young man’s strong clear voice urged these fine aspiring young people into a life of service for others. In conclusion, in this uncertain world Paul Roberts advised them to follow the wise counsel of our King George V in a New Year’s Address: “I SAID TO A MAN WHO STOOD AT THE GATE OF THE YEAR: ‘Give me a Light that I may tread safely into the unknown.’ And he replied: “Go out into the darkness and put your hand into the hand of God. That shall be to you better than a light, and safer than a known way.” (M.L.Haskins) And so, we bid farewell to Dr. Paul Danby Watkin Roberts, “Chosen of God to take God’s healing of body, soul and spirit to the Nations.”

We say goodbye! But not forever. Farewell! — dear, dear Pablo. Hasta vernos en la Gloria! Until we meet again in GLORY!

As Paul signed all his writings: SOLI DEO GLORIA! TO GOD ALONE BE ALL THE GLORY! 🙏

Our colleagues at EMAS Canada have assembled a lovely tribute video, which can be watched at https://www.emascanada.org/in-memory-of-dr-roberts/

In lieu of flowers, his family has asked that donations toward a CT scanner for Harpur Memorial Christian Hospital in Menouf, Egypt. Dr. Sherif Hanna, a member of CMDA Canada, has worked in recent years to establish a surgical residency program at the Harpur Memorial Christian Hospital. A CT scanner would be a very helpful addition to the hospital and is a lovely way to honour the missionary heart of Dr. Paul Roberts.

If you wish to honour Dr. Roberts’ memory in this way, please send a cheque or donate online at https://www.cmacan.org/sandbox-medical-ct-scan. Ensure the memo line to read: CT Scan Project, in memory of Dr. Paul Roberts. For a receipt, mail your donation to

C&MA Canada
10-7560 Airport Rd
MISSISSAUGA, ON L4T 4H4.

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Courage and Resilience in Crisis

JEMY JOSEPH & JON DYKEMAN

Our Guest Editor Jon Dykeman had the privilege of interviewing Dr. Jemy Joseph, an Emergency Medicine physician at Scarborough Centenary Hospital in Toronto, ON. Dr. Joseph assumed the role of a frontline staff treating COVID-19 patients at various COVID-19 sites across the city. Dr. Joseph is an active parishioner of Grace Toronto Church and many may know her as an active participant of CMDA Canada’s Eastern Student Retreat. In this interview, she tells the story of what it has been like to serve in the midst of the pandemic.

In March 2020, the World Health Organization declared that COVID-19 had achieved pandemic status. Not long after, provinces across Canada declared states of emergency and entered lockdown. What was the atmosphere like at the hospital during this time frame?

Before the WHO declared COVID-19 was a pandemic, and thus before the lockdowns across Canada, many of us were monitoring the situation in China and we were rightfully worried that it was only a matter of time before we would see cases of COVID-19 in Canada. I think my biggest worry was the Canadian healthcare system tends to be very reactive and not proactive in terms with dealing with problems. My own anxiety started going up in February when I saw how fast things are spreading. By March, we saw healthcare professionals across the country were experiencing what was described as “Pre-traumatic Stress Disorder,” similar to PTSD but stemming from the anxiety experienced before a traumatic event. By mid-March, there was an impending sense of doom among physicians about what was going to befall us in our hospitals. We all knew very well we weren’t ready to handle high volumes — we didn’t have the resources for it. If COVID-19 were to hit our healthcare system hard, like it hit Italy or China, many people were going to die because we could not provide them with quality, safe care. This could potentially not just affect our patients — we also heard stories of healthcare workers dying and understood that all of us were at risk.

We didn’t know how to prepare ourselves. There was no textbook on COVID-19, so we had to quickly mobilize ourselves. The beauty of being an emergency room physician is that we are trained to react quickly to an emergency. So in that same mind frame, I think my hospital and many other hospitals had the same approach. We physicians wanted to pull together. We started to gather up what we already knew and set up a group to share the most recent information — articles and social media posts from front line healthcare professionals in places like Italy. We didn’t have a textbook, these resources kept us informed and let us know what worked and what didn’t. We were trying to see what resources we had, but we were also studying at the same time, because it was only a matter of time before one of these patients showed up at the ER in need of care.

We started doing simulations during the lockdown in hospital, practicing all the new protocols we had to adopt to take care of a COVID-19 patient. Emotionally it was very anxiety-provoking.

Practically speaking, we had no choice but to move directly into action mode, both in terms of studying and in simulations. Scarborough being the hotspot of wave one meant that right at the beginning of the first wave of the pandemic — long before we were getting positive COVID-19 tests coming back — we had patients coming in, dropping literally at the doorstep, collapsing, and needing to be intubated right away.

This was happening right from the beginning of the lockdown for us. We didn’t have a choice but to dive in and start treating patients. Scarborough had the highest number of admitted COVID-19 patients at any point in wave one. In early March and to late April, Scarborough was hit very hard.

For me, personally, walking into that hospital just at the beginning of lockdown, there were two thoughts that came to mind. One was that I felt ‘naked.’ I say naked, because I showed up in my scrubs and mask and I felt ‘naked’ when I compared my situation to pictures of Italian and Chinese doctors. They were all in Hazmat suits, looking like they were ready to go to moon, but we didn’t have anywhere near that level of PPE.

It spoke to one of the parallel problems of lack of PPE in the early days of the pandemic.

The second thought was what it felt like walking into the hospital right at the beginning of lockdown. It was almost like walking into a funeral. There was an intense feeling. Everyone was sad, nervous and anxious, highly emotional, and afraid for their life. There was no more socialization. Nothing felt the same as it had before the pandemic. The person standing next to you could be the one giving you the disease that can kill you. You almost looked at your own colleagues, potentially with this intense, profound fear of death in that moment. So there was this intense feeling that I experienced in the first week or so that I could not shake off.

How did you cope with all of these changes, anxiety, and stress?

It took me a few days. I trusted intellectually and I believed that God is the one who put me in the war zone at this point in history, at this point in time. He had chosen me. I said that out loud to myself, but pragmatically I had to work for several weeks to let that conviction into my heart, to believe it, and to let it flow out of me.

During that first couple of weeks, I swung between insomnia or extreme fatigue to the point where on my off day, I could sleep 16 hours and I still didn’t feel rested. I was anticipating the worst was going to happen to us.

What was my support system going to look like? I was on the extra-social side and well-connected with people. People started reaching out to me. Someone reached out to me and said, “How can I pray for you?” One person contacted a few doctors and compiled a prayer list to be published on her website. The prayer list included a call to pray for healthcare workers and hospitals. There were people who reached out to me and formed a prayer chain around me. I felt like I was standing on a solid support network of prayer. It’s hard to describe — it was an invisible support. People I hadn’t heard from in 10 years asked, “Are there practical ways I can help you?” The challenge for me was that people would say, “How can I help, how can I help?” I would say, “Do you want to treat the patients?” (Dr. Joseph said this with a laugh.)

There was a girl in my church who prepared meals for me and had them dropped off — it just worked out. I live with elderly parents over 65 who are high risk. I ended up moving out into an apartment somebody from my church allowed me to stay for a few weeks which was very gracious of them. Going home to an empty apartment was one of the hardest new normals as a result of the pandemic.

A friend and mentor helped me walk through the different stages of grief. This helped me cope with the new reality of being so isolated from friends and family. I love hugs and the fact that I could not get any hugs was extremely hard. The grief counselling also helped me deal with the high stress and sadness of seeing very sick patients.

I also kept leading the Bible study group from my church through all of this — it was something that kept me grounded.
I did treat and intubate some COVID-19 patients who came in crashing. Once you do it a few times, then it is about developing the habit. You can say, “I know what I am doing.” The added confidence started coming in from intellectually believing I am capable of doing this.

**While you and your colleagues were doing research independently and assembling all the information you could, what was your experience of working within the healthcare system as it reacted to this explosion of information?**

Federal, provincial and local level innovations needed to happen. Parallel to us preparing in the ER, the other thing that evolved alongside us was the province setting up COVID-19 centres for testing patients. Ideally we wanted these centres to be physically outside the hospitals so we weren’t cross-contaminating the emergency department with everybody coming to get tested.

We set up the emergency department in my hospital to run the COVID-19 centre. At the beginning everyone was scared to work in a COVID-19 centre. Just the label alone was difficult. But I decided I would give it a try, get over my fears and see how I felt. Again there was the initial fear or trepidation or anxiety with something new. So many new things were happening at the same time.

I was one of the physicians — I worked at multiple COVID-19 centres in the city. I have swabbed hundreds, maybe thousands of people at this point. Initially, nobody thought COVID-19 would last. It was initially set up to be a short-term centre. Now we know the centres are here to stay.

So now 6-8 months into the pandemic, I have a new balance in my career. I am still an active emergency physician, but I also spend about a third of my time working at the COVID-19 centres with patients who have come just for COVID-19 testing.

It turned out to be a balance for me, because emergency is the unexpected walking through the door — high acuity, high stress environment — whereas the COVID-19 centres are more steady, more predictable. Patients are there for one reason. So, I have over time come to enjoy that setting because it balances itself out with the other part of my career, which is quite chaotic.

It’s come to be a place where I enjoy the COVID-19 centres and their comparably slower pace of work. I’ve been able to get to know the nurses a little better and build relationships. Again, I like the people aspect. I have been able to get that aspect in weird ways, at the COVID-19 centres.

The long-term care facility right across the street from my hospital was hit very hard. It had a very high rate of COVID-19 in their patients and there were high number of deaths.

I helped my chief set up a virtual consultation program for long-term care facilities. We wanted to be prepared so that when a patient became ill, the nurses in our Scarborough region long-term care facility could call the ER department and have someone on our end help answer their questions and see if we could help address their concern over phone. We did this to avoid unnecessary visits for these vulnerable populations to a high risk setting. I coordinated it for long-term care facilities from March to May.

**How is God growing you?**

I have a lot more courage in me than I ever gave myself credit for. I have deepened my resilience. That has grown in me from working through COVID-19. I am grateful that God carried me through in those areas. I didn’t know how much courage I needed to get me through, so I could remain joyful and grateful for what I have today. I am not exempt from COVID-19 hitting me or my family and potentially being a death sentence. I am that much more grateful for the here and now, the people in my life, and I have a desire to express gratitude to a lot of people. Little things have brought me joy in unexpected ways. For the first time of my 20 years in Canadian life, I appreciated fall colours like I have never done before; I appreciated God and His beauty and so many things around us and the people around us like I never have before. I hope this continues where I don’t take anything for granted and appreciate the things that I need.
Our student ministry leaders have been working hard throughout the pandemic to find ways to stay connected with students without adding to their burden. Here are updates from a selection of our Student Chapters about how they have managed to continue growing their ministry during the pandemic. Please keep all of our students, residents, and student ministry leaders in your prayers.

**McMaster University**  
Don Corry

We wondered how to connect with first year students at McMaster when they were not going to be physically present on campus. Katherine, a second year leader, posted information about CMDA Canada on the first year Facebook page and received responses from 10 students. We decided to send out a $20 gift card for various restaurants as a welcome package. Most of them have responded back to join a weekly Bible study. We have looked at Identity in Christ, a study on joy from Philippians, Vulnerability, Theology of Work and Rest. We ended up shifting our study from Monday to Sunday evening as students began to shift their schedules into MF2. One student joins us from Halifax. We have had excellent discussions. Pray that students will stay engaged.

We are certainly missing the monthly discussion dinners at the Harveys (the great food and fellowship), but we have replaced these with Zoom gatherings. We are currently planning a Zoom Christmas celebration on Dec 10, and hope to attempt our traditional 12 days of Christmas singing on Zoom. Dr. John Harvey is usually our organizer and conductor, so it will be interesting to see if he can make it work. We will sure miss the annual food spread and carols around the grand piano at the Harveys.

**University of Saskatchewan**  
Steven Menshenfriend

Our student ministry is still happening, in a much reduced form. Most of what I do is email and phone calls. We’ve attempted a couple of Zoom meetings, but haven’t had much luck gathering students. But we keep trying — our next one is set for the first week of January with a local doctor presenting on the topic of “Participating with Jesus in the Ministry of Interruptions”. I’m really looking forward to it and hope that we have a few more students connect with us over Zoom.

I find myself encouraging students to stay connected to their families and church families. One of our students has a partner with significant health issues. She is continuing to care for him and also seems to be doing well in med school. Our conversations revolve around his illness and her tiredness. I’ve been praying for her quite a bit this year.

Even though it has been difficult to connect with first year students because of the restricted access to the medical school, I’ve been blessed to have some CMDA Canada members send me names and contact information for students that they know of. Even though this isn’t filling up my time commitment to CMDA Canada, it is encouraging to be in touch with some new students and make myself available to them for coffee and conversation.

For Christmas, I’ll be meeting a few students one on one for short conversations and also to give them a gift bag with some small things that might encourage them. Those meetings will be happening this coming week.

**University of British Columbia**  
Margaret Cottle

We are still meeting with our medical and dental students by Zoom each week, but we truly miss having them as our guests for dinner every week. Please pray for them as they try to navigate learning their professions in the midst of a pandemic!

We find ourselves in a sort of “hospitality withdrawal” having had almost no one around our table since March! This season has been a very good confirmation that we are indeed created for community! It is much more difficult to process the uncertainty and instability in our world without our friends and family and the everyday interactions that buoy us up.

**University of Alberta**  
Alan Chettle

Over the summer, I intentionally spent time in scripture with the incoming leaders, casting vision for ministry as Jesus invites us to trust Him as the enthroned King of all. We spent time praying through the things that feel uncertain, or places of insecurity, and asking for Jesus to meet us in the unknown.

Out of that, we have seen an average of 8-10 students at our weekly gatherings, which we called Oasis, as it is both a place of refreshment and a place where students might encourage them. Those meetings will be happening this coming week.

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help and strength of God, so that He gets all glory and honour. Pray for wisdom in reaching out to new students, and inspiring the first years in their adjusting to pandemic med school.

**University of Ottawa**
Jen and Ben Jolliffe

As with the rest of the country, we have been extremely limited in what we can do in person in Ottawa and essentially everything this fall has been online.

But, with those challenges, the two student leaders, Thiago and Isaac have been great. They have been working hard to organize events and connect with other students. The largest challenge is to connect with incoming first years as we have no direct way to meet them. Additionally, having online school all day leaves many of them reticent to join us after hours for Bible studies, talks, prayer meetings, etc.

We have had one first year attend nearly every event and he seems very keen, which is encouraging. A number of others have dropped into an event or two. That is a definite prayer request for us.

As mentioned briefly above, we have had an event most weeks this fall. We have hosted two or three talks by local doctors on different subjects. These tend to be best attended. One of the talks was by the boyfriend of the young woman (Amanda Kelsall) who died in a car crash while in medical school in Ottawa. He has gone on to complete his own medical training and is now a doctor. We have also had a few prayer meetings and a Bible study and are looking at the biblical idea of vocation.

I think the fall has gone a bit better than we hoped, but there is still much to be done and we hope for more, especially with the first years.

**McGill University**
David Ritz

We had a great time in November where we did a national joint event with the Christian Legal Fellowship. It was well attended and we got great feedback. We had a worship team and I was able to speak. Afterwards we broke into small groups and had some discussion. One of the things that COVID-19 has done, is we are having a dinner with the docs virtually, including speakers like Dr. Ted Fenske from Edmonton. These presentations from doctors outside of our Chapter have generated excitement. We have quite a few graduate doctors here who are wanting to join in on our time, which is really exciting! Dr. Pierrette Girard and I have discussed doing a french dinner with the docs, to help kick start student ministry in French. We are praying and asking the Spirit’s wisdom in how to do that.

**Northern Ontario School of Medicine**
Jolene Felsbourg-Linton

I think the best story I have to share about ministry changing since March has been how Zoom has brought a geographically huge area a little closer with the Northern Ontario Check-In. Before COVID-19, we met in each others homes and restaurants for get togethers, but it was next to impossible to connect the North Bay people with the Thunder Bay people or the Sudbury people with the Sioux Lookout people unless they participated in retreats or conferences. Laurentian University was one of the first in Ontario to cancel classes mid-semester when the pandemic first hit. While I was racking my brain about ways to keep meetings going, my physician neighbor challenged me to learn how to use Zoom despite my low tech abilities. The Northern Ontario weekly COVID-19 Check-in on Zoom began. It was pretty popular in the beginning. It was really neat to host a meeting where people in Huntsville, Manitoulan Island, Sudbury and Thunder Bay could pray and support one another midst the stress of coping with COVID-19. One great meeting, participants spontaneously began reading to one another the Scriptures and prayers they have been leaning on during their difficult and stressful days.

The Check-In has gotten quieter this semester, but I still get to pray with one or two folks that faithfully join for the CMDA in Northern Ontario meetings. I have a feeling many in healthcare are feeling overloaded with Zoom meetings and so it is time to get creative once again and find new ways to connect. On that note however, I have been using Zoom to host and record four Advent readings from Max Lucado’s devotional “Because of Bethlehem” this Christmas season on Friday mornings at 7am. You can watch recordings of this reading series at https://bit.ly/JFLAdvent.
My Journey from Manila to Regina
LOREANNE MANALAC

As with every young aspiring physician, I had a longing to serve others. More importantly, a calling in obedience to the Great Commission as it says in Matthew 28:16-20.

I was born in Manila, Philippines. I spent the first few years of my life in Bataan province with my loving grandmother. Like many Filipino families, my parents worked abroad to provide for my two younger brothers and I. In 1993, my family and I migrated to Toronto, Ontario. I had a beautiful childhood filled with love and support from my incredible parents and devotion to the Lord.

Growing up as the eldest of three, I remember always having an instinct to serve and provide care for others. During my undergraduate years, I volunteered in a few health organizations including a family physician’s office. I enjoyed the continuity of care and relationship building that came with a family practice and so I decided to become a family physician. After my undergraduate studies, I worked full time in a clinical research company, while awaiting discernment of where I should go to medical school.

After my parents returned home from a trip to the Philippines, they recommended I look into going to medical school there. I was fully aware of how competitive it was to gain admission to a Canadian medical school, but also of the challenges of applying into a Canadian residency position as an international medical graduate (IMG). This was not going to be an easy decision. To leave the comfort of my home in Canada, a full-time job, my family and friends and to move on my own half-way across the world, I knew it was going to be a risk. After much prayer and research, I discerned that attending medical school in the Philippines was God’s leading.

With God’s amazing grace, I completed my medical studies at the University of Santo Tomas Faculty of Medicine and Surgery in Manila, Philippines. During weekends I was able to attend medical missions trips and clerkship rotations in some of the most vulnerable communities in Manila. I thank God for this time, my eyes were opened to the needs of patients in developing countries, including the necessity of primary care. I vowed to come back to the Philippines and Lord willing take part in medical mission trips.

After graduating medical school and returning home to Canada, the task of being matched into residency seemed daunting. I was met with numerous challenges including preparing for multiple examinations, gathering Canadian clinical experience and, not to mention, family tragedies that occurred not long after graduating. I did not know where to start. I knew however that if I wanted to offer my medical career to serve God – I needed to begin with His people. I contacted CMDA Canada and met wonderful people like Jon Dykeman, and was soon connected to other Christian physicians in the Greater Toronto Area. They graciously provided opportunities for me to have observerships with them at their clinic. I leaned on fellow believers from church and the community to further gain clinical experience and volunteering opportunities. Before I knew it, I was simultaneously working with three Christian physicians, leading a refugee health ministry at a local church and completing the required licensing examinations.

The journey to matching into residency was busier than medical school itself. I met many days of feeling hopeless, and yet many others filled with joy as I witnessed God’s faithfulness. He used this season in my life to grow in Him, to trust and focus on Him rather than my circumstances. I relied heavily on His promises and on verses such as Isaiah 40:31.

Praise be to Almighty God, I matched into family medicine residency this year. Starting residency in a pandemic has definitely been a challenge to say the least. Even so, I continue to trust in His ways because His timing is perfect. Many will hear of my journey as an IMG, and regard my successful matching into a Canadian residency position as the summit. I would offer an alternative and say that it was my growth in Christ in the waiting and the step of obedience to leave my comfort zone. I would like to extend my gratitude to my family for their unceasing support, and to CMDA Canada and my physician mentors (they know who they are) for the graciousness they have shown to me. I will continue to glorify His name with the vocation He has set before me, and to seek His Kingdom above all else.
Climate Concerns Meet the Gospel: Protecting the Environment without Forsaking the Vulnerable - Part II

T K FENSKE

This is part two of a two article series by Dr. Fenske on climate concerns. Please look for the first article in the previous issue.

Environmentalism | Christian Environmental Ethic
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Divinization of Nature | Creator/creature distinction
Biological Egalitarianism | Imago Dei
Population reduction | Populate Dei
Limit development | Creative earth
Global socialism | Freedom & responsibility
Doomsday predictions | Eternal plan

## Aspects of Environmentalism to Champion

**While there are critical aspects of environmentalism that need push back from the Christian community, there are some elements that deserve to be championed.** Even though the worldview of environmentalism is misdirected and opposes Biblical truth on many levels, there are important areas of overlap between the two worldviews. Prudent resource utilization, proper waste management, and genuine desire for ecological conservation, as examples, all align squarely with the Christian environmental ethic and represent shared concerns. Appreciated in this way, these contact points can function as an opportunity for us to witness to a confused and fearful generation the creative and life-giving aspects of environmental stewardship. Modeling contentedness and thanksgiving, as a counter to corporate consumerism, might be a good starting point. Although sometimes displaced or overshadowed by other action items in the waste pyramid — refuse, reuse, recycle, recover, repurpose, reclaim — reducing our personal buying and consumption should rank paramount in our care for creation. As such, Sabbath keeping, and not shopping, should occupy our Sundays. Our eyes should be set on things above, storing treasure in heaven, and not toys in the basement. Rather than getting caught up in Black Friday frenzy, Cyber Monday madness, or Boxing Day Week Month blow-out sales, our energies should be supporting the international Buy-Nothing-Day, which encourages a 24-hour moratorium on all consumer spending.

As well, since good work is currently being done to reduce landfill waste, recycle useable materials, reuse salvageable items, and repurpose out-dated products, we need to roll up our sleeves and get involved, too. After all, “Those who aren’t against us are for us” (Luke 9:50). As image-bearers, who share in the responsibility for the godly stewardship of creation, this is no time to just sit back and criticize. We need to be defined by what we are for, and not just by what we’re against. There’s no reason why we can’t take part in, and even lead, waste-wise development projects, and spearhead efforts to reduce pollution and prevent landscape desolation. In so doing, we can build credibility in society as “doers of the Word” (James 1:22), and help to harness the energies of the environmental movement, providing a godly direction that will both protect the planet and foster human flourishing.

## Aspects of Environmentalism to Counter

In areas where the Christian environmental ethic is being shut down or under attack, we must be prepared to provide a defense, “yet do so with gentleness and reverence” (1 Peter 3:17). The panicked doomsday predictions whirling about in the media are a case in point. These frantic forecasts of the environmental movement need to be challenged, and for numerous reasons. For starters, they don’t represent scientific consensus. Although newspaper headlines are rife with environmental doom and gloom, claiming that the world is facing a climate emergency of historic proportions due to global warming from man-derived greenhouse gas pollution, not all climatologists agree.¹ The criticism is related in part to the over-reliance on computer models, which often fail to represent real-world temperature trends. In addition to the introduction of a warm bias related to the absorption of heat radiation from urban concrete, and causing a significant proportion of the observed warming, it’s not actually as warm today as the models anticipated.² Challenges caused by cloud cover on global temperatures have resulted in the predicted trend projections being significantly warmer than observational data sets. As Yogi Berri once joked, “It’s tough to make predictions… especially about the future.” In fact, contrary to climate model estimates, extreme high temperatures have been shown to be declining in USA rather than increasing.³ So as it stands, it may be too early to get rid of our Canada Goose Jackets and long johns, after all.

Furthermore, human activity is not the only cause of climate change, and perhaps not even the most significant one. Using proxy data to reconstruct past climate conditions, paleoclimatologists have determined that climate change is not a new phenomenon, but has occurred repeatedly as part of natural cycles over the course of time.⁴ In the Middle Ages, for example, global temperatures were reckoned to have increased distinctly enough that Norse explorers were able to settle previously uninhabitable areas of Greenland.⁵ By comparison to this Medieval Warming Period, global temperatures significantly declined during the Renaissance era, in an epoch referred to as the Little Ice Age. Although temperatures warmed up again afterwards, in the 1970s a global cooling was all the buzz, with many scientists predicting an approaching ice age. This concern, coinciding with the oil embargo and consequent energy crisis of the time, created no end of alarm and apprehension.⁶ These cycles have been shown to oscillate from a few years to several decades and even longer, and correlate with solar irradiance rather than CO₂ levels.⁷ As far as our present warming cycle, solar radiation has been estimated to account for two-thirds of the increase in the earth’s average temperature.⁸ So, despite the hype and hysteria

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generated by currently rising CO2 levels, global temperature seems to march to a different drummer, and largely indifferent to the makings of man. The fact that this information seems at odds with popular reporting merely betrays the environmentalist agenda being foisted upon our society. As Patrick Moore, Greenpeace Founder said, “The environmental movement abandoned science and logic somewhere in the mid-1980s [...] Political activists were using environmental rhetoric to cover up agendas that had more to do with class warfare and anti-corporatism than with the actual science.” With this in mind, it’s important that we don’t get caught up in the maelstrom of present panic, but keep in mind that God is good – all the time – and “test everything, with the actual science.”

An additional reason to challenge the doomsday predictions is the harmful levels of anxiety generated by such forecasting. The ripple effect of this type of reporting on mental health is far-reaching and can include psychological stress, existential anxiety, grief, and despair and can lead to clinical depression and even suicide. The term eco-anxiety has recently been coined to describe the condition of those who suffer from “a chronic fear of environmental doom,” and ecophobia as a “heightened state of concern over the environment causing significant impairment.”

According to the American Psychological Society, there has been a sharp increase in people seeking help for climate-related depression and suicidal ideation, and looking specifically for “climate therapy.” With 800,000 suicides worldwide reported annually, and 20 times that number attempted each year, the spectre of an eco-anxiety surge in the population could be devastating, particularly for youth and young adults who seem most vulnerable. Studies of school-aged children indicate that the majority “expressed fear, sadness, and anger when discussing their feelings about environmental problems... and shared apocalyptic and pessimistic feelings about the future state of the planet.” Even Greta Thunberg, the Shirley Temple of Environmentalism, and crowned 2019 Time Magazine Person of the Year for her environmental activism, supposedly suffered in this way. Of course, since the ecological concerns of adults get easily passed on to their children, the students’ negative feelings about the future of the planet should be of no surprise. While it may be hoped that these types of strong emotions would get channeled into activism and advocacy, as occurred with Greta, the opposite has been shown to occur. Rather than encouraging environmental involvement, these states of eco-anxiety can lead to conflict avoidance, fatalism, disengagement and resignation. In this way, the doomsday reporting, intended to promote environmentalism, may even backfire and cause children’s participation in environmental stewardship and conservation to actually diminish. As parents, friends, mentors, and role models, we have an important role to play to counter this type of thinking in the vulnerable young people within our circles of influence. It’s critical that children and youth know they have a purpose independent of their contribution to environmental protection, and value irrespective of their carbon footprint.

Beyond the doomsday forecasting, another aspect of environmentalism that needs push back is the restriction of technological progress in developing countries. Stemming from the indoctrination that human enterprise and development are fundamentally incompatible with environmental protection, opposition is being launched by environmentalists that may threaten advances in human welfare for the poor. Bent on reducing CO2 emissions to prevent destructive global warming, environmental lobby groups are calling for a severe restriction on energy use and bullying Western governments to withhold modern sources of energy in developing countries. In the name of eco-justice, they are using rhetorical claims of climate terrorism and carbon terrorism to raise opposition against certain so-called unsustainable agricultural practices used in the developing world. However, rather than improving the environment, such opposition will likely only retard the adoption of more productive and environmentally-friendly practices in developing countries, and unfairly condemn them to a state of perpetual poverty.

While there are valid concerns that pollution emission and concentrations are increasing in developing economies, it’s important to understand that the benefits of declining disease and mortality rates along with rising health and life expectancy that result from this development, far outweigh the environmental harm. What’s more, the increase in pollution emissions seen during early economic development need not continue ever upwards, nor to the same extent as occurred in the West. Although there is a relationship between environment health and economic development – with environmental degradation worsening as modern economic growth occurs – this trend reverses with increasing per capita income. Similar to the demographic transition that occurs when population growth rates slowdown

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11 www.who.int/mental_health/prevention/suicide
15 Cornwall Alliance for Stewardship of Creation (https://cornwallalliance.org)
and eventually decline, as health and survival rates improve; environmental improvements tend to follow development. Moreover, it’s possible in our current era to expedite this environmental transition.

Much has been learned in terms of waste-wise resource management and significant inroads have been made towards environmental protection. Improvements in air quality, for example, have contributed to measurable boosts in human health and life expectancy in North America.17 Even eco-aloof China has demonstrated capacity to lessen their environmental impact. Despite the fact that their emissions continue to exceed all other nations, a number of air-quality improvement strategies, first implemented for the Beijing Olympics, have resulted in significant and lasting air-quality improvements.18 Given the opportunity, developing countries could learn these lessons and reduce pollution levels while they continue to develop economically. By adopting ready-made environmental protection technologies, it’s possible that these improvements could even occur earlier and at lower levels of economic development than in countries that advanced in former times. Since wealthier economies are cleaner, affluence and knowledge are the best antidotes to pollution, not eco-policing and restrictive environmental policies.19

The unbridled cultural embrace of environmentalism in the West has raised many important concerns that need addressing. While some should be championed – such as prudent resource utilization and proper waste management – others need to be challenged, and still others outright countered. Rather than getting caught up in the climate change fear and frenzy of our day, we need to lean on the Gospel and be reassured of God’s providential plan. Doomsday predictions are nothing new. In 1894, for example, the headlines of the London Times warned that “In 50 years, every street in London will be buried under nine feet of manure.”20 Of course, such forecasting failed to consider Henry Ford’s tinkering on the combustion engine, nor begin to fathom the giant automobile industry that would effectively replace horse transportation. Likewise, today’s climate alarmists fail to consider the immense role of environmental stewardship and the very real possibility of innovative environmental reconciliation. Human beings aren’t just polluters, but have a creative imprint. The way forward is not by restricting, policing, punishing, taxing, boycotting, and clutching onto some evaporating status quo, but by boldly stepping into the challenges of the future, using all of our God-bequeathed gifts to the best of our abilities, and “fix our eyes on Jesus, the author and perfecter of our faith” (Heb 12:2). In so doing, we must never forget that “The earth is the Lord’s and everything in it, the world and all who live in it” (Psalm 24:1). The planet is ours to protect, undeniably, but also those who inhabit the planet, including the unborn, the frail, the anxious, and the poor. As Mahatma Gandhi said, “The true measure of any society is how it treats its weakest members.” Since we are the salt and light of the world, our environmental mandate to steward creation must not forsake the vulnerable, so that “in all we do, we do for the glory of God” (1 Cor 10:31).
CMDA Canada recently conducted a strategic planning process facilitated by Dr Gene Rudd, former Vice president of CMDA in the United States. It was a prayerful process of discernment of the Lord’s will for our organization. It began with a survey of all of our members in which 208 of you responded. This process produced a mission, vision and values statement and described the Key Result Areas that staff were asked to focus on in the coming year. A full description of these results can be found in the September issue of FOCUS. Members are welcome to provide feedback on the work to date at office@cmdacanada.org. Executive Director Larry Worthen was asked by the Board to develop a tactical plan which was approved by the Board at their November meeting. The following article describes this tactical plan and encourages members to get involved in implementing the plan in your community so that CMDA Canada can become all that God has called us to be in the months and years ahead.

There is both change and consistency in following Christ. On the one hand, we are called to embark on innovative new ways of doing things to respond to the developments in the world around us, and, are cautioned to not put “new wine into old wineskins”. (Mt. 9:16-17) On the other hand, we are reminded that the message of eternal life in Christ is the same “yesterday, today and forever.” (Heb. 13:7-9) A good tactical plan respects the commitments of the past while preparing for the challenges of the future. CMDA Canada holds a special place in all of our hearts, and as stewards of this special gift from God it is vital that we seek His will as we chart a course for the future.

It was fitting that a strategic plan should have been developed at this time. We are completing our 50th year in our organization which was founded in 1970. A lot has changed since then in society, in medical and dental education, and in practice. We might have suspected, but would never have foreseen the intensity of the challenges to our faith, and on our freedom to practice, that have emanated from the secular movements in our society.

The Board of Directors and staff also were involved in governance training helping us to know the dividing line between Board and staff responsibilities. In this model we have adopted, the Board sets the direction, the staff develop and execute the plan to get there. The Board then evaluates the results at the end of the year and sets key result areas for the following year. But in order for this plan to work we will need member buy in and participation. The staff cannot implement the plan on their own. We already have many dedicated members who are committed to furthering the ministry of CMDA Canada in their community. We need more people to come forward to help in this way. We hope when you read the following description you will get excited about the future prospects of CMDA Canada and want to provide some of your valuable time to helping us flourish under the Lord’s watchful eye and protection.

Grassroots Local Engagement

In our membership survey, we discovered that over 87% of members listed fellowship opportunities (in person and online) as a priority for CMDA Canada. In fact, around 60% of survey respondents said they joined CMDA Canada during medical and dental school, because of past experience with CMDA Student Ministry. One of the reasons for the continuing success of our student ministry programming is that there are regular opportunities for fellowship, spiritual growth, and small group discussion. While this would ideally continue after graduation, not every member lives near their meeting location for their Chapter and in addition not all Chapters have regular meetings.

These results leave us with a challenge – on the one hand members indicate that fellowship is important – on the other hand they don’t always take action to make the opportunities happen. This has been a phenomenon that I have observed over the last eight years at CMDA Canada. At one point we even set up Facebook groups for members who indicated they wanted fellowship. But none of the groups ever met to our knowledge.

There are a few theories as to why this might be happening. First, you are all very busy. Actually, that is an understatement. Many of you are in crisis mode a lot of the time – between professional expectations (which are unreasonable), family commitments, church, and extended family there is not a lot of time left over for you and for you and God. COVID-19 has made this worse for many of you. Second, not all of you have the desire or special charm required to call people together and keep a group going. Third, if I may say so, you are people who are so altruistic in giving to others, you often short change your own needs. CMDA Canada has the potential to minister and nurture that part of you that is both Christian and professional. Fourth, many of you make very “clinical” decisions about where you are going to invest your time which is your most precious commodity. Many of you make these calculations quickly, as part of your survival. It means that the CMDA Canada group must be a good use of your time, or you will just not go – voting with your feet. Finally, I have heard many of you say that geography stands in the way – after a long day at work the last thing you want to do is drive from one neighbourhood in Toronto to another or drive from Portage La Prairie to Winnipeg and back.

How can we do this together? We have a small national staff and a big country; how can we help you from a distance? But when I hear from those of you who are organizing meetings I always think, “How wonderfully giving you are!” You who are organizing are giving your “widow’s mite” from your most precious commodity – your time.

So as a result we are looking at a number of options to help you:

- Possible expansion of the role of Associate Staff to assist with graduate ministry as well, when time and resources permit and a consensus exists among students and graduates that this would be beneficial. This is already happening in many communities and when appropriate could include expansion of Associate staff’s hours underwritten by local fundraising. I must stress that this will not be appropriate everywhere, but where there is a consensus among students, graduates and the Associate staff we are willing to look at it. Interested communities should contact the Executive Director to discuss.

- Members coming forward who are interested in facilitating a group in their community, who are then trained by National office if necessary.

- Programs made available from outside sources, or developed by national office, or by specific chapters made available for use across the country.

- Hybrid Zoom and in person meetings to allow the personal connection as well as long distance access, even after COVID-19 loosens its grip on our society.

Students and graduate doctors and dentists have never been busier, and their faith has never...
understand what is at stake in the complex medical ethical issues that are arising in today's environment. In our most recent advocacy against the expansion of euthanasia and assisted suicide in Canada, educational videos have played a key and emerging role. We are realizing that many Canadian Christians do not have the benefit of solid teaching on these issues, whether from a sound biblical perspective or from the foundation of the traditional teaching of the Christian church. With the onslaught of messages supporting practices that run contrary to scripture and traditional Christian moral teaching, we need a contrary voice to shore up support for a message that is increasingly becoming countercultural.

The connections we have made through our advocacy work gives us a growing audience of Christians from across Canada who can be informed and empowered to speak out alongside us on issues of Christian moral and ethical issues. The materials we develop will be included on our website and shared in the broader Christian community.

**Spiritual Growth**

As medical and dental professionals, we know how important it is to be a life-long learner. While the fellowship-based meetings will address some of these needs, we acknowledge the benefit of offering programming geared towards specific growth areas for members across Canada. We have already begun with a pilot program of one of the many resources we have researched that have the potential of a positive impact in the lives of members. This fall, the National Office brought in a special facilitator to host the *Emotionally Healthy Spirituality* course for a diverse group of members. Two reflections on this course are offered on pages 6 and 7 of this issue of *FOCUS*. The response to this program has been encouraging.

By offering programming accessible to members nationwide, we have the opportunity to bring in more specialized materials and to meet the key needs and areas of interest for more members. We can also bring in experts to assist us in delivering fresh and exciting content. Many of our local Chapters and student ministries are already innovators in this regard and we hope to collaborate with Chapters to share their content nationwide. Zoom has become second nature for many of us during the pandemic and will be a useful tool to facilitate robust access to discipleship opportunities.

We want this process to be member driven and, with that in mind, we are in the process of forming a focus group to assist our National Office staff to determine what programs are of interest and what speakers would ensure our content is relevant to the current needs of the membership.

**Organizational Capacity**

CMDA Canada has spent the last 50 years growing and expanding - and with that growth and expansion comes the need to become creative in how we reach out to members and keep them engaged. Our goal is to make it easier for members to get engaged in CMDA Canada and stay engaged, knowing that the National Office staff are there to support them wherever possible.

One of the largest gaps for engagement in membership is the period between graduation and the end of residency. In one of the most chaotic periods of their professional career, new graduates often move and get so busy that we don’t hear from them for years. Another key group are students who attend university who don’t formalize their membership with us before they leave for residency. We often hear through member applications from graduates that they had participated as students but were only officially joining later in life.

While this can feel unavoidable in the hectic seasons of any medical or dental professional’s life, we feel that it is important to stay connected so that no one gets left behind or lost when they are in need of fellowship, support, and encouragement. Having access to a community that has a shared experience can be one of the most powerful means to help maintain faith throughout trying times.

To ensure we maintain contact with as many of the students we encounter through our student ministry, we have developed strategies to ensure we invite students to membership and also connect them with their new Chapter should they move for residency.

We will also develop a suite of resources so that our members can more easily invite their peers - to events like our fellowship groups our national programming our retreats and conference, and to become members.

All of these initiatives seek to honour the discernment of our members and the Board, while also acknowledging why CMDA Canada has endured as a fruitful and Spirit driven organization for 50 years. We are blessed to build upon the firm foundation of our founding members, whose dedication to the Kingdom underlies everything we do as an organization.
Laying Aside Every Weight through the Good, the True, and the Beautiful - Using Poetry to Feed and Strengthen the Soul of Christian Physicians

MARGARET COTTLE

November 1985. My mother is dying. Carefully, gently, my sister and I bathe her beautiful body as she nears the end of her fourteen-year journey with cancer. This sacred moment, this cup whose vintage is strong and sweet and bitter, both burns and strengthens as we drink. The classical virtues of the good, the true, and the beautiful are distilled in this moment—so ordinary and yet so priceless. Every day, physicians bear witness to these radiant, paradoxical moments when suffering and joy are inseparable. We are their protectors; guardians of the times and the spaces that allow them to unfold. As William Blake (1757-1827) has said, “Joy and woe are woven fine, a clothing for the soul divine. Under every grief and pine, runs a joy with silken twine.”1 We have learned to cherish this silken tapestry and to honour the harmonies in life’s music that include dark overtones, knowing that the good, the true, and the beautiful are often found in the dark threads and the minor keys. The soul of medicine today is starving for the good, the true, and the beautiful. Lost in its obsession with technology, rights, and autonomy, medicine has become soulless and sterile, awash in a sea of procedures and protocols, and estranged from the beautiful mysteries of life and love. Christian physicians are particularly conscious of this tragedy. While attempting to follow our suffering Saviour, we find ourselves bruised and wounded on the side of the cultural road in these challenging times. Poetry’s good Samaritan—often denigrated by “scientific” minds—dresses our wounds with a balm compounded from Christian poets through the ages. As Dr. Guite writes,

Transposition is very much what poetry and all literary art is about. To hear snatches from the huge unknowable symphony of experience, to catch them and transpose them to a key that resonates with our understanding, so that at some point they harmonise with that unheard melody from heaven we are always trying to hear — that is the purpose of poetry.2

Poetry outflanks our rationalistic defenses harmonizing our practice experiences “with that unheard melody from heaven we are always trying to hear.” These poems contain many passages that have a special potency to solace physicians’ wounds.

The Dream of the Rood (anonymous from the 7th or 8th century AD)

This brilliant ballad, with its dialogue between a hero/knight and the cross of Christ, the Rood, is told in the forceful alliterations and rhythms of Old English, the language of the common people at the time. In one of the striking scenes in this poem, the Rood remembers the “young Hero—it was God Almighty” who comes “in great haste/ With courage keen, eager to climb me.” The “young Hero” was “strong and steadfast, stripped himself for battle; / He climbed up on the high gallows, constant in his purpose, / Mounted it in sight of many, mankind to ransom.”3 The vigour and vitality of this young Hero, running toward the cross, remind us that Christ had “more than twelve legions of angels” (Matthew 26:53) at His immediate command. And yet, He voluntarily “poured Himself out” (Philippians 2:7) for us, as described by the Apostle Paul in the kenosis passage in Philippians chapter 2.4 The Rood bears witness, “They drove dark nails through me, the dire wounds still show … the whole creation wept, / Keened for its King’s fall; Christ was on the Rood.”5 Later, “Now the season is come / When all things honour me, here and everywhere, / … They bow before this beacon.”6 The knight describes the shifting paradox of the Rood: “Now dazzling, now darkened; at time drenched and dripping/ Running read with blood, at times a royal treasure.”7

4 Cf. Guite, Faith, Hope and Poetry, 44.
7 Gardner, The Faber Book of Religious Verse, 25.
The silken tapestry of joy and woe is on full display in this poem as it mirrors the pain and the beauty that shine through the sacrificial love it chronicles. With their ever-visible wounds, the Rood and the young Hero inspire us to stand firm, even when frightened and tempted to turn away. For physicians today, simply bearing witness to the “royal treasure” of the imago Dei shared by every member of the human family can result in social and professional censure—our own figurative wounding. Staying “constant in… purpose,” in this context may well be important in helping to ignite Christ’s “beacons” in our own time.

**William Dunbar (1459/60-1530)**

Our current societal ethos eschews the imagery of battles and war. However, physicians spend much of our professional lives literally fighting against death and the fear of death. Doctors are not mere spectators. We are combatants, down in the muddy, rat-infested trenches in these battles that are “not against flesh and blood.” (Ephesians 6:12) We have no doubt that we are at war, and attest to the vital importance of putting on “the whole armour of God” (Ephesians 6:11) every day.

William Dunbar’s poem, “Lament for the Makaris”, has the refrain “Timor Mortis conturbat me”—the fear of death troubles (or dismays) me.” In the following stanza, the poet’s gloom deepens further when he notes that even doctors cannot save themselves from death:

In medecine the most practicians, 
Lееchis, surrigianis and physicianis, 
Themself from Death may nocht supplie: 
Timor Mortis conturbat me.

Dunbar’s 500-year-old portrayal of fear and death remains very apt. Today, most people would say — if they ever allowed themselves to think about it — timor mortis conturbat me. Dunbar, however, in “Done is the Battle,” moves us confidently beyond fear and death and celebrates our victorious Hero as the repeated refrain now becomes Surrexit Dominus de sepulchro — “The Lord is risen from the grave!”

The fo is chasit, the battle is done ceis, 
The presone broken, the jewellouris fleit and flemit; 
The weir is gon, confirmet is the peis, 
The fetteris lowsit and the dungeon teemit, 
The ransoun made, the prisoneris redeemit; 
The field is won, owrecomen is the fo, 
Dispuilit of the treasure that he yemit: 
Surrexit Dominus de sepulchro.

This triumphant litany of Christ’s finished work is especially meaningful to Christian physicians, who rest on the promise of the empty tomb despite inevitably losing every single earthly battle with death. There are some echoes of “Done is the Battle” in Jesuit poet Robert Southwell’s (1561-1595) poem, “New Heaven, New War.” This Little Babe” is an excerpt of that poem that was given a strikingly beautiful choral setting by Benjamin Britten (1913-1976) in his Ceremony of Carols. Southwell uses similar martial imagery for Christ’s incarnation and nativity. The “little Babe” has “come to rifle Satan’s fold,” “The gates of hell he will surprise,” leading to the shining conclusion, “If thou wilt foil thy/Foes with joy, then/Flit not from this/Heavenly boy!” While death and fear can never be good or true or beautiful, miraculously, it is now possible to “foil thy foes with joy,” in company with the warrior Babe, now risen from the grave.

**An Hymne in Honour of Heavenly Love (Edmund Spenser, 1552-1599)**

As he extols heavenly love, many phrases from Spenser’s poem reflect the deepest longings of Christian physicians. Spenser references Matthew 25: “We should them love, and with their Needs partake; / Knowing, that whatsoever to them we give, /We give to him, by whom we all do live,” and reminds us of the litmus test of our love for Christ, “And love our Brethren: thereby to approve, /How much himself that loved us, we love.” Many Christian physicians ground their professional callings in these truths, but we agonize over our deep inadequacy and how widely we miss the mark of Jesus’ love:

Yet O most blessed Spirit, pure Lamp of Light, 
Eternal Spring of Grace and Wisdom true, 
Vouchsafe to shed into my barren Spright, 
Some little Drop of thy celestial Dew, 
That may my Rimes with sweet Infuse embrew; 
And give me Words equal unto my Thought, 
To tell the Marvels by thy Mercy wrought.

This stanza expresses the fervent prayer of our hearts, for the Lord to fill our “barren Spright (spirit)” with his light, grace, and wisdom. We well know that only if the Holy Spirit infuses our words with “Some little Drop of thy celestial Dew,” will they have any power to aid in the healing process. His prayer, “And give me Words equal unto my Thought./ To tell the Marvels by thy Mercy wrought” is our daily plea.

Spenser also underscores Christ’s complete familiarity with “flesh’s frail Attire,” since “that most blessed Body, which was born/ Without all Blemish or reproachful Blame, / He freely gave to be both rent and torn,” highlighting Jesus’ intimate acquaintance with the pain and suffering which is always before us in the lives of our patients. This connection to Christ through his incarnation gives us our ever-needed “confidence draw near to the throne of grace, that we may receive mercy and find grace to help in time of need,” (Hebrews 4:16) as we seek the good, the true, and the beautiful in our medical practices.

**William Shakespeare (1564-1616)**

Shakespeare’s sonnets go far beyond romance and express the deeper agape love that is so often evident in patients and their loved ones facing the end of their earthly lives together.

Sonnet LXXIII ends with the famous couplet: “This thou perceivest, which makes thy love more strong, /To love that well which thou must leave ere long.” Physicians watch with humble admiration as our patients and their loved ones “love well”, knowing with compelling certainty that they must part “ere long.” Their love stands like the “ever-fixed mark/That looks on tempests and is never shaken” from sonnet CXVI, along with, “Love alters not with his brief hours and weeks,/But bears it out even to the edge of doom.”

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Song of Songs 8:6 says, “love is strong as death,” and caring for patients and families, particularly in palliative care settings, certainly highlights this with added poignancy. The courageous chimera of love and loss is writ large in their lives every day. We are keenly aware that it is a gift and a privilege to journey with them. And even though, “Death once dead, there’s no more dying then,” the anticipation of imminent parting is still extremely distressing. Amazed in awe and wonder by their quiet fortitude and tender perseverance, we watch the good, the true and the beautiful shine forth as love “bears all things” and “never fails.” (1 Corinthians 13:7-8.)

Comus (John Milton, 1608-1674)16

Comus is a masque, a play, written by Milton as a young man as a commission for a wealthy patron. This gentleman’s lively fourteen-year-old daughter played the role of the Lady, who was deceived and enchanted by Comus, the wicked sorcerer, but resists valiantly and preserves her purity and her innocence.

The timeless, classical themes of deception and entrapment that Milton addressed in Comus so many centuries ago, have astonishing parallels with the cunningly calculated, deeply deceptive ways that euthanasia and assisted suicide have been introduced into our society today. Comus’ treachery is described:

Offring to every weary Travailer,
His orient liquor in a Crystal Glass, [ 65 ]
...Soon as the Potion works, their human count'nance,
Th’ express resemblance of the gods, is chang’d
Into some brutish form,...
And they, so perfect is their misery,
Not once perceive their foul disfigurement,
But boast themselves more comely then before [ 75 ]

Following the natural desire to have one’s thirst quenched — or one’s suffering addressed — by drinking the sorcerers “orient liquor” leads to terrible bondage that is not even recognized by the victims.

Comus has now confined the Lady to a magic chair and threatens to turn her into a statue: “Lady. Fool do not boast./ Thou canst not touch the freedom of my minde.”

Comus makes more false promises about his potion and the Lady replies:

Lady. ‘Twill not, false traitor,
’Twill not restore the truth and honesty
That thou hast banish’t from thy tongue with lies,
...Hence with thy brew’d enchantments, foul deceiver,
Hast thou betray’d my credulous innocence
...And that which is not good, is not delicious
To a wel-govern’d and wise appetite. [ 705 ]

Mortals that would follow me,
Love vertue, she alone is free, [1018-19]

There is an obvious corresponding idea of being imprisoned in an enchanted evil chair between Comus and C.S. Lewis’s Narnia book The Silver Chair. The power of the evil queen in The Silver Chair, with her green powder, lies, and soothing music, has served as a literary “type” for euthanasia and assisted suicide’s power to entrap and deceive so many in our own world. Among physician colleagues contending for the preservation of Hippocratic medicine, we have frequently remarked that some that some of us may need to take on Puddleglum’s role of stamping on the fire with our own bare feet to help to bring our own world to its senses.

Here Milton shows a similar scenario: a natural desire and the subterfuge of a deceptive evil route for its fulfillment, resonating with Jesus’ temptations in the wilderness. As in our day with medicalized death, Comus distorts and twists the language to enslave and to control, not to succor. Today, patients, and the population at large, believe that they are being given new “freedoms” and special autonomous “privileges”. The “brewed enchantments” betray the “credulous innocence” of the people with the tragic outcome that our society believes the lie that there are lives that are not worth living, and therefore not worthy of protection and care. Furthermore, the genuine love that bravely accompanies us into the darkest places of our lives is mocked and belittled.

Although we may not be able to change the course of our culture, we can follow the Lady’s lead and stand for what is right — “Thou canst not touch the freedom of my minde.” Austrian psychiatrist and Holocaust survivor, the late Dr. Viktor Frankl, concurs. In his book Man’s Search for Meaning he states, “Everything can be taken from a man but one thing: the last of the human freedoms — to choose one’s attitude in any given set of circumstances, to choose one’s own way.”17 For healing and medical practice to flourish—to be true, beautiful and good—Christian physicians must “spur each other on to love and good deeds” (Hebrews 10:24), reminding each other to stay strong in the remembrance that “that which is not good, is not delicious” and that “virtue...alone is free.”18

These poets have taken their places for centuries in the “great cloud of witnesses” in Hebrews 12:1-3. Their timeless, inspired words and images have the power both to challenge and to strengthen today’s Christians, and especially Christian physicians, to “lay aside every weight” and to “run with endurance the race that is set before us, looking to Jesus” (Hebrews 12:1-2), the epitome of all that is good, true, and beautiful. Finding Him, and His perfect love, in every diverse aspect of these beautiful poems is a powerful restorative and balm to prevent our growing “weary or fainthearted.” May we be truly grateful for the gifts they bring to us, to our patients, to the culture of medicine, and to our world. ☼

17 Victor Frankl, Man’s Search for Meaning, trans. Isle Lasch (Boston: Beacon Press, 1992), 75.
18 Milton, Comus.
The Plan to Update Canada’s Assisted-Dying Law Needs a Rethink

JARO KOTALIK

This article originally appeared in the Ottawa Citizen on December 2, 2020.¹

BILL C-7, which proposes changes to medical assistance in dying (MAID) and is currently being debated by Parliament, must be rejected. This bill is dangerous because while it proposes to expand the criteria for determining who is eligible for MAID, it also eliminates certain existing safeguards.

The original MAID law (Bill C-14) holds that “robust safeguards, reflecting the irrevocable nature of ending a life, are essential to prevent errors and abuse in the provision of medical assistance in dying.” The new Bill C-7 has no such concerns.

Did society’s four-year experience with MAID show that errors and abuse do not happen? Not really. The reality is that governments (federal, provincial, territorial) have failed to provide sufficient, publicly accessible evidence to show that the MAID program is operating as mandated by the requirements of the law.

The First Annual Report on MAID was released by the federal government in July 2020. It provided the statistical data that some 13,000 persons have received assisted death and it contained anonymous profiles of MAID recipients and MAID providers. Regrettably, it did not systematically report on the adherence to eligibility criteria or safeguards that were prescribed by the law. In fact, for about 10,000 of these deaths, there is no publicly available evidence that the eligibility criteria and safeguards were ever respected, while for the other 3,000 deaths, only some information is available.

This responsibility for oversight and enforcement of those that has fallen on provincial and territorial governments. But to-date, only Quebec and Ontario have released some of their analysis while other governments have overlooked this obligation completely.

Yet, these eligibility criteria and safeguards do not represent some bureaucratic red tape that can be easily ignored. Even when the MAID law is in force, the Criminal Code still holds that consent does not affect the criminal responsibility of any person who inflicts death on the person who gave consent, and that counselling or assisting in suicide remain indictable offences.

The section of the Criminal Code that we call MAID law just provides an exemption for physicians and nurse practitioners to terminate the life of a person if, and only if, these practitioners respect the eligibility criteria and safeguards as set out in the MAID law. If these conditions are not fulfilled, then the criminal law is transgressed. Given this situation, the responsible approach of the federal government would be to put on hold Bill C-7 until a thorough review of this program is completed. The MAID law of 2016 mandated that such a review by Parliament was to start in June 2020.

There are two changes proposed by Bill C-7 that I find particularly disturbing. The MAID law of 2016 stressed that “vulnerable persons must be protected from being induced, in moments of weakness, to end their lives.” For this reason, two safeguards were put in place. One was an obligatory 10-day reflective period between the request for death and actual provision of death; the second one was the requirement that the person be asked to verify their consent to death immediately before MAID was delivered. Both of those safeguards are being jettisoned by Bill C-7, which evokes in me a disturbing nightmare.

I imagine I am consulting Mr. Jay, a patient in hospital. I gently inform him that his cancer is metastatic carcinoma that can be treated and controlled, but not cured. He does not hear the rest of my message – that he can enjoy his remaining life of some months or even years – because he’s in shock after hearing the word “cancer.” I remain with him until he appears to have somewhat settled, and I promise to visit the next day. This is a common situation, and as an oncologist, I have dealt with it many times. Most patients who develop reactive depression gradually recover after the plans for care are made and they experience the support of their families and staff.

But in my nightmare, when I arrive the next day, Mr. Jay is gone. I then learn that shortly after my visit, he completed a form requesting MAID. A physician who had entered his room to discuss MAID with another patient was introduced to Mr. Jay, and because the information on his chart could be interpreted as him having “a grievous and irremediable medical condition,” a legal condition for eligibility, the MAID provider had a discussion with the patient, asked another doctor on the ward to co-sign the papers, and later fulfilled my patient’s request.

This imagined scenario can take place if Bill C-7 is passed into law. Do we really want such an outcome, that individuals who receive bad news about their health, can make hasty, irremediable decisions to end their life without even a few days of reflection and final confirmation of their intention? ²
The Word became flesh and made his dwelling among us. We have seen His glory, the glory of the one and only Son, who came from the Father, full of grace and truth. (John 1:14)

Ever heard of a guy named Dr. Barney S Graham? He works at the Vaccine Research Centre in Rockville Maryland. Dr. Graham worked night and day for 10 straight months working on a cure for the coronavirus. The report I read said that during the summer he was lucky to cut his hours down to 40-50 hours per week for a bit of a holiday.

Dr. Barney Graham discovered a key component for both the Moderna and Pfizer vaccines that will soon be on the market. Apparently, when Dr. Graham knew that he had made the discovery, he wept tears of joy.

Think of the hardship caused by COVID-19 all over the world. My pastor, who is from Nigeria, tells me that people he knows have been calling him for help because they do not have enough food to eat. When I mentioned at my church that my mother had COVID-19 (she has since recovered), a parishioner came to see me in tears to share the story of the loss of a parent who was a resident of a hard-hit nursing home here in Halifax. Due to the strict protocols, she was forced to say goodbye over FaceTime. Businesses, which in some cases represent a life’s work, have gone under. And in many of our cities we have been unable to worship God with the members of our own church community. I’m sure every one of you have compelling stories of how the virus has affected your family and your patients.

When Dr. Barney S Graham realized that he had discovered a never before used method to build the coronavirus vaccine, that was good news. And it brought hope to a troubled world. Yet the good news announced by John the Baptist was better and more profound news than Dr. Graham’s discovery.

The Good News John the Baptist preached was about the coming Messiah – the Saviour who would rule God’s chosen people and the world. John preached a message of repentance for the forgiveness of sins, which foreshadowed what God would accomplish in Christ. Jesus offers the possibility of living a life of faith and integrity here on earth in order to live forever in heaven reconciled to God.

What John preached was unbelievable to most of his hearers. But many others listened and were baptized and eventually saw Jesus, the fulfillment of all of the promises made by God to His people since the fall of humanity. The message can have the same effect on us today as it did 2000 years ago. It can change our lives but only if we give permission.

For unto you is born this day in the city of David a Saviour, which is Christ the Lord. (Luke 2:11)

When we hear this Good News this year, does it bring tears to our eyes like Dr. Graham’s good news brought tears to his eyes? Maybe not right away. This has been a very hard year for most of you. COVID-19, disruption in practice, family, home life, and church, followed by a very intense time of patient care with protocols that made your jobs more time consuming, all have had their affect. I hope and pray that you have some to rest, time with family, and time to pray to allow the challenging effects of this difficult year to be healed.

God sent His son into the world to show us the face of the Father, to show us how to love, and to die on the cross as a sacrifice for our sins so that if we believe in Him we can experience His forgiveness and be restored to right relationship with God. Jesus is the Prince of Peace.

This is good news! I hope and pray that you have the time to relax and savour the great gift God has given us in His son Jesus. It will, of necessity, be a simpler Christmas this year so perhaps there will be more time for a heart-to-heart talk with the Lord in which you lay all of your burdens, fears and challenges of 2020 on His broad shoulders. Hopefully tears of sorrow will be transformed into tears of joy.

I’m excited about the changes we are hoping to make in 2021 and can’t wait to get started to see what the Lord has in store for His people next year. See you all after the holidays!

a thrill of hope
a weary world rejoices
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.