

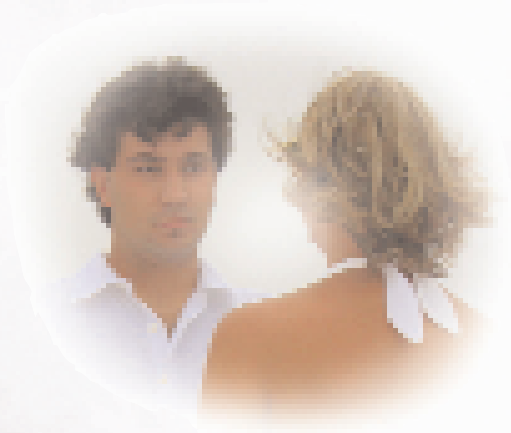
Winter 2007
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focus

FAITH AND PRACTICE

A Joint Publication of CMDS and EMAS



Practitioners
& Personal
Relationships

Balancing Real Life



News Items

Positioning Ourselves... *for the Future*

Over the past year, both the **CMDS Executive** and the **EMAS Board** have engaged in prayerful review of the goals and needs of their respective organizations. Various options for an ongoing relationship between the two charities have been carefully considered. At a recent joint-meeting, it was concluded that, given the distinct cultures, goals and present growth stage of *EMAS* and *CMDS*, the optimal administrative structure, going forward, is for **each organization to employ its own Executive Director and staff**.

The **CMDS Executive** and the **EMAS Board** are committed to an ongoing affiliation that reflects the close relationship the two organizations have shared in the past. As a result of this mutual, amicable decision, we ask for your prayers, your support and your understanding during the transition period that's before us. Please direct any requests for clarification on this issue to the *Chair of EMAS*, Dr. Robert Henderson at: drwh@nexicom.net, or to the *Interim President of CMDS*, Dr. Robert Clark at: scbatman@rogers.com.

EMAS Director of Development Position

EMAS Evangelical Medical Aid Society is seeking a part-time Director of Development...

...a servant-leader, with a background in missions, healthcare and leadership. The successful candidate will work closely with the Director of Administration, the Director of China Projects and the EMAS Board. This person will be expected to develop key areas of ministry. This position involves travel within Canada and overseas. Excellent inter-personal skills, the ability to delegate effectively and whole-hearted adherence to the Statement of Faith are required. Additional information about EMAS can be found at www.cmds-emas.ca. Please send your resume to: **EMAS National Office, 30-5155 Spectrum Way, Mississauga, ON L4W 5A1**, or e-mail to: ellen@cmds-emas.ca.

Canadians Think Marriage Should be *One Man, One Woman, For Life*

LifeSiteNews.com, Friday June 30, 2006

LONDON, Ontario
Vote Marriage Canada spokesman Pat O'Brien has taken Statistics Canada's report, "Till death do us part?" (The Daily, June 28th 2006) as confirmation that heterosexual marriage is the foundation of families and of Canadian society. Said former Liberal MP Pat O'Brien, "The Statistics Canada report, 'Till death do us part?,' confirms that Canadians overwhelmingly support the institution of marriage as the union of one man and

one woman not just in public policy, but in how they live their lives." According to the *StatCan* report, "most Canadians marry once and only once, and less than 1% walk down the aisle more than twice, according to a new study." The Statistics Canada study was based on data from the General Social Survey in 2001 that looked at married life in Canada and "risk factors affecting the success or failure of a marriage." The risk factors included: "The age of the bride and groom, the

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Boy, things have changed!

...Or have they?

by Dan Hardock MCS

Being someone who is into history, I have often become the unwitting recipient of many old books. This is not always a bad thing; although, I must say that simply because something was printed a long time ago does not necessarily guarantee that it will be qualitatively better. Authors in the past were perfectly capable of producing tripe. The only difference is that now we have the ability to produce it in much larger quantities.

One of the downloads (dump) of books I received around a year ago was a series of bound volumes of "His" magazine published by InterVarsity Christian Fellowship spanning the years of 1974 and 1980. "His" has long since gone out of circulation, so I suppose that they constitute some sort of collector's item. What is fascinating is that many of the articles dealt with marriage and relationships—the very topic of our current issue of *Focus*. Just for fun, let's have a look at what some of the concerns and comments about relationships were back in 1975—a full thirty-two years ago.

One letter to the editor writes:

"Obviously a little less emotionalism and more common sense will

Dan Hardock serves as the CMDS Associate Staff Coordinator, is our Associate Staff person at the University of Calgary and is on the *Focus* Editorial Board.

reveal that the liberation of women from the stereotyping on the ground of sex (while perhaps the goal not entirely attainable to fallen mankind) is, like the elimination of hunger, the ideal toward which we should be striving."

Another article on dating and cross-gender friendships relates the following experience:

"All attempts on the part of the mutual music appreciators to cry 'We're just friends,' 'We're not dating' or 'He's not my boyfriend,' are simply laughed at, or worse yet, humoured as immaturity and an act of unwillingness to face up to the facts."

The very first run of an advice column called "Free to Be" read this way in October of 1975, when it expressed its vision for its purpose:

"The purpose of this monthly column is to provide you with an opportunity to ask some of these hard questions. The approach will be no-holds-barred. Ask any question that deals with your emotional/spiritual development. You might ask about:

- Sex before marriage
- Eastern religions
- Woman's and man's role in marriage
- How to find a good church
- Abortion
- Games room mates play
- Who am I?
- What am I?
- What about contradictions in

the Bible?

- Sharing Christ with parents
- How to prepare for marriage

In short, ask anything you always wanted to know about life but were afraid to ask."

In the same issue as above in an article entitled, *Single VS Married: Seeds for Thought on Spirituality*, author Ron Boydston writes:

"The popularity of marriage is easily understood: People are forever growing up, falling in love, and marrying. Some people are inclined to view marriage as a spiritual second-best, a kind of weed that creeps into the garden of spiritual relationships. This thinking elevates the single life as being the more spiritual, the place where God can truly bless a life—a sort of super-environment from which married people are banished forever."

The interesting thing is that when I started writing this article, I thought it would be a sort of a lark—a semi-hilarious look at how much has changed over the years. Certainly, the seventies style of lettering and format (ironically now briefly back in style) gives a smile. But what I found fascinating was in fact how *little has changed*. Even the last discussion of the inherent superiority of singleness has been discussed in earnest among CMDS students as little as a year ago.

Perhaps it's my historical training or maybe it's just me getting older, but it seems as of late, the more

things appear to have changed the less they actually have. My concerns as a husband and a father are not fundamentally different from

we appear to be the first civilization to promote selfishness as a virtue.

those of the seventies, whether it be the 1970's or the 70s AD or even earlier. My students raise an unexpected eyebrow every time I quote a letter from the Egyptian Vizier Rekhmira, dating somewhere around 1500 BC, to his family apologizing for being so busy in the office that he does not have as much time to spend with his sons as he would like.

This should give us some comfort. If we, as Christians, look to the Bible as a source of our authority then the fact that we, as humans, are still writing the same sort of lewd comments on bathroom walls now, as they did in the time of Pompeii, should be reassuring. Simply put, we should take comfort that despite protests to the contrary, the human condition does not change. Most historians, who don't have a political axe to grind, would date the writing of the last of the New Testament documents somewhere around 90 AD—that's a long time ago. Many modern-day Canadians would thus declare it to be a book that is completely out of date when it comes to relationships. I would challenge that assumption. Outwardly, people in the past may appear different; but despite the colorations of culture, the basic issues of being human and relating to each other do not fundamentally change. It seems that the more we insist that we are different, on closer examination, the more we appear the same.

What are the qualities that our Scriptures speak of when it comes to relationships? They include faithfulness, kindness, love for one's spouse and children, the need to bring up children carefully and faithfully modeling one's own relationship with our Lord, the need for kindness in dealing with others, respecting parents, and putting others' needs ahead of our own—just to name a few. It is only this last item that has come under serious fire from our culture. For the sake of marketing, we appear to be the first civilization to promote selfishness as a virtue.

If allowed to go unchecked, the extreme individualism, that we all too often take for granted, will destroy our familial relationships and be responsible for our civilizations eventual fall and collapse. *Anarchy is never creative.* It only knows how to consume and destroy.

In closing, there is one more quote, I found while writing this article, that I would like to include. It is on a sad note, as it is a eulogy written by a mourning husband:

“Marriages as long as ours are rare—marriages that are ended by death and not broken by divorce. For we were fortunate enough to see our marriage last without disharmony for fully 40 years. I wish that our long union had come to its final

end through something that had befallen me, instead of you. It would have been more just, if I as the older partner, had had to yield to fate through such an event.

Why should I mention your domestic virtues: your loyalty, obedience, affability, reasonableness, industry in your work, religion without superstition, sobriety of attire, modesty of appearance? Why dwell on your love for your relatives, your devotion to your family? You have shown the same attention to my mother as you did to your own parents, and have taken care to secure an equally peaceful life for her as you did for your own people; and you have innumerable other merits in common with all married women who care for their good name. It is your very own virtues that I am asserting, and very few women have encountered comparable circumstances to make them endure such sufferings and perform such deeds.”

I forgot to mention—these words are not from *His* magazine, but were penned by a man whose name has been lost in the sands of time during the reign of the Roman Emperor Augustus, who was the Emperor at the same time as our Lord was born.

Read on, there is wisdom in the pages that follow. 

Editorial Post-Script

Dan Hardock...

...is the guest editor for this edition of *Focus*. During the transitional period for the recruitment of a new CMDS and EMAS executive director and a new *Focus* editor, both boards have adopted the pattern of “rotating guest editorship among members of the editorial board.” Accordingly, the spring 2007 issue will have Francis Christian as guest editor.

During this interim phase...

Ellen Watson, Odette Britton and myself will continue to provide the technical, formatting and layout support.

Wayne Elford, Editor in Chief



Letters to the Editor

Dear Editor,

I have just finished reading the last issue of Focus—*outstanding and relevant.*

In the interest of dialogue, I would strongly urge inclusion of a contact e-mail address at the end of each article. The piece by Dr. Swan could/should engender substantive discussion. The Canadian and US delivery systems are both 'on the brink' (for different reasons), and Christians should be salting the issue at every level.

Blessings,
Richard E. Carlson, MD
Meridian, Idaho

To the Editor,

**Re: Dr. Sheila Harding's
article—Talking about Life,
Fall 2006**

Dr. Harding's article stirred up a flood of memories of incidents involving Down Syndrome over the years of my medical practice. On one occasion, while visiting the custodial mental institution at North Wrentham, MA, when I was a Medical Resident at *The Children's Medical Center* in Boston, I was stunned to observe a full jazz band of fourteen gifted musicians, **all with Down Syndrome**. They

played with a rhythm and enthusiasm of any professional jazz band. What a glorious experience!

Later, in the early years of my private medical practice, I was consulted by parents with a six year-old girl with Down Syndrome. They had previously consulted with a senior associate of mine in Montreal about the future of their little girl. He was adamant that she should be placed in institutional care. They wished a second opinion. I told them that it was my contrary opinion that **no child should be placed in a custodial**

you Give us
Feedback

**We would appreciate
your feedback.**

We'd really like to hear your comments on the articles in *Focus*. Please send us a quick e-mail at:

main@cmds-emas.ca

or send your letter to our
National Office.

**institution unless there
was upset and stress
within the family over
the presence of the child
in question in the home.**

The parents were relieved with this advice. We discussed the future of their daughter and I mentioned the jazz band, suggesting that Jane might have some uncultivated auditory or visual gift, and perhaps she should be given an opportunity to discover and cultivate it. The rest is fascinating history because Jane had devoted and highly intelligent parents. A few years later she was sent off enthusiastically to The Franklin Perkins School at Lancaster, MA. where it was discovered that Jane had unusual enthusiasm and ability for visual art and colour. She learned to read at the grade III level and a corresponding level of arithmetic. Furthermore, Jane exhibited gymnastic and athletic prowess. Jane and her parents, brother and sister, became a proud and happy family. Her career in

art was in its early stages and you can read all about it on Google by searching: Jane Cameron.

Jane became a chief art designer at Le Fil D'Ariane (see Bullfinch's Mythology) at Montreal, working with other intellectually disadvantaged children designing patterns for their wall-hangings, mats and greeting cards. Jane's artwork became famous and was purchased and exhibited in world capitals. Dr. Max Klager, Art Psychologist, came from Heidelberg, Germany to study Jane psychologically and wrote a book on her unusual artistic abilities.

Jane came regularly, the next 20 years, to see her pediatrician and never failed on meeting to state,

“Dr. Nickerson, I do like your tie!” I always fell for the flattery and looked down at my tie! And to my great surprise, one day Jane presented me with my portrait. A wall-hanging in vivid colours, 3' x 4'. On seeing my portrait, I noted to Jane that one of my legs was much bigger than the other. Jane replied, *“That's the way I see you Doctor.”* It seemed to me that the time had now come to present the history of this unusual girl to my confrères. Furthermore, it seemed to me that our profession should know what a child with Down Syndrome could achieve with loving and attentive care, and the beneficiary of an understanding education... A paper was prepared to be presented to the annual

meeting of *The Canadian Pediatric Society*. I recall with amusement the response given to me along with, “It could be read by title.” There is much more about Jane of great and unusual interest. Nevertheless if you wish to see it all in living colour *check it out at Google:* Jane Cameron.

The last time that Jane and I were together was at the Mount Royal United Church, Town of Mount Royal, twenty-five years ago when she and her family were visiting Montreal. We both addressed the congregation. Just before Jane died in 2000, I presented my portrait to *The Jane Cameron Art Gallery at Calgary*.

G.H. Nickerson, MD

Focus Editorial Policy

Focus: Faith and Practice Magazine

...is a joint publication of the Christian Medical and Dental Society (CMDS) and the Evangelical Medical Aid Society (EMAS) both of whom have Statements of Faith that hold to an orthodox Christian understanding of Jesus Christ and essential Biblical truths.

Our readers are students, practitioners, retired health care professionals and others concerned with contemporary issues relating to Christianity and health care.

The purpose of Focus

...is to act as a forum in which Christian health care professionals may exchange information and experiences to encourage one another in the integration of their Christian faith and practice.

For more information on our policy, please go to: www.cmds-emas.ca and look under “Publications.”

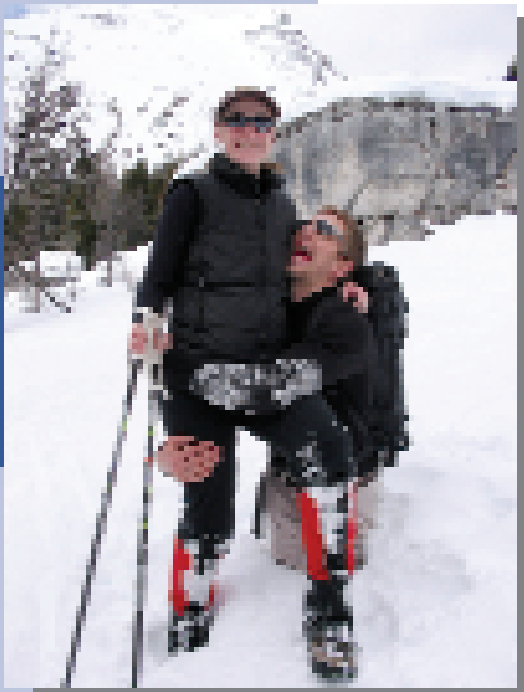
Attention: Editor

Re: Sally Patrick's article—“Faith Applied,” Fall 2006

Care with understanding, passion and love promotes actions that will eventually heal humanity in all aspects of living (physically, emotionally, spiritually).

Sally Patrick is a companion of Faith who clearly articulated such care. She demonstrated well what we know; and what we believe determines what we do. She learned well from the “*Saints of our Faith*” including those from our post-modern era. Without words, she taught us in her writings, pointing us to our precious Lord and His gift of repentance and His declaration of Lordship *“I am the Way, the Truth and the Life.”*

Your fellow journeyman,
James H. Lam, B.Sc., MD
Orillia, Ontario



The Cost of Love

How a new marriage survives the medical school years

by Kelly and Chantelle (MD) Peter

Embracing the blessings of a life of loving sacrifice

“Happy anniversary,” my husband said to me from across the table in the hospital cafeteria. “Not quite what you expected, being married to a doctor, eh?” I replied, fingering a greasy French fry and sipping my chocolate milk.

We were married ten days before medical school began. My husband and I were quite disillusioned about the realities of me entering into the medical field. Words like CaRMS, call, and clerkship, had not entered our vocabulary. It is a gross understatement to say that the first three years of marriage and medical school were challenging. While I was pushed to the limit mentally and physically, my husband was left with the challenge of learning to support me through this monstrosity called medicine.

Marriage is rooted in mutual sacrificial love; nevertheless, I know my husband gave up more for me than I gave up for him. There were three major sacrifices that we had to make: *time, finances, and living in the shadow*. If not recognized and brought before the Lord, these three things have an enormous destructive power

Kelly and Chantelle Peter live in Kingston, Ontario, where Chantelle is doing her residency in anesthesia. Kelly is the owner/operator of a residential plumbing business. They are in their fourth year of marriage.

“absence does not make
the heart grow fonder,
but makes the pants wander.”

on a marriage. Our relationship not only survived the medical school mountain, but was made stronger and more intimate through God's incredible mercy.

As the body of Christ we have the privilege of carrying each others' burdens. Our hope is to encourage you and lighten your load by sharing what we have learned on our journey.

The Sacrifice of Time

Doctors are busy. This fact should not surprise anyone. We did not expect, however, spending great lengths of time apart from each other while on out-of-town rotations and electives. For the newly-wed relationship to survive the time apart, an enormous amount of trust must be built in a short time, which sometimes takes a lifetime to achieve. Christian couples are not immune to physical temptation. In fact, Satan tries his utmost to destroy a couple who is serving the Lord. A wise helicopter pilot once told my husband and me that “absence does not make the heart grow fonder, but makes the pants wander.”

Absence, however, is inevitable in the medical field. The following are a few things that helped us:

- A phone call during a spare moment, while on-call (preferably not at 3 am!) helps the spouse at home



know that you are thinking of them, and gives you a chance to read and pray together.

- When searching for accommodation for out-of-town rotations, pick one where you are surrounded by people and feel safe. Do not give Satan a foot-hold by staying with a student/resident of the opposite sex. It is not fair to your spouse as doubts may creep into his/her mind. Your marriage is worth too much to jeopardize it by allowing even small doubts of infidelity to sneak in. Stay at a B&B, with a host family, or in a motel. It is worth spending the extra money to avoid placing yourself in a compromising situation.
- For the spouse left at home, it is a good idea to have a friend to be accountable to. This is especially true for men. It is very easy to fall into the trap of pornography or lusting with the eyes and mind. Stay busy, work extra hours, make a point to visit with friends...whatever it takes to stay out of sexual sin. Remember the following scripture:

“He will not let you be tempted beyond what you can bear...He will provide a way out so that you can stand up under it.” (1 Cor. 10:13, NIV)

Keep your marriage bed pure and God will bless your time together when you reunite...we found it just as good, if not better than our honeymoon, especially after two months apart!

The Sacrifice of Finances

“Honey, I need to buy another textbook...” became an all too often murmured mantra in our household. Medical school proved to be an all-consuming financial fire that landed us over \$40,000 in the red. By the time tuition, books, CaRMS application fees, flights and accommodations for out-of-town rotations and residency interviews were paid for, there was very little left in the bank for my husband's own personal endeavors.

When a man and woman unite in marriage, their resources combine as well, so that what was his or hers is no more, but instead is collectively “theirs.” We all think we learned to share in kindergarten, but it is not until we marry that we realize just how selfish we are. It is easy to share when the other person reciprocates with

something you value or desire. *Sharing* proves to be more difficult when it is largely one-sided. While my modest hospital stipend made a minute contribution to our monthly income, my husband's paycheques carried us through those years. He sacrificed much for me, and as you can imagine, it was a sacrifice that did not come easily at first.

Ultimately, this conflict can only be overcome through transparent communication, and prayer. Thankfully, we have a God who knows all about sacrifice, and if we let Him, He can bring our hearts to the place they need to be to keep money from destroying a marriage. In addition, the following helped us:

- No matter how tight your monthly budget is, always budget for individual spending money; even if it is just \$20 each. This way you will have something to look forward to and be able to spoil yourself.
- Communicate before any large purchases are made. We determined that anything over \$100 required permission from the other person, even for something necessary like a textbook. Giving and receiving permission from your spouse, reinforces the fact that all your resources are shared collectively, not his and hers separately.
- Realize that the financial sacrifice is temporary. In a few years your medical spouse is going to be your *sugar daddy* or *sugar-mama*!



The Sacrifice of Living in the Shadow

“So what do you do for a living?” He said as he handed us each a glass of punch.

“Oh, I'm studying medicine,” I replied shyly.

“Oh, that's wonderful!” turning to my husband, “and, yourself, what do you do?”

“I'm a plumber.”

“Oh...” turning his attention again to me, “Medicine, must be very challenging...I always wanted to be a doctor.”

If this conversation has not happened yet, it soon will; and your non-medical spouse will find him or herself in the shadow of a very large spotlight that now follows you everywhere. Even when I am in the other room, I can hear my husband being questioned about my schooling, as well as the science and art of medicine! Our profession is one that evokes many emotions, opinions and personal experiences, and naturally, we tend to drift into the centre of attention. Without a doubt, this was the greatest sacrifice my husband made for me: choosing to be okay with being in my shadow.

For the first few years we were married, there was an unidentifiable source of tension in our relationship. It was not until a family member pointed out how our roles had changed did we take notice. While on a wintry hike one day, my husband's uncle presented him with this choice: to live in continual jealousy and resentment of my *visible* career or to realize the man that God had gifted him to be, the perfect compliment of my personality, and the unique and significant God-given role as my #1 supporter.

Without a doubt, this was the greatest sacrifice my husband made for me: choosing to be okay with being in my shadow.

1 Corinthians 12:12-26 describes the many believers as parts of the body, some more visible than others, some glamorous and showy, while others humble in appearance. Yet Paul writes, “*there should be no division in the body, but that its parts should have equal concern for each other. If one part suffers, every part suffers with it; if one part is honoured, every part rejoices with it.*” (1 Cor. 12:25-26, NIV) If you wrestle with this issue remember the following:

- Make a point to turn the conversation to your non-medical spouse. Nothing builds up a wife or husband more than heartfelt praise in the company of their peers. In this way you will show your spouse how much you appreciate their support from the shadows.
- Being in the spotlight leaves you wide open to criticism and you may find yourself continually defending the practice of medicine. At times your spouse may act as your defender, other times he or she may just help you not to take things too personally!
- 1 Thessalonians 4:11–12 reads, “Make it your ambition to lead a quiet life, to mind your own business


and to work with your hands, just as we have told you, so that your daily life may win the respect of outsiders and that you will not be dependent on anybody.” My husband has made this his *life verse*. It encourages him to know that there is *honour* serving from the shadows.

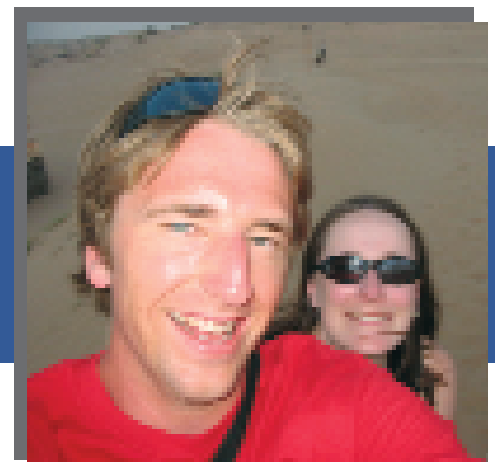
Your ally, not enemy

Your spouse should be your greatest ally, not your enemy. If he or she seems like an enemy perhaps one of the aforementioned three *sacrifices* is generating tension in your relationship. Communication is the only way to get to the heart of the issue.

God uses marriage to teach us selfish humans sacrificial love so that we'll have a greater understanding of God's love for us. Though He so explicitly displayed His love for us on the cross at Calvary, I think the reality of that love still seems elusive and vague; when we experience being on the giving end of sacrificial love, the meaning in Christ's death becomes tangible and real to us.

As medical trainees, we must not get too used to being on the receiving end of our spouse's mercy. We must realize that our spouses have needs and that we must do our best to meet them. We must acknowledge their sacrifice for us and show appreciation continually.

May you put the Lord at the centre of your relationship always, seeking wisdom in His glorious word and through prayer, to survive the temptations and struggles during the medical school years. In a world confused about intimacy and the meaning of marriage, may your relationship stand testimony to the sacrificial love of our Lord Jesus Christ. 



Medical Marriages

and other Intimate Relationships



by Michael F. Myers MD

*Words of wisdom from a doctor
who specializes in physician health.*

Caring for our relationships is good medicine. Having someone to love and nurture is an integral part of being human. Doctors with children find the challenges more manageable and the joys more intense when their primary relationship is happy. And doctors living with illness find the experience much less frightening and lonely when they are fortunate enough to have a loving partner at their side.

Marital challenges are ubiquitous in the relationships of doctors. Common issues include overwork, a need for control, self-neglect, perceived and felt stigma, being a “wounded healer,” trouble with boundaries, chemical dependency, depression, and more. Knowing the hallmarks of a healthy relationship, recognising warning signals of trouble, and taking action through suggested strategies can be salutary.

As a specialist in doctors' health, I have noted that relationship concerns constitute one of the most common complaints in my practice.¹ Although there are no empirical data on the prevalence of marital problems in doctors, there are some data on divorce, albeit mixed. Doherty and Burge² reported that divorce rates in doctors are lower than in other occupational groups. In contrast, Sotile and Sotile³ describe divorce rates among doctors as 10%–20% higher than those in the general population. Historically, the call of medicine has given short shrift to our personal and family lives. It is refreshing to observe today's younger doctors giving much higher ascendancy to their relationships.⁴

Michael Myers is a psychiatrist at UBC faculty of medicine with a special interest in the emotional health of physicians and their families.

A healthy relationship is an alliance of two mature individuals who are developmentally ready to form a union that will meet their individual needs and ensure their personal growth in the years that lie ahead.⁵ The texture of this “coming together” depends on many factors: love, affection, sexuality, companionship, communication, financial security, intimacy and commitment. When we feel intimate in a relationship, we are describing notions of connection, trust, mutuality, and a sense of being loved and honoured.⁶ Given our humanness, our personal pasts, and the demands and responsibilities of a career in medicine, is it any wonder that all of us, in greater or lesser measure, struggle with our intimate relationships?

Common problems

The following are some common characteristics of doctors and their intimate relationships.

Overwork as normative. The number of hours worked per week varies enormously from one doctor to another, and is influenced by the branch of medicine and the doctor's sex and life stage. The bottom line, though, is that we work hard and this affects the quantity and quality of time left for our partners. It is hard to be relaxed, interested, energetic, creative and fun with loved ones if we are tired or preoccupied with the residue of our work day. And our intimates are masters at detecting this, despite our protests, denials and defensiveness. Overwork in doctors seems to be a result of both the doctor's personality and the culture of medicine.

Escape into work. Overwork is not always the cause of relationship difficulty, but may be the result. We may

Overwork is not always the cause of relationship difficulty, but may be the result.

deliberately stay at work late or go in to work to avoid the painful awareness of tension or unhappiness at home. Medical work can be seductive—and there is usually plenty of it. Furthermore, it may be easier to solve clinical dilemmas than domestic problems.

A need to be in control. Our work requires being in control and taking charge if we are to be effective in our patient management skills. In greater or lesser measure, this attitude or personality trait may colour our intimate relationships. Other traits commonly seen in doctors are compulsiveness,⁷ perfectionism,⁸ and pessimism, passivity and self-doubt.⁹ Most spouses do not appreciate feeling controlled by their doctor-partner or not respected as an equal. To quote one wife of a cardiologist: *“My husband forgets that the kids and I are not always going to step to attention like his office assistant. Nor do we hold him in awe like his patients do. My philosophy is that we’re all equals in this family.”*

Most doctors admit to fearing judgement or disrespect if they admit to relationship problems or psychiatric symptoms in themselves.

Self-neglect. Many other professionals take better care of themselves than we do.¹⁰ If they are ailing, they consult their general practitioner. Many of the best doctors do not have their own GP, live lives that are desperately out of balance, diagnose and treat themselves (sometimes incorrectly), and do not recognise the pain and suffering of their partners. For example, a psychiatrist who came to me for a consultation began

with these words:

“A month ago, when I concluded that I was depressed, I started myself on antidepressant A. I didn’t feel any better after about 10 days, but, instead of increasing the dose, I decided to try another sample, antidepressant B. Well, after 2 days, I was really anxious and my sleep was worse so I stopped it and put myself on antidepressant C. About a week later, when the anxiety hadn’t gone away and my sleep was even worse, I decided to double the dose. Then I got really sick. I didn’t know if it was the drug, the flu or my depression getting worse. Then the pharmaceutical rep came by with some samples of antidepressant D. So I stopped what I was on and started it. I don’t like it though—I feel strange on it. But I feel strange these days anyway. I am so glad to be here. Relieved that I’ve got someone to look after me. I feel dreadful. Do you know how hard it is to treat yourself properly when your cognition is off and you’re worrying constantly and you can’t make proper decisions and you don’t know if you’re going to recover? I would never treat my own patients like this.”



Stigma. Most doctors admit to fearing judgement or disrespect if they admit to relationship problems or psychiatric symptoms in themselves.¹¹ Fear of stigma is why so many doctors refuse to seek help, or delay consulting others for a long time, or treat themselves. It is aligned with rugged self-determination, not wanting to bother others, a strong capacity for denial of trouble and problems, and mistrust of other caregivers. Sadly, these beliefs are too often reinforced by a culture of medicine that elevates us to “gods” and renounces our humanness.

“Wounded healer” notion.¹² Many doctors are “wounded healers” who have themselves faced one or more of the following: poverty, hunger, war, forced migration, torture, family heartache, alcoholism, divorce, suicide deaths of loved ones, physical/emotional/sexual

It may be easier to solve clinical dilemmas than domestic problems.

abuse, racial or ethnic discrimination, religious persecution, gay-bashing, life-threatening disease, or other traumas and losses. While these “sticks and stones” often strengthen us and enable us to practise better medicine, they also make us vulnerable and subject to the same problems as any other human being.

Lack of firm boundaries between work and home. Despite the fact that medicine is rarely a “nine-to-five” job and, by its very nature, extends into our personal and family lives (especially when we’re on call or making weekend hospital rounds), we should strive for some demarcation. Here’s a quote from the 14 year-old son of a doctor-patient of mine:

“My dad and I have a pretty close relationship, but I don’t know why he wears his pager when he’s not on hospital call. It really bugs me. We often do sports together on Saturdays—I worry that our fun is going to get interrupted if his pager goes off with something that’s not an emergency.”

Unrecognised substance use disorders and/or mood disorders. The culture of medicine accords low priority to doctors' mental health, despite evidence of untreated mood disorders and an increased burden of suicide.¹³ Our proneness to alcoholism and other substance misuse is not diminishing. These maladies have pernicious effects on our intimate relationships, especially communication, sexuality, and trust. Listen to the plaintive words of one doctor's wife:

"I'm really worried about my husband, a family physician. I think that he's quite depressed and burned out. He's drinking a lot. Our marriage is the pits. I've asked him to come in to see you and he refuses. He says he's fine, that all doctors are burned out these days. His father was also a doctor—he had a nervous breakdown at this age. What should I do?"

Warning signs of a relationship in trouble

Doctors need to ask themselves, and answer honestly, the following questions about their intimate relationships:

- Do you feel bored or lonely, especially when the two of you are alone?
- Does your partner complain that you don't share enough of yourself? How does this criticism make you feel? Defensive? And do your reasons—"I'm tired" or "I don't have anything new to tell you" or "I was born this way"—seem unsatisfactory or tend to fall short?
- Are you arguing without resolving the issues? Do you argue about the same matters over and over? Do your arguments leave you feeling exhausted, frustrated or demoralised?
- Are your arguments increasing in frequency or in intensity (eg, are they escalating to verbal or physical fights)?
- Are you not arguing at all but are silently seething, withdrawing into yourself, or using passive-aggressive manoeuvres (forgetting to meet requests, being stubborn, disappearing, coming home late, responding with sarcasm)? Or, if you

aren't doing this, is your partner?

- Do you make a beeline for the liquor cabinet when you get home, and not talk about your day at work, or present only a very abbreviated version once the alcohol takes effect?
- Are you working so hard that you can't find the time to talk with your partner?
- Is it possible that immersing yourself in your medical work has become preferable to talking with your partner? That you find practising medicine more fun, rewarding, and ego-boosting than spending time alone with your partner?
- How is your sex life? Do you find that your sexual relationship doesn't seem very intimate? That you "have sex" but don't "make love" anymore?

Strategies to create and maintain relationship intimacy

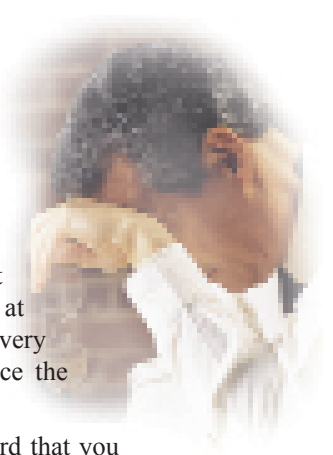
Safeguard time for communication in your busy life.

Experiment with venues and situations in which you communicate in a more open and relaxed manner—kitchen or living room? at home or outside the home? while out for a walk or a bike ride together? morning or evening? sitting opposite each other or beside each other? with food/beverage or not? The vast majority of couples whom I see tell me that their best talks occur outside the home, away from distractions, interruptions and undone tasks. And if you go for a walk or ride, and you're not on call, leave your pager, mobile phone, personal digital assistant, etcetera, **at home!**


Read up on relationships. Visit your local bookshop or library and pick up one of the many manuals on improving communication techniques in relationships. Or browse the Internet for material. Try some of the exercises together for a month or two.

Consider a marital enrichment weekend. Most faith communities offer these, as do community college continuing education programs and private corporations. What works in many of these endeavours is the basic message that you give to each other: "I care enough about us to go away with you and try to learn new ways of renewing our relationship."

Go for marital therapy if you feel that your personal efforts are not working, or are having limited success.



It helps tremendously to have the expertise of a trained professional who can diagnose the problems, explain the “why”, appreciate the positions of both partners, relieve anxiety and sagging spirits, and offer guidance and hope.

Take care of your health. If you don't have a GP, get one today. 

"Michael F Myers, Medical Marriages and other intimate relationship, MJA 2004; 181:392-394.

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Canadians Think Marriage Should be...

Continued from page 2



Pat O'Brien,
Vote Marriage Canada

length of the marriage itself and the strength of an individual's commitment to the institution. In fact, this commitment to marriage as a source of happiness was a key factor associated with marital collapse," the study concluded.

"In the case of a first marriage, people who believed that marriage was not very important if they were to be happy ran a risk of failure that was three times as high as that among people who deemed it very important." "In the case of subsequent marriages, this risk of failure was also nearly three times higher among people who felt marriage was not very important for their happiness." "In fact, Canadians who had taken their vows more than twice were significantly less likely to report to the GSS that being married was either important or very important to their happiness." According to StatCan, "just over 16.6 million people aged 25 and over were legally married at some point in their life in 2001. Of these,

nearly 14.8 million people, or 89%, were married once." The Statistics Canada report shows that most Canadians by far take marriage as a union for life of one man and one woman excluding all others. Just as importantly, the report shows that "when marriage is not taken as a life commitment of one man and one woman, that it is likely to fail," added Mr. O'Brien.

For the report, please go to:
<http://www.statcan.ca/Daily/English/060628/d060628b.htm>

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The Day my Life went to Pieces

by Emily Welsh



Cancer is a disease that we associate with adults. It often comes as a shock when we hear of children being afflicted with this disease. As adults, we try to cope with whatever emotional resources we can muster but it is not only adults that suffer when a close one struggles with a life-threatening disease. Showing us a rare glimpse into how a 13 year-old adolescent deals with the grieving process, Emily Welsh wrote the following titled "The Day My Life Went to Pieces." Emily's hope is that as many people as possible would be impacted and encouraged by her story.

There are two ways of meeting difficult challenges: alter the difficulties or alter yourself to meet the challenges. When my family experienced a tragic event, it

Emily Welsh is the adolescent daughter of a CMDS member, family physician in Abbotsford, BC.

changed me drastically. My outlook on life, my faith in Christ and my sense of responsibility, were forever impacted. Looking back at the events before, during and after the traumatic event in our family, shows how the transformation in my own life unfolded. Miraculously, the greatest challenge of my life ended up causing the greatest and most profound growth of my life.

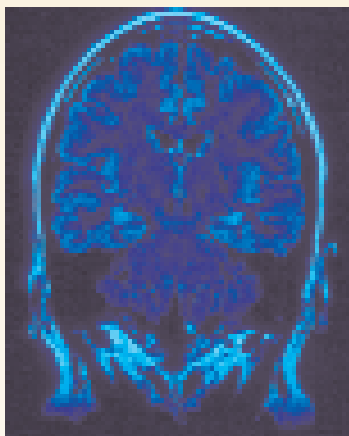
This was something that was supposed to happen to other people, but never to me, and not to MY brother.

Preceding the tragedy, I was living what many people would consider to be a *normal life*. I was bored with my life. Nothing interesting ever happened. Nothing was very exciting. I would wake up every morning, do my schoolwork, read a book or two, and maybe go out somewhere. My biggest worry was that I would never have anything compelling to discuss.

Then the drama began to unfold—My brother Andrew started getting worse and worse headaches. Oblivious to the impending danger, I wasn't concerned with what appeared to be something as common as a cold, but eventually, it started to concern me. Every time I wanted to go somewhere or do something, I was prevented because "Andrew had a headache." This disruption of my daily life was really getting annoying.

Even after numerous doctors' appointments, nobody could figure out what was causing Andrew's terrible headaches, until they did a CT scan and discovered the source of the problem—**My brother had a brain tumour!** Those were words I thought I would never hear. This was something that was supposed to happen to other people, but never to me, and not to MY brother.

My world turned upside down. Confusion reigned in my life. Uncertainty filled my thoughts. *Would my brother die?* I didn't know. Andrew was rushed off to Children's Hospital and my younger brother Matthew and I were sent to stay with friends. Playing with my friends took my mind off my



worries, but the fact still remained—**My brother had a brain tumour.**

The next few months were filled with uncertainty. After the doctors relieved the pressure that

had built up in Andrew's brain, his headaches were gone, but the tumour was still there. We didn't know when he would have to go for radiation, so we couldn't make any plans for the summer. We didn't really know anything nor did we have any control over what was happening. We were entirely dependant on God.

As fall approached, Andrew's radiation treatments were approaching just as fast. He had to go to Vancouver every day for six weeks! Our schedule was extremely hectic. It was not a very good environment to get any kind of work done. If it

The whole ordeal was one I could have lived without, but the impact it had on my life is something I wouldn't trade for anything.

weren't for my Grandparents, who came out from Toronto to help, not much of anything would have gotten done.

The whole ordeal was one I could have lived without, but the impact it had on my life is something I wouldn't trade for anything. There is never an official end to a huge challenge like the one I went

through; it is really a continual thing. One of the things that cheered me up the most through all the tough days, were flowers. I love flowers and when people generously gave us flowers it always put a smile on my face. Through the whole ordeal I have learned many things and changed some of my ways of thinking. One of the hardest things I had to do was accept what happened to Andrew and learn from it. The challenge I experienced matured me faster than I might have liked and gave me a new *pair of glasses*. I no longer look at things the way I did before, instead I put them in perspective and learn from them. Taking responsibility and becoming independent is something that was kind of forced upon me, and I had to just accept it. Life comes at you with things both good and bad. I have learnt to live with both. You can take a bad thing and use it to torture yourself or you can use it to learn and to grow. *"How would a person ever know whether his faith was weak or strong unless it had been tried and tested?"* I have grown a lot deeper in my faith and have learnt to depend entirely on God because our plans can change in an instant, whether or not we want them to. *Over all, the impact of the events have been positive and have taught me a lot about myself, others and God.*

Post Script:

This is a story still in progress. Since Emily's essay Richard and Louise Welsh offer this update:

...Another very positive thing that was totally unexpected, was that, as a result of his life-threatening tumour, Andrew was granted a wish by the *Children's Wish Foundation*. When you hear about these things, you always think it is something that happens to **other people's children**. Being granted a wish forced us to accept the reality of the potential seriousness of


it turned a difficult situation into something very special and wonderful for all of us.

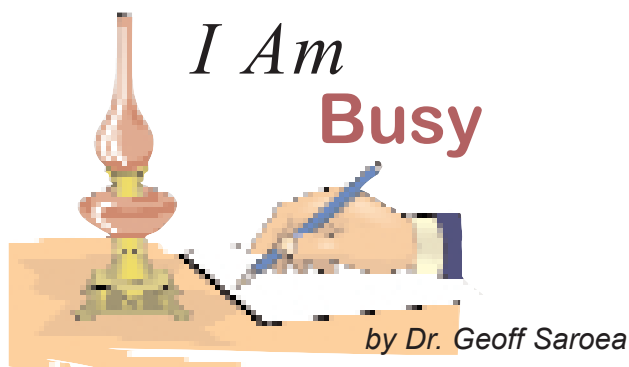
Andrew's situation and was very instrumental in helping us through the grieving process. As the whole family was included in the wish, it turned a difficult situation into something very special and wonderful for all of us.

Andrew's wish was to visit the Kennedy Space Center, so the last week in May, 2006, the whole family went to Florida for a week-long, all expenses paid trip. We also visited DisneyWorld and Sea World while we were there. It was truly a memory that will last a lifetime!

Andrew's recent MRI showed no tumour growth for which we are very thankful! He will continue to receive yearly MRI's indefinitely to ensure there have been no adverse interval changes. His growth in height has slowed a little and it remains to be seen as to whether or not he will benefit from growth hormone in the future. He had comprehensive neuropsychological testing done at BC Children's Hospital which showed he still has an above average IQ, although there was a drop in processing speed which is likely due to the effect of the radiation. However, this seems to be improving over time. He loves being home schooled and enjoys playing violin and soccer.

Richard, Louise and the Welsh Family

If you would like to write a note of encouragement to the Welsh family please forward to Wayne Elford at welford@shaw.ca. He will act as intermediary. 



My son said, come and play with me,
I said, I am busy

My daughter said, take me to my rehearsal,
I said, I am busy

My spouse said, today is Sunday, let's go to church,
I said, I am busy

My family said, it's bedtime, let's pray,
I said, I am busy

My neighbour said, I need your help,
I said, I am busy

My spouse said, guests are coming today,
I said, I am busy

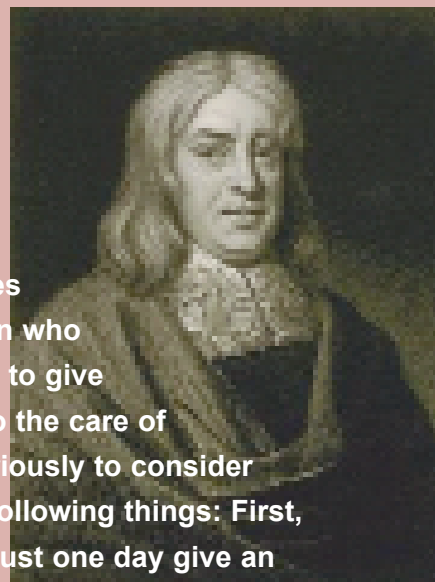
My family said, you need to take a break,
I said, I am busy

My pastor said, Jesus is coming soon, are you ready?
I said, I am busy

My doctor said, you are going to die,
I said, I am busy

Life is busy indeed. We have to ask ourselves, was I born to pay bills or is there a better purpose to life? When we are busy, we may not hear what God is saying to us and may miss out on the big picture. When we give God first place in our lives, He honours us. A balanced life is more productive. Find time to pray and read the Word. Psalm 16:11 says: "In His presence is fullness of joy."

Dr. Geoff Saroea is a Medical Consultant, conference speaker and President of Saroea Ministries. Jesus has transformed His life and he is committed to serving the doctors of doctors! You may contact him at: gsaroea@rogers.com



It becomes every man who purposes to give himself to the care of other, seriously to consider the four following things: First, that he must one day give an account to the Supreme Judge of all the lives entrusted to his care. Secondly, that all his skill, and knowledge, and energy as they have been given him by God, so they should be exercised for His glory, and the good of mankind, and not for mere gain or ambition. Thirdly, and not more beautifully than truly, let him reflect that he has undertaken the care of no mean creature, for, in order that he may estimate the value, the greatness of the human race, the only begotten son of God became himself a man, and thus ennobled it with His divine dignity, and far more than this, died to redeem it. And fourthly, that the doctor being himself a mortal man, should be diligent and tender in relieving his suffering patients, inasmuch as he himself must one day be a like sufferer.

Thomas Sydenham, the father of modern medicine (1642–1689)

Moving On



On Single Parenthood and remarriage

by Dan Hardock MCS

*Some reflections on lessons
learned by a single father.*

**As a man
being thrust
into single
parenthood,
the challenges
that were set
before me were
considerable.**

Losi ng a spouse is one of the most traumatic experiences a person can have within the marriage relationship. Most people associate being widowed as the experience of the elderly, but palliative

specialists and family doctors in particular realize that this is not always the case.

As many of the readers of *Focus* will realize, I have written several times about my experience of being widowed. What

is unusual about my particular situation, as compared to the norm, was the age at which I was widowed. I

Dan Hardock is the Coordinator for the CMDS Associate Staff, and the Associate Staff person at the University of Calgary. He is also an Editorial Board member for *Focus Magazine*.

was 37, and I had two very small children—ages four and ten months. As a man being thrust into single parenthood, the challenges that were set before me were considerable. I was fortunate in that I had a great deal of assistance through my community; and because we had insurance, I had the means to hire two part-time nannies.

As is the case of all stories, life went on. I continued working with Rocky Mountain College, CMDS and IVCF. Ministry and single parenting was a lot of work and the community of St. George's (my church) continued the care and concern that they had shown ever since the beginning of my family's troubles. Despite all of this, I must admit there were times of being desperately lonely, for I had not only lost my wife, but also my best friend and confidante.

Becoming single again in my mid-thirties was a somewhat unnerving experience. There were several reasons for this—for one thing, very few people knew how to categorize me. Single fathers make up less than one tenth of one percent of the Canadian population. Struggling to relate, I kept on hearing people say “Oh, I guess it's a lot like being divorced” to which I

would reply that it actually had very little in common with that experience. Divorce is as a result of one or both parties becoming estranged and there is a want and willingness to depart from each other. Glenys and I did not want to be separated, but the situation dictated otherwise. Both experiences profoundly wound, but for different reasons. In the case of a divorce, it is because a relationship has broken down. In our case, we were torn apart (with our relationship still very much intact) by circumstances neither Glenys nor I were able to control. Given the choice, we would have stayed together.

I have learned many lessons in “moving on,” a few of which I would like to share. I was asked a few years ago by a local Christian newspaper to write an article for recently singled parents. Much of what appears below is gleaned from. Although I am writing from a male perspective, this could apply to almost anyone, regardless of gender. Some of my opinions are coloured by my experience of having lost my wife, as opposed to having been divorced or abandoned. Those circumstances have their own set of issues which are quite different from what I have faced. *For those who*

find themselves as single parents here are some of my thoughts:

1) You cannot do it alone. This I suspect is a bigger problem for men than women. Society will tell you that you are a rock, that you are to be independent and that you CAN do it alone. **It's a lie! The truth is—YOU CAN'T.** Get help. If you are a Christian, that is what your community is for. God designed it that way. When Scripture talks about the *community* and “bearing one another's burdens,” Scripture is serious. (Gal 6:2) Dump the independence idea and get help.

2) Your children need both genders to role model after. Although there are endless discussions of whether men and women are different, the same, equal, unequal etc., the fact of the matter is that children need both. I was fortunate in that I was left with the ability to hire several part-time nannies whose services I am incredibly grateful for. Also, many women in my church made an effort to be a part of my kids' lives. By the way, I am not saying “go out and get married,” particularly to those who have experienced situations that are traumatic. You need time to heal.

3) Related to the above, don't jump at the first relationship that presents itself. Being a widower I was dealing with a lot of issues other than being a single parent. So when one of my departed wife's friends hit on me, a mere ten weeks after Glenys had passed away, I knew that this was definitely not a relationship I would be interested in (sensitivity was not one of this person's stronger points). What I did need at that point were friends, which I am happy to say I have been blessed with in abundance.

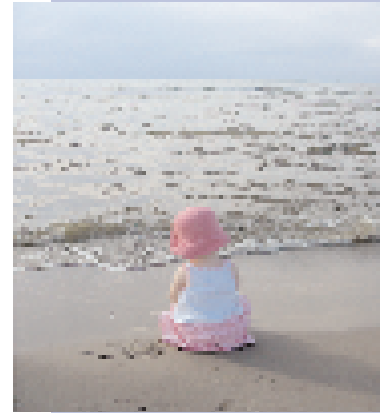
4) In order to effectively take care of your children you need to take care of yourself. I am not being a pop psychologist here, but I mean exactly what I said. You are the first and last line of defense for your kids so you cannot afford to

jeopardize this by ignoring your own legitimate needs. This is not an excuse for excess, such as doing something stupid that could jeopardize your life (like going out and getting drunk) as this is not only counterproductive, but could result in your kids becoming orphans. You are both their first and their last line of defense. Remember that. *Playing the victim is not a solution.*

One of the other unnerving aspects of becoming single again was the idea of some day looking for another life partner. There was definitely a period of time when I was not ready, and as I mentioned above when a friend of my deceased wife hit on me only ten weeks after she had passed away, I was furious. I was conscious that I was probably better off with another life partner (Glenys had encouraged this before she died) and I was also conscious that my children needed a mother. I was also aware that I was not so much single again as I was part of an entourage. I had hated dating when I was in my twenties, so the idea of entering that scene, in my present condition, did not fill me with a lot of enthusiasm.

God knowing, my fears decided to use a back door approach. Being involved in ministry, I come into contact with a great deal of people so my circles can be very large. There are a certain group of women whose singleness I have always pondered. These were women generally of strong faith, well educated, confident and very competent. As a married man, I had often wondered why half the single Christian male population in Calgary was not in hot pursuit of these women. What I didn't realize was that the very things that I found attractive were exactly the things that typically intimidated many Christian men.

One of these outstanding single women in my circles was one of my co-workers, *Dr. Christin Hilbert*, who was at that time the President of the local CMDS chapter. As a

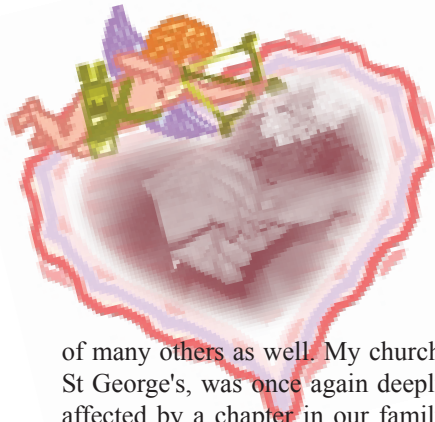


professional woman and practicing doctor, she had often encountered the male “step backward” when she introduced herself as a doctor in Christian social settings. I wasn't intimidated by her and found her to be intelligent and unusually well informed theologically.

This plays into another theme that the newly single, as well as those who are looking for their first life-partner, should heed: **You need to be spiritually well matched.** For me, being involved in campus ministry essentially entailed a vow of poverty. I needed a partner who would understand the calling that God had on my life, which included a serious financial sacrifice. It also meant that if I was looking for a partner, as opposed to a glorified nanny, I needed to look for someone who was spiritually and emotionally mature.

As Dr. Hilbert (may I call you Christin?) and I got to know each other better, we found more and more *ministry* excuses to get together. As time went on, we discovered that we had an awful lot in common. To make a long story short, on October 12, 2002, Christin and I were married. I later joked that when we had discussed a “marriage” of the ministries of IVCF and CMDS, I didn't think it was going to be quite that literal. (Wayne Elford still jokes about being “Cupid” in relation to us).

What I did not realize was that getting married again was not only part of my own healing, but also that



of many others as well. My church, St George's, was once again deeply affected by a chapter in our family life. One person expressed that by remarrying it had helped to heal the deep and opened wound that was still felt by many in St George's. The healing that marriage brought was not just the blessing to my family, but to the entire community as well. A year and a half later, the birth of our daughter, Beatryce, seemed like the confirmation of a promised new future. The household was whole once again, and the community was released from its felt burden of responsibility.

If I have learnt anything through this experience, it is that even if God has not told us why some of these things happen, He is faithful. In some ways, five and a half years later, I don't have any more answers than I had before. What I do know is that God continues to work. If you ask me if I feel a bit like the post-traumatic Job, I would probably answer yes. But like Job, I suspect that there will always be a deep sadness in the midst of the present blessing. I want to express that I realize that my experience is not a universal one, and that some do not go on to remarry and in fact that may not be the route that is appropriate for all. Even so, God's hand can be found working in the midst of whatever situation we find ourselves in.

I have also learnt that events are often much bigger than the individuals that are directly affected by them. My community worked with me, mourned with me, grieved and rejoiced with me as well. I am part of something bigger than just

myself. I am part of a community of faith. And for that I am, and will always be, profoundly grateful.

As a post script to this article, I would also like to suggest some practical ways that those who have single parents in their midst can help. Here are some thoughts:

1) Don't make assumptions about a person's lifestyle simply because they are a single parent. I know quite a few who have been widowed, as well as abandoned by a spouse. Quite apart from that, dwelling on a person's past is largely unconstructive. What has been done has been done. You cannot unmake a child. This is particularly important if you are dealing with unwed single moms.

even if God has not told us why some of these things happen, He is faithful.

2) Offer help. Single parents are some of the busiest people on the planet because they are trying to bring up a child on their own. Parenting is a lot of work even for a couple. As a single father I had no one. I couldn't roll over and say, "The baby is crying. It's your turn tonight." Just a chance to get away for a short time is always appreciated. Offer help with things such as meals, household maintenance and childcare, so a person can get out once in a while. Such help is nothing short of luxurious when it is offered.

3) Come up with practical ideas as to how you can help. The more the person is affected by the event that brought about their singleness the more important this is. Often, new single parents are so caught up in the need of the

moment, they are not completely aware of what their needs will be even in the immediate future. At this time, it is better to approach someone and say "I can offer this (childcare, house maintenance, transportation etc.). Would that be helpful to you?" rather than just a blank cheque statement like "How can I help?"

4) Pray and act. The Epistle of James says, "This is pure and undefiled religion in the sight of our God and Father, to visit the orphans and widows in their distress, and to keep oneself unstained by the world" (James 1:27). I am convinced that single mothers constitute the vast majority of what could be considered widows today. If we are to be known as pro-life advocates, compassion must extend beyond the womb. If we of the church are not willing to help, it does not say much for the love of God that we are supposed to be showing forth to the rest of the world.

In the second century, Roman administrators wrote with a sense of awe that this group of people who called themselves Christians took care of the orphans and widows and would rescue the unwanted children left outside the city to die. It was that kind of compassion that won the ancient world to our Lord. Twenty centuries later, it is that kind of compassion that can also bring our land back to its Creator as well. ■



In Training for Life



by Anthony Herbert MD

during ones medical education.

Insuring that one's faith grows (rather than withers) during medical school and residency.

It is well known that students who arrive at medical school with Christian beliefs not uncommonly emerge as practitioners without any professing faith.¹ Also, the transition from university to workplace can be a difficult one as well. The rapid pace of change in the health system, spiralling healthcare costs, and the demanding nature of the job, with its long hours and heavy responsibilities, all contribute to the toll it takes on residents. Many of these issues have been raised in a supplement entitled *The Student and Junior Doctor in Distress*—"Our Duty of Care" published in *The Medical Journal of Australia* in July 2002.

Lean times or a time of abundance: Medical students at the University of New South Wales felt they were poorly understood by friends and family, particularly in relation to the pressures involved in

their work and study. Students also identified a lack of identifiable referral networks when they had problems.² These difficulties continue into internship and residency. It is at this time that life can be quite tough and unforgiving. In times when God seems distant, it is easy to fall away from God's word, fall into sin or despair. While some residents do fall away from their faith, others actually grow through this challenging time. Through such a busy time, God can speak powerfully to people. It is the role of the CMDF, I believe, to help medical students and residents grow through the challenges of medical school and residency (rather than fall away from their faith).

Some students and residents not previously affiliated with a Christian community may be searching for answers at this time. It is also a role of the fellowship to reach out to those students and residents who are feeling the pinch and looking for answers. We need to equip those who are Christian to be salt in the hospitals and clinics. Such help can transform a difficult time into one of opportunities and reward.

Workplace: "The working environment is not always as supportive as it could be, and the traditional culture of the medical profession and its workplace has not fostered an

environment where distressed students and junior doctors are able to acknowledge their need for help."³

Residents encounter different work areas (wards, emergency departments, intensive care units and peripheral secondments) and hospitals. There seems to be a lack of permanence and it is very difficult to connect with other permanent hospital staff. The lack of Christian fellowship and constant state of tiredness make it all a trying time.⁴ Often the closest Christian friends are from the same year and thus have

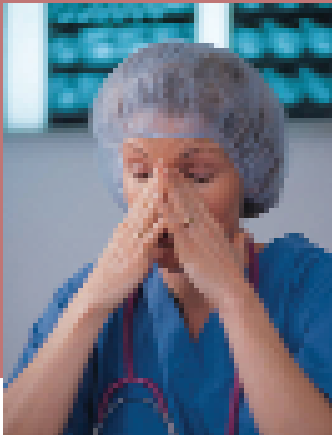
The lack of Christian fellowship and constant state of tiredness make it all a trying time.

difficulty reciprocating encouraging fellowship. Shrinking budgets add fuel to the fire. Reductions in junior staff numbers to keep budgets in toe and ward closures add to the already demanding workload. Cynicism is another by-product of these tensions.

Dealing with human suffering and disease: The emotional strain of looking after ill patients may raise

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Student issues



questions. These questions range from philosophical ones such as “Why do bad things happen to good people?” to more pragmatic ones such as, “How can I keep this person alive?” The latter can be a particular problem when there is inadequate supervision for junior doctors. This tends to be an issue when juniors are sent out to relieve in country posts.

It is heart-wrenching to see someone succumb to an illness. Inevitably, bad outcomes will occur when we encounter patients with life-threatening illnesses. It is even more difficult if you are involved in the initial diagnosis or management of difficult cases. Early on, it can be very difficult for junior doctors to discriminate between the contribution of the patient's own severe illness and what part their own clinical management skills played in a patient's demise. Working out a way to personally deal with this tension can be difficult.

Of course the other side of the coin is seeing patients respond to the various forms of treatment we prescribe. This work can be richly rewarding, although sometimes all-consuming. “I am so passionate about medicine that I am afraid I have very little time outside of work and patients.”⁵ The tension between the demands of being a devoted and caring doctor and those of faith, family and other aspects of life can be difficult to balance.

Nomadic lifestyle: Many students and junior doctors put down roots and make new friends and then have to move on. This makes it hard to become members of clubs or societies and most importantly faith communities. It is hard work to re-engage a new church with each move. If you move all over the country as a junior doctor you may feel isolation from friends, family and church. This spiritual nomadic lifestyle can mean residents are forgotten by the local church to which they belonged.

Overwork: The constant state of tiredness makes it a trying time. We have all heard stories about doctors falling asleep while examining their patients. “I didn't like to wake him up, I felt sorry for him,” one patient said. We can all remember long shifts where we have been wrecked physically, mentally and spiritually. It can be difficult to be caring and compassionate (following the example of Christ) in the early hours of the morning when we would prefer to be in bed.

“The first few years of residency are considered a rite of passage and a time to assimilate with the culture of ‘the harder I work, the better doctor I am.’ The system rewards self-sacrifice and ‘driving yourself into the ground,’ and discourages time for self-reflection or self-care. We know we must tell patients about the need to exercise, to reduce stress, to have a balanced lifestyle and good, restful sleep, but doctors are presumably different from everyone else!”²

Constant tiredness can lead to disillusionment and sap enthusiasm. Due to shift-work it can be difficult to attend church regularly as well as be involved in interests outside of medicine such as sporting activities. It is these activities which can be an important remedy for such disillusionment. Last year, I talked to an

intern doing his paediatric emergency term. He had not been to his church for the past 3 weeks, as he had been working evening shifts and Sunday shifts (thus often missing home group and Sunday worship).

Who can look after these “wounded healers?” Moving from survival to growth: In one respect, all doctors can be seen as “wounded healers.”⁶ “Busy-ness” and stress in the medical profession can make it difficult to look after and heal our own personal wounds. It is even harder to therefore heal the wounds

We have all heard stories about doctors falling asleep while examining their patients.

of others at times. As a profession, we should not only aim to heal our patients, but should also look out for other doctors, especially students and residents.

Most junior doctors survive, but is survival enough? Is the system inhibiting potential for God, career and life. What can we do to change the system? Medical students and recent graduates are an “at risk group” and should not be “lost to follow-up.” There are a number of issues that need to be addressed for all students and recent graduates (both Christian and non-Christian).

Suggestions for all of the Health Professions

1. Self-care including having a General Practitioner

One of the challenges is for medical practitioners to come to the realisation that they need to



look after themselves. Further, admitting there is a problem and seeking help is far easier said than done.

The NSW Doctors' Health Advisory Service commissioned a study on doctors' healthcare in 1993 and found that only 42% of doctors had a regular general practitioner.⁷ Doctors are reluctant to seek help and tend to treat themselves and their families instead. Junior doctors and medical students should be encouraged to have a regular general practitioner (as well as a healthy diet, regular exercise, and adequate sleep!).

It is well accepted that doctors are prone to depression and have a higher risk of suicide as compared to the general population.⁸ What role does a Christian fellowship of doctors and dentists have in this regard?

Preventive approaches to this problem are also required. The Queensland Rural Medical Support Agency has a number of useful resources on its website which take such an approach.⁹ This includes manuals (e.g. *Self, Relationships and Work—A Manual For Medical Practitioners*), workshops and a mentor program.

Innovation is also required. *The Christian Medical and Dental Society in Canada* has created a program designed to support medical and dental students/resi-

dents. This program is called the "*Young Wounded Healer Project*" and includes a business card that can be given to students and residents with a toll-free number on it. Assistance such as peer support, mentoring, an academic training officer and organisation of retreats is provided in a manner which is personal.

2. Workplace Issues

Employers need to provide adequate workplace facilities, safe working hours and work life flexibility. Study leaves for exams and flexibility in taking parental leaves are two tangible examples of this. Hospitals need to be staffed with sufficient numbers, such that overtime is not excessive. Medical students and junior doctors also need to take initiative in protecting the sacred parts of their lives. I was recently encouraged to hear of a Catholic colleague who had swapped out of a Sunday morning shift into a more difficult Sunday evening shift, so she could attend church.

3. Dealing with Bad Outcomes

The medical profession and its regulators have to work out positive ways of dealing with bad outcomes in medicine. This should include debriefing (both for patients, families and health practitioners), as well as trying to work out what could be done better next time without apportioning unnecessary blame. One of my seniors told me, during my first emergency medicine term as an intern, that "medicine is a mine field...and it only takes time before you step on a mine." While I have only been a doctor for eight years, I would certainly have to agree with him

Suggestions for Christian Healthcare Professions

1. Bible-based and Prayerful

We should pray for juniors and their involvement in the fellowship. A reliance on the Bible and prayer is critical. Students need to be able to articulate what they believe and to answer questions from classmates. We can feel intimidated by non-believers and respond by withdrawing to escapist cliques or alternatively conforming to non-Christian values and lifestyles. We need to resist the temptation to know our "cranial nerves" better than the "commandments" and our "differential diagnoses" better than our "doctrine."

2. Role Models and Mentors

We need senior doctors who take an interest in students' and residents' well-being. Residents are ready to listen to and respect the Christian commitment that underlay such concern. Mentors can help in directing and crystalizing thoughts on various aspects

"medicine is a mine field...and it only takes time before you step on a mine."

of medicine and ethics, as well as long-term career goals. It is refreshing to meet a mentor who offers career guidance with an eternal perspective in mind.

We can offer hospitality. One student commented of a consultant who took an interest in the students inviting them into his home. He commented "those high and seemingly distant echelons of medical life were compatible with a vibrant and living Christianity."⁹ Convenient meet-

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Are you "deep below the waterline?"

Living as "a Pillar of the Church"

by Alex Henderson

Whether they realize it or not, Christian practitioners are influencing those individuals they come in contact with during their professional and personal lives.

When I was a kid growing up in Scarborough (or Scarberia as we called it), I had the privilege of being strongly influenced by a very alive, vibrant church that was full of men and women who were "deep below the waterline."

What I mean by that is they had a depth to their character and integrity that may not have been visible to the eye, yet it seemed to prop them up in a way that said to all of us that they had their act together and were worth following. When they spoke, it was as though they evoked an immediate physical response in us to shut up and listen to them. Kind of like the well remembered ad about the respect folks had for EF Hutton. "When EF Hutton speaks, people listen." These type of guys projected an aura that was peaceful and yet powerful at the same time.

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I can remember after a specific encounter with one such leader, that a young friend of mine said, in a hushed and somewhat reverent tone...(as reverent as an eight year-old can be) "That guy sounds like...God!" A man of influence!

One man I remember in particular, was a true gentleman and leader, Doctor Leslie Bier. He and his wife Persis were affiliated with an organization some of you might be familiar with called Christian Missions in Many Lands. They served the people of Angola as medical professionals from the early 1930's into the mid 1960's.

When I look back to the influence Doctor Bier and others had on me as a young boy, I am eternally grateful for the example and leadership they demonstrated to me and to all my "wild, crazy and impatient" friends.

On many an occasion, a group of us would be buzzing through the church on the verge of crashing into the century old pictures or even worse, the century old members, when the steady hand, the kind words and the fatherly tone of Doc Bier would bring us under control. As the years passed, he was often referred to as one of the true "pillars of the church" that had wisdom, insight and understanding many of us were drawn to.

A well-known author, John Maxwell, has written extensively on this very topic, of leadership and influence, that Doctor Bier so wonderfully exemplified in my

early days. Most people undoubtedly have many different definitions of what leadership is, yet Maxwell's take is an interesting one to consider. He makes the assertion that after observing leadership for many years, it is best defined as...*Influence*.

According to Maxwell, whether we know it or not, we are influencing those we come in contact with in our professional and personal lives. Our colleagues, our office staff, and even our lives as healthcare professionals are under constant scrutiny by our patients and even those closest to us—our families. All of these groups have a perceived interpretation of the image and type of person you and I are in their eyes. *Their perception is their reality*.

What type of leadership influence are you projecting in these environments? Is it one you like?

Is it one that you feel is honouring others, or is it one that "by George" people better just get used to! Whether we like it or not, those we influence have your style of leadership pegged. Are you one who portrays an image of control and aloofness? We've all met this type. They try to look like a modern-day James Dean on the outside, while on the inside they refuse to let anyone into their frame of reference.

Or maybe you're the encourager and 'build 'em up' type. This rah-rah personality can be equated to the quintessential positive coach who constantly tells you, 'we can do it,



we're only down by three touch-downs! **We often are encouraged to reach new heights with this well-intentioned and sincere approach delivered by our leader.**

Or possibly you are one that wants to project an image of total calm on the outside, while on the inside you are igniting like a set of fireworks on Canada Day! This type of persona is possibly best captured by the parent who has just reviewed their child's report card that highlights "numbers" in the 80's and 90's—for days absent from school! The world we live in is looking for leaders and influencers that they want to follow. Again, what type are you? Or possibly better still, what type would you like to be?

Leadership that has a natural depth and foundation to it, that draws us to a place that confidently allows us to get up when we are down, to gain energy when we are weak, to motivate us to go on when there is little hope—this type of leadership influence can be developed. Maxwell states, *"real leadership is being the person others will gladly and confidently follow."*

Perhaps you too are or will be soon facing a leadership moment in your office or home environment, where you have an opportunity to influence through what you do, or what you say. Possibly you've taken over a new office and the "troops" are expecting you to establish the direction and leadership they need. Maybe you've got an office that you

have assumed has an image of a caring and compassionate place for your patients, when in reality your staff thinks the opposite.

We are all at different levels of leadership. How you respond is based on the level which you are currently at. In John Maxwell's book, *Developing the Leader Within You* (Thomas Nelson Publishers), he has outlined five levels of leadership that can help you understand where you are on your leadership journey and where you can go to truly grow *"below the waterline."*

At level one, Positional Leadership, the only real influence you will have comes as a result of a title. People will follow you here because...you're the boss! The influence you extend comes as a result of your position, not as a result of people wanting to follow you. Often those who lead in this fashion lead by intimidation.

Level two leadership is defined as Permission. Leading by developing strong relationships and genuinely being recognized as someone who cares for their peers and family. The style of this type of leader *"begins with the heart, not the head."* The buzzword at this level of leadership is interrelationships, as Maxwell states, or being sensitive to the development your people need.

This level of leadership is most often skipped in the hierarchy to that of a Production Leader.

Maxwell goes on to say that this type of individual may be a great provider, but in the process he or she neglects the essential relationships that hold a group together. Things start to disintegrate in your office, your friendships and your family.

The third level of leadership is entitled Production Leadership.

At the Production leadership level, people come together naturally because they are seeing results achieved which allows them to accomplish a goal.

The fourth level of leadership is called People Development. It is at this level that people follow you because they are loyal to you. You have been able to clearly demonstrate to them your natural desire to see them for what they have, for the skills they bring to the table and for who they uniquely are as individuals. It is here that you *win their hearts by your desire to help them grow personally.*

Level five leadership is one that few, if any, ever achieve. It is that of Personhood. He suggests that only a lifetime of proven leadership will allow any of us to sit at this lofty level. In retrospect, I would say that

Levels of Leadership

Level 1: Position/Rights

- Accept responsibility
- Do your job with consistent excellence
- Do more than is expected
- Relate your practice's history to your people (in other words, be a team player)

Level 2: Permission/Relationship

- Have a genuine love for people
- Enable those who work with you to be more successful
- See through other people's eyes
- Love people more than procedures and results

Level 3: Production/Results

- Initiate and accept responsibility for growth

- Develop accountability for results, beginning with yourself
- Communicate the strategy and vision of the organization
- Make the difficult decisions that will make a difference

Level 4: People Development/ Reproduction

- Realize that people are your most valuable asset
- Be a model for others to follow
- Expose key leaders to growth opportunities
- Surround yourself with an inner core that complements your leadership

Level 5: Personhood/Respect

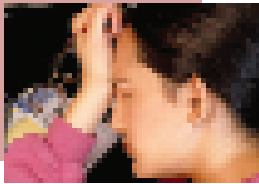
- Your followers are loyal and sacrificial
- You have spent years mentoring and molding leaders
- You have become a statesman/consultant, and are sought out by others
- Your greatest joy comes from watching others grow and develop

Doctor Bier was possibly on the threshold of this level of leadership.

These leadership levels can no doubt be difficult to achieve, yet they are obtainable if we work towards understanding and applying them in our environments. We are all busy and at times, overwhelmed; yet the opportunity to influence others, wherever we are, is available to us.

In Training for Life

Continued from page 23



ing times in a warm and friendly environment are crucial. An offshoot of such hospitality is the opportunity for peer-to-peer encouragement and mentoring in a non-threatening environment.

3. Christian Health Networks

"Network" is the new buzzword in medical management. We can create networks both within the hospital and in the community. I find it encouraging seeing others around the hospital who are prepared to stand up and be counted as Christians. It is great to meet with others who share some of the problems I am facing. It is great to be a junior doctor within a hospital where I am supported and encouraged by older and wiser Christians. Short and informal times of prayer and encouragement should become norms in the hospital system and in community practices.

4. Supportive Churches and Unity

We should avoid denominational differences compromising a unified Christian witness and stick to the basics of the Christian Gospel.

"Make every effort to keep the unity of the Spirit through the bond of peace...Instead, speaking the truth in love, we will in all things grow up into him who is the

Leadership in your spheres of influence will undoubtedly take on different shapes; it may sometimes necessitate difficult actions and, most importantly require a *learner's heart in order to succeed*.

The apostle Paul gets to the depths of leadership beyond our understanding: "I know that I have not yet reached the goal, but there is

head, that is, Christ. From him the whole body, joined and held together by every supporting ligament, grows and builds itself up in love, as each part does its work" (Eph. 4:3, 15-16).

We need local churches willing to support juniors. Churches should understand we cannot always be there, and remember—it's better to go and fall asleep in church than to not go at all. One resident has said of his home group "More than once I was prayed for by our fellowship group while fast asleep and oblivious to it."¹⁰

5. Staff Workers

Fluctuations will occur as students come and go. One antidote against this is to employ staff workers who will invest time in students and implement a strategy that will see ministry continue from year to year. We need staff workers who have the time, gifts, initiative and accessibility to make students and recent graduates a major priority.

Conclusion

There is a sense of privilege associated with this work and a sense of excitement in that with God's help we can have an influence on people who will be part of the next generation of medicos in all facets of medicine (GPs, specialists, professors, medical missionaries and maybe even full-time ministers).

We really need a group of local doctors (and dentists) who will make

one thing I always do. Forgetting the past and straining toward what is ahead, I keep trying to reach the goal and get the prize for which God called me through Christ to the life above" (Philip. 3:13-14 NCV).

All the best of success on your leadership journey, as you strive to grow "deep below the waterline."

time for prayer, hospitality, encouragement, teaching and being a friend and example to medical students—doctors who are integrating their faith and work. Students and recent graduates will stimulate the fellowship's thinking and keep it fresh. The harvest field is ready but are the labourers ready?

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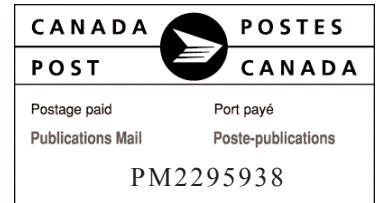
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