



Nurses
Christian Fellowship
International

Christian Nurse International

The Suffering Church

Issue 6 2016



Nurses Christian Fellowship International (NCFI)

Making a difference to nurses and nursing around the world

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Vice-President: Dr Tove Giske (elected for period 2012–2016) from Norway and Europe Region.

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The following are also co-opted to serve on the International Board from 2012–2016:

Dr Sue Allen (CNM England & Wales): for Leadership Development

Dr Kamalini Kumar (NCF USA): for Leadership Development

Prof Barbara Parfitt (NCF Bangladesh & NCF Scotland): for Strategy and Publications

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How can I help NCFI?

We would like to thank everyone who has given so generously to the work of NCFI. Without your gifts we could not continue to do God's amongst nurses and midwives. If you wish to make a donation please contact us. Every donation which NCFI receives is acknowledged. The majority of funds received are used to help others, in line with our strategic plans. **Thank you!**

If you are thinking of updating or making a new Last Will and Testament please remember NCFI! Money received as bequests from wills helps us to give scholarships and assistance to those less fortunate. Thank you!

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Letter from the president

Greetings in the precious name of Jesus. I hope this edition of the Christian Nurse International (CNI) finds you well and full of joy as you serve our Lord in nursing. I believe we are truly called to be the hands, feet, and heart of Jesus to our patients in this scientific and sacred profession. I was reminded lately that God's call on our lives is really threefold: 1) The general call of God is His invitation to you to follow Jesus; 2) His specific call to you is to a unique vocation that involves your individual mission in the world; and 3) His immediate call for you are those tasks or responsibilities that God has placed before you today. What an honor to be called by God to serve others in nursing during their deepest time of need. You have been "hand-picked" by God for a very specific place and a very specific purpose... for such a time as this.

The world in which we live is characterized by adversity. Everywhere we look there are disasters, tragedies, trauma, misery, suffering, and loss. Some of the greatest heartache involves persecution of Christians around the world. Some might question why God would allow His children to suffer like this and even be killed. From a human perspective, suffering may seem unfair, especially suffering and dying for one's faith. But scripture reminds us that through adversity, God accomplishes His divine purposes and works for our ultimate good (Romans 5:3-5; 6:23 8:28; and I Peter 1: 6-7). The persecuted church is frequently a very strong church. As James reminded us (James 1:2-4) we are to consider it all joy when we face trials of many kinds as they are for the building up of our faith. We need to always be in prayer for our persecuted brothers and sister and support and encourage them in whatever ways we are able. As you read through this edition of CNI and reflect on a world full of suffering, prayerfully ask how God is calling you to respond. Has God worked in your life through adversity? Do you view adversity as an obstacle or an opportunity for spiritual growth? What keeps you from surrendering to God's will in the midst of pain, disappointment and loss? How can we as a community of God's servants be implements to bring His peace, joy and strength to a hurting world?

May you be richly blessed today as you serve Him in nursing – by His grace and for His glory.

Barbara J. White

You have been "hand-picked" by God for a very specific place and a very specific purpose... for such a time as this.



Dr. Barbara J. White, RN, CNS
President, NCFI
Professor and Dean, Nursing and Health Sciences,
Colorado Christian University

Letter from the editor

I am sure that you have been increasingly aware of the increasing number of threats that seem to face us in these days. We hear of suicide bombers in Turkey, terrorist attacks in Paris and Brussels and of course the continuing war in Syria and its surrounding neighbours. We are also aware of the devastation that has been caused by earthquakes in Nepal and Japan and extensive floods and typhoons in many countries, leaving a trail of destruction and loss. The world certainly does not seem such a safe place. For Christians, in some countries, the threats and sense of insecurity has increased and when I visited Pakistan a few weeks ago I could not help but notice the level of security needed to protect the Church. Churches in Pakistan and India have been attacked and we have heard news of the suicide bomber targeting Christians celebrating Easter in Lahore.

I recently listened to a report from a Syrian Doctor working in Aleppo. He shared his experiences and his faith, his commitment to continue to serve in that war-torn country. His experiences reminded me of the many Christian nurses who work faithfully every day serving the Lord in very difficult and challenging circumstances. For this reason in this edition we have included some of their accounts of life in these challenging and difficult situations. They need our prayers.

Challenges to our faith also present themselves in other ways. Steve Fouch sets the context of the ethical dilemmas faced by nurses caring for patients undergoing an abortion while Professor Fleming gives us an overview of four legal cases of conscientious objection to abortion by Christian midwives in different European countries: Germany, Croatia, Sweden and Scotland. It would be very interesting to hear the views and experiences of nurse/midwives from other continents and countries.

This edition also includes some information about the newly established International Institute of Christian Nursing (IICN) <http://iicn.ncfi.org/>. Still in its early stages of development it will provide networking opportunities and resources for Christian nurses to use with their national fellowships and also personally.

At the time of writing this letter the preparations are well under way for the Nurses Christian Fellowship International Congress to be held in the Philippines from June 6th–11th. If you have not booked a place and can find the necessary funds to attend I encourage you to do so. You will find all the information on the ncfi.org web page.

My warmest good wishes to you and I hope you find the content of this magazine inspirational, promoting you to pray for each other.

Barbara Parfitt



Barbara Parfitt, CBE, PhD, RN, RM
Emeritus Professor
Glasgow Caledonian University
Scotland UK

A reflection on the meaning of suffering

Professor Sue Allen

One of the biblical concepts which is core to an understanding of universal spirituality is the notion of forgiveness. Our Christian faith recognizes the gift of forgiveness achieved through the Cross of Jesus Christ. We are also commanded to forgive others and forgiveness can lead to an emotional and spiritual sense of well-being and freedom.

So what does this mean for physical suffering? We are continuously bombarded in the media with public health messages that link behaviour with negative health outcomes, not just for ourselves but also for those around us.

Two years ago following a seven year staging CT scan for Non Hodgkin Lymphoma, I was found to have a small lung cancer. My initial reaction was affected by how I would tell my husband as he had been a smoker all our married life,

indeed, I didn't want to blame him, but I know that my children found this difficult. Even though he stopped immediately on my diagnosis it is in the quiet moments, especially at night, that the feelings of blame, toward him, my father and my grandfather have surfaced. This has been something that I have had to pray about to get to the point of real forgiveness.

Contemporary society looks for a point of blame for many situations, and as a matter of fact litigation, or the fear of it, drives defensive medical practice. As Christian healthcare professionals, exploring hidden feelings of blame and personal guilt in respect of a negative health diagnosis may be helpful for patients and relatives and help prevent breakdown in relationships that can only add to the stress of ill health.

My calling: an individual testimony

Jacoline is a Nurse Educator in Pakistan

I joined the nursing profession as a career to serve humanity and like many others it was the passion of my mother that persuaded me to be a nurse. My mother chose this profession so I could be an independent person in my future life. For me nursing is not only a profession but also an opportunity to serve Jesus Christ. Until 2006 I had no understanding that nursing was a calling. One day in May 2006 I was asked to be the key note speaker for International Nurses Day (IND), which was very surprising for me, but I accepted the offer happily. The topic of the IND was "The Christian Nurse and Evangelism". It was quite difficult to prepare a speech but my father in law (late), a formal pastor, helped me to prepare a biblical based speech. That was the time when God spoke to me and helped me to understand the concept of evangelism at the bedside. I still remember the verse John 15:16 and how HE appointed me to carry out His work as it is mentioned in Mathew 9:37-38.

May 2006 was the turning point for me to learn that nursing is a calling. Christian nurses were encouraged to celebrate International Nurse's Day at the church campus. They were challenged to have their own platform to develop unity and strengthen themselves in Pakistan. During the group work, I was chosen as the new President. Since then I have been working in the Nurses Christian Fellowship. I am very thankful to God who gave me this mission and calling. I feel burdened to reach every Christian nurse and tell her how important it is to know our calling in the nursing profession. Nurses can introduce Jesus Christ to the patients under our care through



our devotion and love demonstrating all the characteristics of Jesus Christ. Many people do not come to church but do attend a hospital or clinic. They can come to know Jesus Christ through a nurses' dedication, honesty and simply by their being different in their way of caring. In order to bring Christian Nurses together the Nurses Christian Fellowship Pakistan (NCFP) is working as a team to develop the Fellowship. We have conducted many workshops/seminars to facilitate and enable Christian nurses to know their calling.



For family reasons I had to move to Islamabad in 2010 and said goodbye to Karachi. The fellowship was in the good hands of my team in Karachi. Initially, I was busy getting settled with my family but soon God made me realize that I must start working again from Islamabad. That was another turning point to start Nurses Christian Fellowship from Islamabad. When I look back to my own plans I never wanted to come to Islamabad but God brought me here and He facilitated me to work for Christian nurses and provided me with a team. During these five years God has made it possible to continue my mission in other parts of Pakistan as well. This includes working for community development and conducting many health melas or fairs to raise awareness about common preventable diseases.

These pictures are of two national conferences organized by NCFP, one in Karachi in 2012 and second in Murree in 2015. In 2015 the team sanctioned another branch of NCFP in Peshawar. I am blessed with God's support He has made it possible to work for the expansion of the NCFP.

While working for NCFP God has shown me that nurses are not always well equipped to reach out to their patients at the bedside. I have learned that many Christian nurses have many talents and are able to spread the good news but there is no organized fellowship to support

them and strengthen them professionally and spiritually. Christian nurses play a vital role in raising the socio-economic condition of their own biological family and due to this commitment Christian nurses in particular restrict themselves in pursuing higher education. As a result they may limit their opportunities to be part of any higher or senior post. In order to face today's high demands Christian nurses must grow professionally and spiritually to compete with the demands of the health care system nationally and internationally. I strongly believe that Christian nurses need to equip themselves with advanced nursing education to serve Jesus Christ and reform nursing care through their faith.

My vision for 2018 is to reach Christian nurses in the remote parts of Pakistan and unite them. So we can prepare them to integrate their faith into nursing practice through higher education. Every Christian nurse must know their mission and have vision. They must know their talents and utilize them for spreading God's gospel. I pray that God will give me strength to carry out the burden of strengthening our fellowship and bringing change.

I am astonished to know how God has made it possible for me to carry out my passion and vision. I am a full time faculty member working 8 hours a day for five days each week. My university is a busy new university in the Capital of Pakistan and I am one of the most senior faculty member in the college of nursing. I have a major responsibility for student admissions, and professional development. These responsibilities are in addition to my daily teaching load. My volunteer work starts after five pm each day. I either plan for the monthly schedule or call people to arrange meetings for the Fellowship. I have joined two prayer meetings held in the dormitory of two public hospitals. In addition to this I have three children who are at an age where they need their parents constant monitoring. I also thank God for my loving husband who supports and allows me to carry on with my passion. I am very VERY grateful to my Lord who has chosen me as his Laborer.

Suicide attack in Lahore

Report by the Barnabas fund (Barnabas Fund <https://barnabasfund.org>)

Women and children are high in number among the victims of the suicide attack, which took place on Easter Day (27 March) at a public park in Lahore. At present 29 children have died.

Christians had gathered in Gulshan-e-Iqbal Park to celebrate Easter when explosives, packed with ball bearings to maximise casualties, ripped through the crowds near a children's play area.

At least 15 Christians were killed, Of the 370 people who suffered injuries and admitted to various hospitals in the city, 172 remain under treatment with serious injuries. It is not clear yet how many of the wounded are Christians.

Samuel Azariah, Moderator of the Church of Pakistan, said, after visiting Sheikh Zaid hospital and Jannah Hospital where many of the wounded had been brought.

“I have personally seen children, women and old people, some of them unconscious, some of them from our church. It is a very, very tragic and sad event,”

Bishop Irfan Jamil, Lahore Diocese of Church of Pakistan, told Barnabas Fund, “It is most sad. One of the women in our congregation was in church in the morning. In the afternoon I visited her in the intensive care unit of the hospital. It hurts you. Easter is supposed to be a day of joy, of celebrating the resurrection of Jesus and then you hear this,” he added.

Joseph Francis, national director of CLAAS, a Pakistani Christian legal centre supported by Barnabas Fund, told us that he found a chaotic situation when he visited a hospital soon after the attack. He spoke to a wounded Christian twelve-year-old girl who was there alone. Joseph was able to contact the father's girl to let him know that his daughter was in the hospital and pass her over to the care of a Christian group.

Joseph Francis said that he thought the park was chosen for the attack because security at churches has become very tight since the **2013 church attack in Peshawar** where 99 Christians were killed and 131 Christians wounded.

Jamaat-ul-Ahrar faction, a Pakistan Taliban splinter group have claimed responsibility for the deadly suicide attack, saying Christians were their target and that they will continue to attack Christians amongst other groups.

- lift up in prayer all the injured and bereaved from Easter Sunday's suicide bombing
- pray for the Christians of Pakistan, many who have become fearful of the future after this latest targeted attack
- pray that the help will be provided to comfort the victims and their families

The battle for religious freedom – the challenge for 2016

In his book *The Lion, The Witch and the Wardrobe* CS Lewis described a world where truth and values had been usurped by another ideology. It was an ideology which in certain respects could appear plausible, but which at best created a joyless world where it was "always winter and never Christmas", while any who opposed it faced suffering and persecution. It is worth taking a few moments to reflect on some of the threats to freedom of religion that face our own world.

“I have personally seen children, women and old people, some of them unconscious, some of them from our church. It is a very, very tragic and sad event”

Letters to the editor

Challenges that Christian nurses face in workplace in Pakistan

Dear Editor,

I would like to take this opportunity to share with you some of the challenges that Christian nurses face in Pakistan. We recognise that it is important for Christian nurses to influence policy and take on leadership roles in our country. It is through these senior leadership and management roles that we will be able to influence the values that underpin nursing practice and promote Christ like care for our patients. We want to be able to demonstrate our Christian faith through our leadership skills. However we face many serious challenges in our professional and working lives. In the work place we experience discrimination in promotion, particularly in appointments to leadership or senior positions. We are overlooked when membership of influential forums and committees is sought. There are a lack of opportunities for Christian nurses to access higher education and gain the necessary qualifications and skills needed for such appointments. Lack of finances also

prevents many Christian nurses from accessing the available opportunities to undertake further studies or attend courses that would help them. Without the necessary higher education Christian nurses are unable to apply for or take on leadership positions at both an organizational and a national level. The result of this discrimination is the poor representation of Christian nurses at an organizational, local, national and international level. How we overcome these difficulties we do not know but we try our hardest to make sure that we are equipped to serve God as Christian nurses in Pakistan in spite of these challenges. Pray for us.

Sarfraz Masih
Chair, SAME Region
General Secretary, NCF Pakistan
Email: sherwinsarfraz@gmail.com

Letter from Aleppo

From a Christian Syrian doctor continuing to work in Aleppo in the midst of the war.

'We are staying in Aleppo to make up the hedge and stand in the gap before my Lord and for the sake of my nation and people.

Do you know that China has spent \$7 million to reach Mars, and the whole world with Turkey and

Saudi Arabia and Qatar has spent an estimated \$75 billion to reach Damascus and they failed and they will continue to fail.

What is the future of Christianity in Syria? Sixty months that is 5 years of internal struggle has



The Fate of Christians

Crucifixion

only led to death, the displacement of Syrians and the deterioration and destruction of Syria. Displaced people reach 12.1 million people and at least 435,000 killed.

The fate of the Christians is heart breaking. Some have been crucified in the public square for refusing to convert to Islam. Christians are being targeted and suffering for their faith when they do not deny their Christ.

More than 37 Christians have been kidnapped from Aleppo. 98 churches have been damaged or destroyed in addition to many monasteries.

The Church's of all denominations have worked together throughout these months providing ministry and services. These include:

- St Joseph's Food Relief Aids Ministry; providing food and

- supplies for destitute families
- St Luke's medical clinic centre: 11 sub specialities, 18 doctors, 4 paid staff, ultra sound, ECG
- discipleship programmes: 56 major topics with 5 books

Please feel for us, pray for us, speak to others of our situation and when the opportunity arises through your church give some funds to help us.



Challenges for nurses in India

Chinnamma Mathew

Dear Editor,

One of the greatest challenges that all nurses face in India is overcrowded hospital wards. Sometimes the nurse patient ratio goes to 1:40. The nurse is not able to plan a comprehensive nursing schedule. Supplies are not enough causing inefficiency in carrying out the procedures. The nurse has no time to see to the comfort of the patients. This brings unrest and restlessness among patients. Relatives are also not happy. Physical and psychological care is not up to the mark for want of time and proper management.

For Christian nurses there are other challenges. Christian nurses have no freedom to give spiritual care. Even if a patient asks for a prayer or for a bible we cannot offer them as we are closely watched. Mostly the wards are adorned by idols and Poojas are conducted in the wards. Many times we are harassed for our behaviour, our promotions are withheld and wrong accusations

go to the higher authorities bringing further chaos to the ward atmosphere. In spite of all these difficulties God gives us opportunities to witness for Christ through our spirit filled nursing. Our nursing is different because Christian nurses have the compassion of Christ and the radiance of the Holy Spirit equipping their souls to nurse with a difference.

The persecution of Christians is very prevalent in our country. We cannot eat certain foods of our choice, God's people are killed, churches are destroyed and we are targeted everywhere as we do not take part in the idol worship and eat Prasad (food offered to idols). In spite of this the lord is moving in this land. So many people are turning to Christ. Our life style has to speak to people about Christ (Acts 1:8).

All glory to God, he is equipping his people to witness in an amazing manner.

Suffering for Christ:

A bible meditation

by *Patrick Sookhdeo*

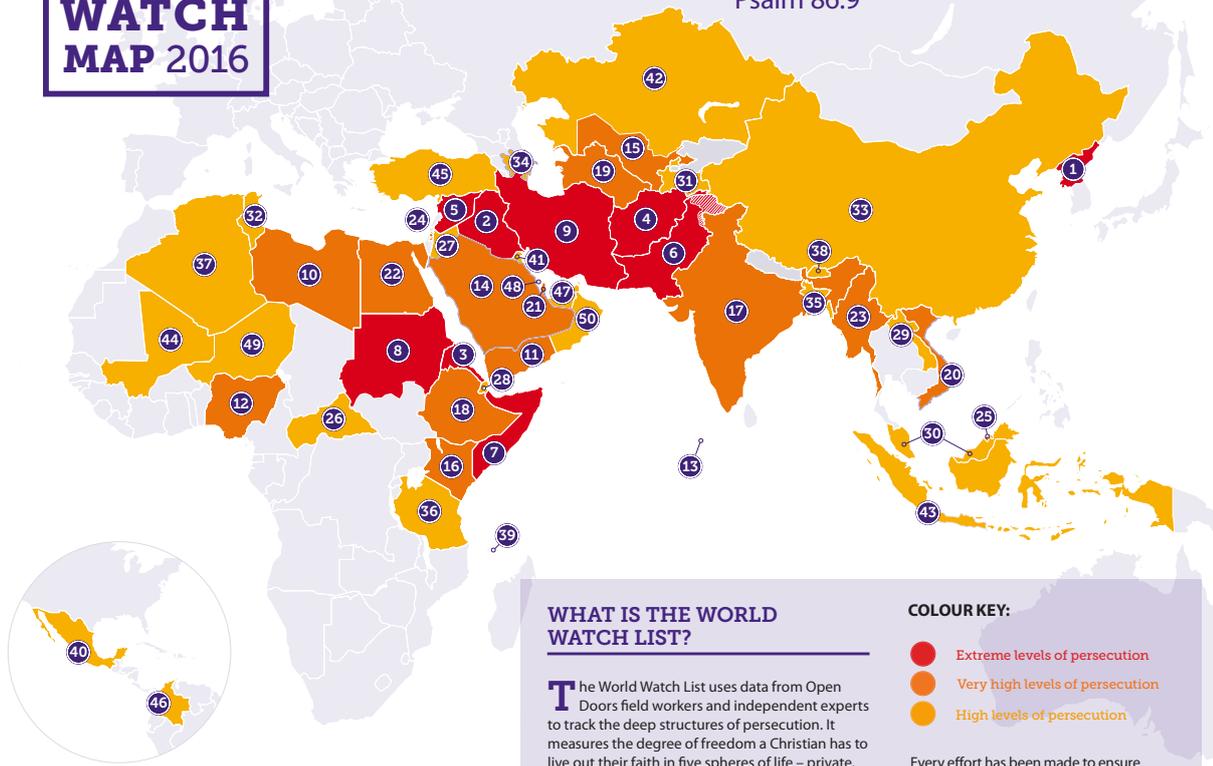
1. Treasure in Earthen Vessels (2 Corinthians 4:7)
2. Sore pressed but not hemmed in (2 Corinthians 4:8)
3. Perplexed but not in despair (2 Corinthians 4:8)
4. Persecuted but never abandoned by God (2 Corinthians 4:9)
5. Knocked down but not knocked out (2 Corinthians 4:9)
6. Carrying around in our body the dying of Jesus (2 Corinthians 4: 10–12)
7. The purpose of suffering (2 Corinthians 4:13–15)
8. The Glory that is to come (2 Corinthians 4:16–18)

"Because the poor are plundered and the needy groan, I will now arise," says the LORD. "I will protect them from those who malign them." – Psalm 12:5

- 1 - NORTH KOREA
- 2 - IRAQ
- 3 - ERITREA
- 4 - AFGHANISTAN
- 5 - SYRIA
- 6 - PAKISTAN
- 7 - SOMALIA
- 8 - SUDAN
- 9 - IRAN
- 10 - LIBYA
- 11 - YEMEN
- 12 - NIGERIA
- 13 - MALDIVES
- 14 - SAUDI ARABIA
- 15 - UZBEKISTAN
- 16 - KENYA
- 17 - INDIA
- 18 - ETHIOPIA
- 19 - TURKMENISTAN
- 20 - VIETNAM
- 21 - QATAR
- 22 - EGYPT
- 23 - MYANMAR (BURMA)
- 24 - PALESTINIAN TERRITORIES
- 25 - BRUNEI
- 26 - CAR
- 27 - JORDAN
- 28 - DJIBOUTI
- 29 - LAOS
- 30 - MALAYSIA
- 31 - TAJIKISTAN
- 32 - TUNISIA
- 33 - CHINA
- 34 - AZERBAIJAN
- 35 - BANGLADESH
- 36 - TANZANIA
- 37 - ALGERIA
- 38 - BHUTAN
- 39 - COMOROS
- 40 - MEXICO
- 41 - KUWAIT
- 42 - KAZAKHSTAN
- 43 - INDONESIA
- 44 - MALI
- 45 - TURKEY
- 46 - COLOMBIA
- 47 - UAE
- 48 - SAUDI ARABIA
- 49 - NIGER
- 50 - OMAN

Open Doors
**WORLD
WATCH
MAP 2016**

"All the nations you have made will come and worship before you, Lord; they will bring glory to your name."
Psalm 86:9



WHAT IS THE WORLD WATCH LIST?

The World Watch List uses data from Open Doors field workers and independent experts to track the deep structures of persecution. It measures the degree of freedom a Christian has to live out their faith in five spheres of life – private, family, community, national and church life – plus a sixth sphere measuring the degree of violence. The data is translated into points and countries ranked accordingly. The list is independently audited by the International Institute of Religious Freedom. For further information visit www.opendoorsuk.org/persecution.

COLOUR KEY:

- Extreme levels of persecution
- Very high levels of persecution
- High levels of persecution

Every effort has been made to ensure all information is accurate at the time of publication. Sources: Open Doors International; Population statistics sourced from UN DESA Population Division, World Christian Database.

CENTRAL & SOUTH AMERICA

Refugees: the global crisis

Printed with permission from World Watch 'The Year of The Refugee'

<http://www.opendoorsuk.org/persecution/?gclid=CjwKEAjlwf03BRDR4Pj>

Perhaps the defining image of the past year has been that of the refugee. Their images fill the news reports, huddled into perilously overcrowded boats, eking out an existence in refugee camps, desperately queuing at border posts, or trudging across dusty plains carrying the fragments of their lives in plastic bags.

And darker, even more shocking images: toddlers lying lifeless on Turkish beaches; desperate captives, kneeling at the feet of their black-clad executioners.

Our impression of the refugee crisis is largely defined by events in the Middle East. Yet the truth is that this is a global phenomenon. Throughout the world, people are on the move – and millions of them are Christians.

The Middle East

Syria is the 'largest displacement crisis globally' according to the UN. More than half the Syrian population has left their homes; 7.6 million are internally displaced within the country, and 4 million are refugees outside it. Before the war there were some 1.8 million Christians in Syria; now best estimates stand at between 700,000 and 800,000.

Most of Syria's refugees have ended up in refugee camps in Turkey, Lebanon or Jordan. But many Christians fear to go into the camps where, in the words of one, 'we are still a vulnerable minority in a very dangerous place'.

"You flee to survive and keep your children safe, but that is just as hard in the camps," said a father in

a refugee camp in Lebanon. "It can be tough to find enough to eat and also to stop undesirables preying particularly on our young daughters."

Africa

Syrians feature heavily among the many refugees trying to cross the Mediterranean. But **Eritrea** is the biggest source of asylum seekers in Europe. According to the Commission on Inquiry on Human Rights in Eritrea, 5,000 people leave Eritrea every month. The percentage of Christians among these is hard to estimate, but clearly it is very high. **Ethiopians** also flee their country in large numbers, as do those from **Sudan**. For Christians, the journey through Islamised North Africa is highly dangerous, as we saw with the barbaric executions of 30 Ethiopian Christians in Libya.

Then there is **Nigeria**, where an estimated 2 million people are internally displaced, many of whom are thought to be Christian. In the north, Boko Haram have displaced many thousands, but the hidden story comes from the country's middle belt, where a campaign of religious/ethnic cleansing by Hausa-Fulani herdsmen has targeted Christians, burning their fields and shops and houses, and forcing them off their land.

Asia

South Asia is also struggling with mass-migration. In particular, there are two quiet tragedies today in this region concerning Christians.

In **Pakistan**, which has risen to #6 on the 2016 World Watch List, oppression and violence have forced thousands of Christians to flee to Thailand. The UN claim that some 4,000 Pakistani Christians have fled; the real number is thought to be about 10,000. The Thai government refuses them refugee status: they cannot work, are subject to police intimidation and live on handouts.

Meanwhile, in **Myanmar** the government continues its war against Christian minority groups such as the Kachin and the Chin. A reported 100,000 Christian refugees have crossed the border to China, with even more internally displaced. They live in camps that offer little protection: abuse is rampant, drugs are common, and many vulnerable young girls are exploited and married off.

Latin America

In **Colombia**, over six million people have been displaced – making it second only to Syria in the numbers of internally displaced people. Though most have fled from war zones, still many Christians are forced out of their communities by paramilitary violence and religious persecution. In **Mexico** there are just over 281,000 displaced people. A significant proportion of these are Christians, displaced by indigenous tribes, who hate it when people become Christians and reject their tribal traditions.

Keeping hope alive

Refugees and internally displaced people (IDPs) lose so much: their homes, jobs, communities, possessions – even their sense of status and identity. But the one thing they dare not lose is hope.

As one of the 120,000 Iraqi Christians who fled from the Nineveh plain said: "Yes, we have to cope with the trauma of leaving, and sometimes with the dreadful things we have seen, but the hardest thing I find is to keep hope alive that we will ever return – if you feel despair about the future then it is very hard to find the motivation to survive."

This is where the presence of Open Doors is so important. With your support, local partners are providing vital food, medical aid and shelter to tens of thousands of Christians who have been forced to flee their homes, but are too poor or infirm to escape their war-torn nations. Fellow Christians are visiting them, praying with them and assuring them that the global body of Christ has not forgotten them. This is a long-term as well as a global crisis, which is why Open Doors is also investing in long-term support such as trauma counselling, small business loans, and leadership training for church leaders who feel called by God to stay and serve their people – strengthening the church to be the church in the most dangerous places on earth. In this way, said another displaced Iraqi mother, 'you help to keep our hope alive'.

The Reverend Ruth Lichtenberger

We are sorry to announce the death of the Reverend Ruth Lichtenberger.

Reverend Ruth Eileen Lichtenberger died in the early hours of Tuesday morning on the 8th March 2016. She had been treated for cancer of the spine over the past four years.

Ruth was born in New York State, studied nursing and theology in New York and then for many years served as International Director of Nurses Christian Fellowship, travelling widely throughout the world. She worked tirelessly to promote NCFI. She produced the Christian Nurse International journal and organized the quadrennial conferences for the Fellowship. She was known and loved by members of the Fellowship throughout the world.

Ruth was ordained in the United Kingdom in 1996, and served in parish ministry in the UK and the Middle East.

In 2008 she went to Australia from the UK to retire. She joined the church of St Barnabas at Glen Waverley volunteering her time in ministry to the

congregation as well as involving herself in the wider life of the church.

A service of Thanksgiving for her life and ministry was conducted at St Barnabas, Glen Waverley, on the 16 March.

We as a Fellowship give thanks for her life and the work that she did to promote and support NCFI.

Barbara Simsen her friend and colleague wrote 'The last public thing Ruth did was to preside at an 8am Communion service on Jan 17th (our regular worship service) from her wheelchair. She was to do so again at the following Wednesday service (the service and congregation she has pastored for the last 5ish years) but by then could not make it out of the house. Below is [a link to a video clip of that service if you would like to see it.](#)

Barbara will be writing a longer account of Ruth's life that we plan to include in the next edition of CNI.

May she rest in peace.

Freedom of conscience and Christian midwives' response to abortion

Professor Valerie Fleming, Teja Skodic Zaksek, Beate Ramsayer

Introduction and background

From the 1950s onwards laws ensuring the safe provision of abortion were enacted in western countries. The World Health Organisation's (WHO) (2012) guidelines on safe abortion recommend that midwives or nurses are the key providers in the provision of abortion care. However, the guidelines do not address the objection that many Christian (and other) midwives and nurses may have in providing this service? Freedom of conscience is at the heart of human rights and is protected in major human rights treaties such as Resolution 1763 (Council of Europe 1950; 2010) Many countries have taken this into consideration by the inclusion of a "conscience clause" in their abortion legislation. The UK was one of the first countries to enact such legislation with the Abortion Act (1967) stating that "no person shall be under any dutyto participate in any treatment authorised by this Act to which he has a conscientious objection."

However, there is still polarisation of the rights and responsibilities of health care providers in relation to the right of conscientious objection. Some writers challenge the rights of health care professionals to allow their private values to interfere with their work (Baker 2009; Zampas 2013). Heino et al (2013). They categorically state that European countries should critically assess the laws governing conscientious objection and its effects on women's legal rights. In opposition Pellegrino (2014) argues that a health professional's religious values should never be placed in a secondary position to a health service's requirements. A middle ground is taken by others who have outlined criteria, accompanied by responsibilities, for conscientious objection (Myers and Woods 1996; Cavanaugh 2010).

A White Paper (Chavkin, Leitman & Polin 2013) which draws on the international literature from

a number of disciplines attempts to develop a plan for the future recommending that a standard definition of conscientious objection be developed together with accompanying obligations.

The aim of this paper is to provide an overview of four legal cases of conscientious objection to abortion by Christian midwives in different European countries: Germany, Croatia, Sweden and Scotland. Most information has been obtained through publically available documents with further information given by the lawyers. The case in Germany, which was not the subject of court action, has had all details anonymised.

The cases

The first case concerns Brigitte Hoffmann, a German midwifery student in her first year of training at the Lower Saxony Hospital. She is a Lutheran Christian who declared her conscientious objection to abortion during the first six months of her training which is considered a trial period of her training. The student was threatened with dismissal once her position was known.

Through the Federation of Evangelical Christianity Hoffmann was put in touch with a Catholic lawyer who clarified that she had the legal right to opt out of providing care for women undergoing abortions (SchKG 1992) and offered immediate legal assistance. Beside this support, a well-known minister of the Lutheran Church wrote a letter to the medical director reiterating that the legal right to conscientiously object needed to be respected and emphasised Ms Hoffmann's desire to work in the African missions as a qualified midwife (Schulz 2001).

With this support Ms Hoffmann, assisted by her lawyer, wrote a letter to the medical director with the personal request to be permitted to complete her midwifery training. This letter appeared to

convince the medical director to drop the case against her, although she never received any written confirmation to this effect.

The second case concerns a Roman Catholic Croatian midwife, Jaga Stojak, with 27 years professional experience. Ms Stojak was asked to provide direct abortion-related care despite her declared conscientious objection to participating in abortion, as allowed legally under the Croatian Constitution which had been respected for many years in her workplace. The newly appointed head of obstetrics and gynaecology stated that she saw no grounds for conscientious objection by midwives (Mikulandra 2015).

Stojak advised her manager that on conscience grounds she could not assist at an abortion, as it was not a lifesaving procedure in this case. Disciplinary action was initiated against the midwife, and appeals by Ms Stojak to the hospital management were unsuccessful. Ms Stojak was first suspended, then, ultimately removed from her position.

She sought advice from a Croatian Non Governmental Organisation, the Vigilares, who employed a lawyer to take Ms Stojak's case. A series of letters were exchanged between the lawyer and hospital management. Concurrently the Vigilares wrote to the Minister of Health concerning Ms Stojak's position and asked for his intervention (Batarelo 2013). A well timed series of press releases from the Vigilares ensured that the case was publicised throughout the country and beyond. All of these actions proved successful when Ms Stojak was returned to her position in early 2014.

The third case involved Ellinor Grimmark, a newly qualified Swedish midwife. She is a Pentecostal Christian how has declared conscientious objection. Her case is ongoing as result of her as yet unsuccessful employment applications as a midwife to three hospitals due to her position on abortion. Finally Ms Grimmark sought recourse in law, notifying the County Council of discrimination against her because of her religious beliefs. Sweden, unlike the other countries in the above mentioned cases, does not have a law protecting workers' conscientious objection and the reasons given for rejecting Ms Grimmark's claim was that she was unable to fulfil the role of a midwife (Jönköpings Län 2014). Ms Grimmark with the backing of the international organisation 'Alliance

Defending Freedom', has now submitted her case to the District Court of Jönköping where her lawyers contend that this is part of an emerging human rights' problem in Sweden (Nordström 2014). The District Court judgement ruled against Ms Grimmark on the grounds that carrying out abortions was a necessary part of Swedish midwives' duties and thus she could not have suffered discrimination. In November 2015 Ms Grimmark was, however, given leave to appeal (Jönköpingstingsratt 2015).

The final case involves two senior midwives in Scotland, Mary Doogan and Constanza Wood, each with over 20 years' professional midwifery experience. Both are Roman Catholics who had previously declared conscientious objection. Following service restructuring, the midwives were required to engage in the process of procuring abortion. The two midwives made numerous attempts to resolve the issue informally, but eventually they lodged a formal grievance against their employer, which was ultimately rejected by the Health Board. The midwives then petitioned the courts for a judicial review. The midwives' petition included 13 points at which they were required to engage with the process of procuring abortion. The single judge ruled against them. In an appeal (Inner House 2013) the same 13 scenarios were discussed and the three judges ruled in the midwives' favour stating that the conscientious objection clause applied to all provisions in which abortion could be legally carried out. Greater Glasgow & Clyde Health Board's (GGCHB) counter appeal at the UK Supreme Court (2014) London focused on the meaning of the word 'participate' and tested this against the 13 statements submitted initially by the midwives. In their ruling the five judges concurred that only one point was covered fully by the conscience clause and GGCHB's appeal was thus supported.

Discussion

Each of the above cases concerns midwives in European countries with its inherent principle of free movement within the labour market. However, it is clear that there are many complex factors impacting on the right to conscientious objection. The relevance of these factors to the midwives position as Christians is discussed next.

Civil law

In three out of the four countries concerned, conscientious objection is enshrined in law. A major issue in the Scottish case was that of 'what carrying out the abortion actually means' In a similar UK case (RCN vs DHSS 1981) the petitioners requested clarity on the legality of nurses participating in mid-trimester abortions which were carried out by medical means. The five judges ruled that abortion was a whole process that could not be broken down into parts.

Germany's SchKG 1992: 12 makes a similar provision as the UK stating that no one is compelled to take part in an abortion. In the admission process to her midwifery training Hoffmann was never asked about her views on abortion. She did not expect such question to be relevant as caring for women having abortions comprised only a tiny part of midwifery care in the hospital concerned. The law was clear about medical doctors' responsibility for abortions (StGB §218a).

In Croatia the issue of conscientious objection is linked to individual professions and as yet there are no specific laws for midwives so offering a legal loophole to the employers who sacked her under Article 107 of the Labour Act, (2004) stating the grounds as misconduct by refusing to perform a task delegated in her work.

Church law

In the Scottish and Croatian cases the midwives concerned were Roman Catholic, whose universal Code of Canon Law (1983): 1398 states that anyone who procures a completed abortion is liable to automatic excommunication, which for practising Catholics this is a severe penance. This Canon 1398 introduces two words which may be somewhat ambiguous: those of 'completed abortion'. The question is thus 'what completes the abortion?'

Green (2000) discusses the potential extent of those involved in procuring abortion as a technicality, once labour starts, an abortion could proceed with the woman unaccompanied by any health professionals. This is the situation, however, that legalisation of abortion sought to overcome as it leads to unnecessary maternal deaths. Thus the Roman Catholic Church's law is applicable to the midwives in two of the cases and is clear but for the other two cases their

churches do not have comparable legal codes, so there is less legal grounds to support them.

Support from churches

Each of the midwives being practising Christians conscientiously objected on religious grounds; all being practising Christians. Yet support from the various churches concerned has been mixed. In the Swedish case, Ms Grimmark's church, with a membership of less than 1%, has provided active support but it appears to hold little sway. However her cause has also been embraced by other Christians both in Scandinavia and beyond it. Support from the Roman Catholic Church was also forthcoming for the Scottish midwives from their individual and other parishes. However, it is noteworthy that, despite their public statement condemning abortion on the 40th anniversary of the Act (Bishops' Conference of Scotland 2007), the Catholic Bishops' Conference of Scotland neither commented on the case nor publicly offered its support. This failure to produce a strong statement also stands in total contrast to the situation in Croatia where there was a great deal of publically voiced support from the Catholic Church's hierarchy. The Justice and Peace section of the Croatian Bishops' Conference released a statement of support (Košić, 2013). Other bishops gave statements to the press and the head of one of the major religious orders (Puljić, 2013) called for support and prayers while referring to Canon 1398. Likewise the joint working between the Lutheran Church and Catholic lawyers to intervene in the German case and influence the decision shows the relevance of this issues and the power the church continues to hold.

Conclusion

The four cases examined have similarities in that midwives in four European countries chose, on conscience grounds, not to participate in the provision of care to women undergoing abortions. Each of the midwives faced hostile reactions from managers, which were escalated in various ways; two of the cases reached the court system. It is clear, however, that there is no unanimous agreement on the right of conscientious objection within each country and there are no pan European guidelines. However as the European Court of Human Rights regularly reminds petitioners 'freedom of thought, conscience and

religion is one of the foundations of a democratic society' (Council of Europe 1950, 9) it may be timely for positive action to be made towards developing such guidelines for midwives, nurses and other health professionals.

The cases exclusively concerned Christians of various denominations and showed how they have grappled with the problem of conscientious objection.

Despite their active engagement with their various religious communities the cases have also highlighted differing degrees of support

received from these communities at the local and national levels.

A possible way forward is the establishment of a multi disciplinary and ecumenical forum that can be contacted by health professionals who encounter problems with conscientious objection. Such a forum could provide support by offering prayers and mobilising the necessary networks to provide practical support to ensure transparency of and prompt accessibility to legal services.

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Freedom of conscience

Steve Fouch

As Fleming, Zaksek, and Ramsayer show in their article in this journal, the practice of conscientious objection is becoming increasingly difficult in the nursing profession worldwide. For Christians this presents many ethical and spiritual challenges. Increasingly, the right to opt out of ethically contentious procedures on the basis of conscientious objection is being eroded by legislation and professional guidelines and employment contracts.

Fleming, Zaksek and Ramsayer illustrate the problems the legal and medical establishment have in grasping what conscientious objection actually is and is not. In fact, it is important to change the terminology. We are really talking about the exercise of freedom of conscience, rather than using the language of 'objection'. Exercising freedom of conscience is not just about saying 'I have decided that I believe X, and therefore I will no longer do Y'. Freedom of conscience is rather about a clear set of deeply held convictions (faith-based, world-view based or otherwise) congruent with the values and ethics primary to nursing, which value human life, human personhood, and individual human dignity.

Conscientious objection to conscription in time of war is probably the most widely recognised form that the exercise of freedom of conscience can take. There are already well established standards for evaluating whether someone has a genuine reason for opting out of military service, allowing for a reasonable accommodation for freedom of conscience.

These standards state that there needs to be a clear reason for the conscientious objection – be it drawn from 'universal' ethics or from specific religious ethics – i.e. 'I object to going to war on the grounds it is wrong to kill other people' – this can be qualified because 'all men are created in the image of God' or 'all human beings are genetic family, and it is just wrong to kill my kind', etc.

Morality is never purely individual however, so these arguments stem from the wider debates and discourses of our society and culture – again be they religious or secular.

We have to recognise the gravity of what the

individual is being asked to do – for instance violently ending the lives of other people in war is as grave as one can get.

Finally the person has to argue clearly that they hold these beliefs sincerely, and are not using them as an excuse to get out of some duty that they find unpleasant, arduous or dangerous – i.e. using conscientious objection as a smokescreen for 'draft dodging'.

When it comes to abortion or euthanasia, we are looking at issues that have been widely and deeply debated for centuries by both faith-based and secular thinkers. The arguments for and against are part of a wider, deeper public discourse. Ending the life of a foetus or a mentally competent adult, regardless of the context, is a serious issue – there is gravity in what the health professional is being asked to do.

A nurse who takes a stand on these issues needs to make it clear that her priority is care for her patient. She is taking a stand that may put her at odds with colleagues and superiors precisely because she holds sincere beliefs about the value of the life of her patients. She sincerely believes that the foetus in the womb or the dying patient is a human being worthy of the same respect and care as any other young person or adult.

So, in laying down guidelines or restrictions on exercising freedom of conscience, legislators and professional bodies need to recognise these strictures. Freedom of conscience is not to be exercised lightly, giving license to anyone to get out of doing something to which they have a passing discomfort or objection. Nor should the right to reasonably object on grounds of conscience be forbidden, as some are calling for¹. Any attempt to demand that all professionals should leave their conscience at the clinic door or get out of the profession should be strenuously resisted. Instead we need guidance that will make reasonable accommodation for freedom of conscience, genuinely helping nurses and midwives act with the greatest professional and personal integrity, whilst neither violating their deepest beliefs nor threatening the wellbeing of the lives in their care.

Ultimately, the exercise of freedom of conscience is a vital safeguard against bad practice or oppression. The freedom to refuse to participate in ethically dubious practices (abortion, euthanasia, torture, forced sterilisation, etc.) ensures that no body or group can use healthcare in a way that is damaging to a certain sector or society while privileging another. Once freedom of conscience is outlawed or ignored, then the

consequences for society can be deeply worrying, as the examples of Nazism and Stalinism have shown. Christian nurses should be at the forefront of the proper use of freedom of conscience in all areas of our practice.

¹ Savalescu, J Conscientious objection in medicine, BMJ 2006;332:294

Book reviews

Secrets behind the burqa

By Rosemary Sookdeo

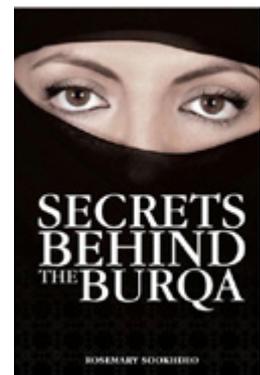
“Secrets Behind the Burqa” reveals what really happens in the daily lives of millions of Muslim women and girls. Going behind the scenes shows the male Muslim perception of women and details the rules and regulations that control Muslim women’s behaviour. Rosemary Sookdeo describes how the Islamic ideas of honour and shame can oppress and endanger women and how arranged and forced marriages can turn into life threatening situations.

“Secrets Behind the Burqa” analyses whether Muslim women will be able to embrace western values and thinking or will be trapped inside their own cultural and religious systems.

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Secrets to spiritual success

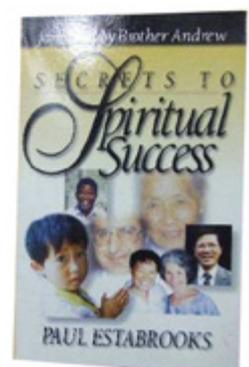
Book review by Manasseh Kelly

Estabrooks Paul, Andrew Brother (1996) Secrets to Spiritual success, Sovereign World LTD (ISBN 1852401907) Available on Amazon

Although it is now 20 years since this book was first published there are still lessons to be learned from it. Here I have recounted three of the stories described in this book, of those who in the past have suffered for their faith.

persecution. Dr Grim continues that Christians in more than 60 countries face persecution from their governments or surrounding neighbours simply because of their belief in Jesus Christ.

Esther a medical doctor by profession managed 8 large paediatric wards in a Chinese hospital. She was told she must deny her faith in Jesus but she refused. One day she was taken by four nurses who shaved off her hair. She was then demoted for not denying her faith in Christ. For 11 years Esther lived in the basement of the hospital obediently serving as a cleaner. Her salary was reduced from 50 to 15 yuan monthly, in which



Proverbs 25:14 “The secret of the Lord is to those who fear him”.

Dr Brian Grim director of the Pew Research Centre, reveals that over 75% of the world’s population lives in areas with severe religious

she bought cleaning materials and food. In the midst of her pain she would worship God. Her response to why she remained cheerful was "When you have Jesus in your heart, it doesn't matter what job you do or what position you have. It only matters that you love him and are faithful and loyal to him" (PP. 17–18).

One day, Martha, while distributing bibles in a remote village was attacked. Miraculously she survived being beaten, robbed, and thrown out into the deserted road. Mosquito bites and stings were evident on her body yet she refused treatment. In August 1993 Martha went missing and was executed as part of an anti-crime campaign in which Christians were accused.

Zia was a blind young man from Kabul Afghanistan, a Muslim who was born again through a gospel radio programme. He declared his faith boldly despite being warned that he would die as a result of his conversion to Christianity. He graduated from the University of Kabul with a law degree so that he could defend Christians who face persecution for their faith. Zia mastered the German language

and translated the new testament from German into Farsi. Zia was arrested and charged with false charges and was put in Puli Charkhi political prison. In prison he received electro shock treatments but he never denied his faith. After his release, sadly he was cruelly martyred when a fanatical Muslim group kidnapped and murdered him. He died following in the footsteps of Jesus Christ (P.66– 67).

Conclusion

As God loving and fearing people we must be a voice for the voiceless as stated in **Psalm 82:3** "Stand up for those who are weak and for those whose fathers have died. See to it that those who are poor and those who are beaten down are treated fairly." Furthermore, we are empowered in **Hebrews 13:3 (ESV)** to "REMEMBER those who are in PRISON, as though in we are in PRISON with them, and those who are MISTREATED",

Grim Brian (2010) Pew Research (rumiforum.org/rising-tide-religious)

Introducing the International Institute of Christian Nursing

International Institute of Christian Nursing

The International Institute of Christian Nursing (Institute) was established as a global virtual center to create, gather, and disseminate resources so that Christian nurses would be better equipped to improve health within their sphere of influence. This article will summarize the history and aims of the Institute, review current resources, update the status of projects, and outline opportunities for contributions by individuals, countries, and regions.

collaboration in practice,
education, and research

Review of current resources and overview of projects

One of the most recent accomplishments for the Institute is the new website, where information about these resources and projects are available (<http://iicn.ncfi.org/>). As changes are made, you will be able to find them first on the website.

The work of the Institute includes biblically based curriculum in areas such as the Art and Science of Spiritual Care, Christian Leadership, and Faith Community Nursing. Additional courses are planned and will be completed as time and talent becomes available. Currently all of these courses are only available in a traditional classroom setting, but we are discussing how some of these courses could be available in an online format.

A major contribution to the Institute is the NCFI Cares Devotionals that Carrie Dameron has distributed each month by email. As a result of the positive comments, a book will be available that includes these devotionals and ideas for study and meditation.

Practical resources like the downloadable manual on Preventing Healthcare Related Infections is available at the website. Other resources are being added on a regular basis, including presentations and open source articles. The committees, leaders, and a brief summary of these projects are listed below:

Committees

Art and Science of Spiritual Care

The Art and Science of Spiritual Care is an educational program building on a Christian foundation. It is designed to provide practicing nurses with the state of science of spiritual care. It also aims at providing nurses with skills to

History and aims:

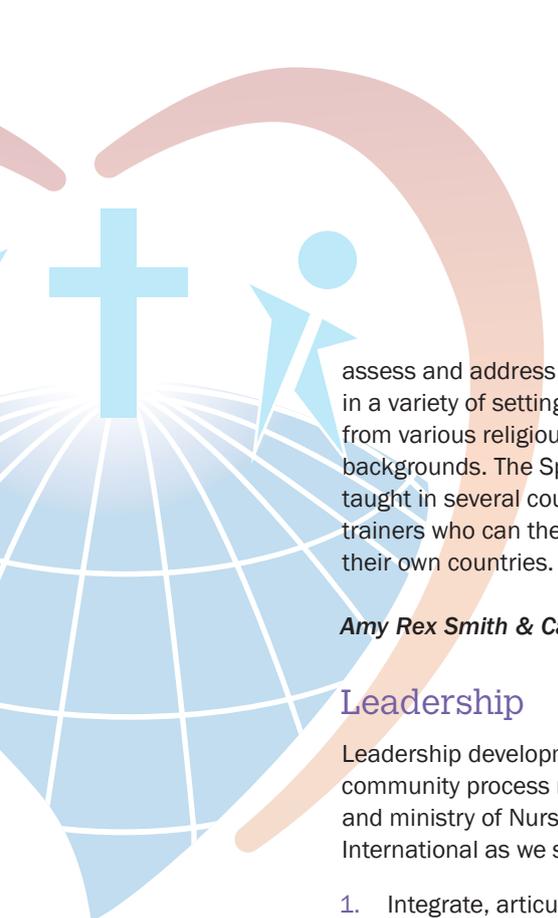
The International Institute of Christian Nursing (Institute) was established as the professional resource division of Nurses Christian Fellowship International. The idea started as a vision in the hearts and minds of Christian nurse leaders and developed over several years with the ideas and work of many NCFI colleagues. At the 2004 NCFI Congress in Korea, Dr. Barbara White presented this vision for the international members to consider. Many attendees expressed interest and excitement about the idea, but because of other priorities at NCFI, it wasn't until the 2012 NCFI Congress in Chile that the Executive Board voted to make the Institute a reality. During that meeting the mission, vision, and aims were established; these were designed to reflect benefits for individuals, countries, and regions in NCFI. Our greatest desire for the Institute is to give all glory to God our Father and our Savior, Jesus Christ.

Vision: To advance a Christian worldview in nursing practice, education, leadership, and research.

Mission: The Institute gathers and disseminates resources so that Christian nurses will be better equipped to improve health within their sphere of influence.

Aims of the Institute

- develop and provide quality resources that are based on biblical principles
- facilitate and share scholarly resources and expertise
- facilitate international professional



assess and address spiritual concerns of patients in a variety of settings and for patients coming from various religious/spiritual beliefs and backgrounds. The Spiritual Care course has been taught in several countries. It is the goal to train trainers who can then teach it to the nurses in their own countries.

Amy Rex Smith & Carrie Dameron

Leadership

Leadership development is a personal and community process rooted in the tradition and ministry of Nurses Christian Fellowship International as we strive to:

1. Integrate, articulate, and implement the rich tradition of Nurses Christian Fellowship International
2. Strengthen and transform individual nurses, communities, and the organizations, which are served
3. Engage and inspire nurses in their on-going growth as future leaders
4. Ground leaders and their organizations in the foundational Biblical values to ensure the mission of NCFI is preserved

The aim of this curriculum is to transform the lives of nurses who are leaders in their National Nurses Christian Fellowship groups, and to enable them to mentor future leaders in the organization. This course is in the process of revision and should be ready to offer before the end of 2016.

Kamalini Kumar

Faith Community Nursing

This course is designed to train nurses in providing care within the community of faith. The Faith Community Nursing course is offered through a partnership between NCFI and International Parish Nurse Resource Center (**IPNRC**). The goal is to have this ready by the 2016 NCFI Congress in Manila

Marabel Kersey

International Saline

The Saline Process is a practical program that helps to equip and encourage health care

workers to fulfil Jesus' call to be salt and light (Matthew 5: 13–16). By use of presentations, discussions, case studies, & role plays, participants learn eight tools that can be put into practice with their patients and colleagues, always applying the ethical principles of permission, sensitivity, and respect.

Anne Biro

NCFI Cares: Devotionals and Book

Carrie Dameron felt the call to create and distribute regular devotionals to care and encourage NCFI nurses across all regions. These were so well received that nurses asked if we could create a NCFI Cares Devotional book. This request has been honored and the plan is to have it available by the 2016 NCFI Congress in the Philippines. It will also be available to download after the Congress.

Carrie Dameron

Resource Review Committee

The Resource Review Committee is charged with reviewing materials for quality and agreement with the NCFI Statement of Faith before they are posted on the website. This committee is just forming and would welcome hearing from you, if it is an area of your interest.

Barbara Parfitt

Founding Universities

Founding Universities share the NCFI vision, values, and statement of faith. They have the opportunity to have faculty representation on the Institute committees, design curriculum, develop resources, provide guidance in policy, and be worldwide leaders in this exciting new endeavour. Currently the Founding Universities are all from the CANA region, but the Institute is seeking international representation and participation. If you are faculty at a Christian nursing program in another region and would like to be involved, please let us know.

Dr. Barbara White

Projects being considered

Caring from a Christian worldview

This group is interested in looking at the feasibility of developing a middle range theory of Caring from a Christian Worldview. Many nurses have argued that caring is the “essence” of nursing. In response, caring has become one of the major areas for theory development. Unfortunately, the philosophical foundations in many of these theories have been built on new age thinking, eastern religions, or natural humanism. For Christian nurses, caring is a reflection of Christ’s love for us and is key to how they practice. A middle-range theory of caring, based on a Christian worldview, would provide a better option for these nurses, who have found the current theories lacking or in conflict with their beliefs.

Shirlene Newbanks and Linda Rieg

Christian ethics

Ethics is a topic of great interest to all Christian nurses. We are looking to build modules that would be helpful for practicing nurses and nurse leaders who want to understand this topic more clearly in their lives and practice.

The clinical church

The idea of the clinical church was brought to the Institute, but is still in the “thought” phase. However, it is listed in this article because it may be an area of interest to some of the readers. Faith Community Nursing is looking at how to function in a nursing role within the community of faith. The clinical church is described as the call for nurses in the church to serve God and their community by addressing the healthcare needs in their community.

Opportunities for contributions by individuals, countries, and regions

We hope this information about the Institute has stimulated a great deal of interest. Now

you may be wondering “how can I, my country, or my region be involved”? There are many opportunities – only limited by your own passion and calling. I’ve listed a few of our needs below:

1. One of the first things we would ask from each region is to identify someone who would like to serve as a liaison between the Institute and your region. Although we asked for this connection when the Institute was first formed, we were still in the process of development and it wasn’t clear how that person would function. We believe we are ready to establish these connections and our first liaison, Jane Hall from the CANA region, has agreed to serve in this capacity. We are looking to her to help us better identify how we can connect better with the countries and regions. We are asking each region to name someone who will serve in that capacity; if you are interested please contact your country leader so they can discuss with the regional chair.
2. Since the work of the Institute has begun, we have discovered many excellent resources available through individuals. We know there is a lot more that we don’t know about and would like to hear from you if you have resources or ideas that meet the vision and aims of the Institute. We are certain the member countries and regions may have some wonderful projects or resources they could share, but in the past did not have a method for sharing. We are offering the Institute as a means of sharing resources.
3. Another key need is for interpreters. If you speak and write in 2 or 3 languages, that would be a wonderful contribution for the Institute. Eventually we would like to have materials available in major languages, but right now we do not have the volunteers available. NCFI Cares has fortunately connected with
4. Volunteers are needed who have Web skills and/or database management skills. If you are proficient in WordPress or Excel skills – this is a key need of the Institute.

The Institute is just beginning, but we are pleased with the progress. However, there is so much more to do to accomplish the mission, vision, and aims of the Institute. We hope you will pray about how you might serve and be served by the Institute.

Editorial notes

CNI accepts a wide range of submissions including

- letters to the editor
- research manuscripts and literature reviews
- opinion pieces
- reports and book reviews
- educational articles
- spiritual teaching
- experience manuscripts

All submissions should be forwarded to the editor for consideration. They will be reviewed by the editorial committee to ensure that they adhere to the aim and scope of CNI.

Research papers should follow the accepted format of reporting including an abstract, introduction, design, method, results or conclusions and discussion. They should not be more than 3000 words in length and must indicate the ethical approval process has been undertaken.

Manuscripts addressing topics of interest, educational approaches and spiritual teaching should normally be no more than 2000 words or less. Letters, reports and opinion statements should normally be 500 words or less. If you are uncertain regarding the length or type of your submission please contact the editor.

All manuscripts should be word-processed using Microsoft Word or Mac Pages, spacing normally 1.2. Grammar and English should be checked as far as possible before submission. Avoid complex formats as these are sometimes difficult to transfer into the main document. British English spelling is preferred and should comply with the Concise Oxford Dictionary.

References should be presented normally using the Harvard style, author names followed by year of publication, e.g. (Jones 2015). When a web page is cited the date when it was accessed should be noted. DOI's should be included when possible for internet accessed publications.

Photographs and tables etc. should be submitted of the highest possible quality to allow for printing and titles should always be given. No pictures or tables should be submitted without permission from the copyright holder.

For further details please contact the editor on:
babsparfitt@hotmail.co.uk

Christian Nurse International editorial committee:

Barbara Parfitt, (editor) Judith Mumba, Hope Graham, Bart Cusveller, Grace Morgan, Steve Fouch, Crystal Clotey, Betty Woo.

About NCFI

Doctrinal basis

The following are the basic beliefs which NCFI members hold and which encompass the basic beliefs of the Christian Faith:

- the unity of the Father, the Son and the Holy Spirit in the Godhead
- the Person of the Lord Jesus Christ as very God, of one substance with the Father, and very Man, born of the Virgin Mary
- the Divine Inspiration and supreme authority of the Holy Scriptures in all matters of faith and conduct
- the guilt and depravity of human nature in consequence of the Fall
- the substitutionary Death of our Lord Jesus Christ and His Resurrection, as the only way of salvation from sin through repentance and faith
- the necessity for the New Birth by the Holy Spirit and his indwelling in the believer

Aims

- encourage Christian nurses and nursing students to live out their faith in compassionate professional practice
- deepen the spiritual life and cultural awareness of Christian nurses and nursing students around the world
- promote friendship, communication, connection and collaboration among Christian nurses worldwide
- support Regional NCFI Councils (Committees) and National NCFI organisations in their ministry with nurses
- empower Christian nurses to examine and apply scripture as it relates to professional practice
- equip and support the development of Christian nurse leaders around the world
- represent Christian nursing in the global nursing and healthcare arena

Culture

- faith and prayer
- *This is the lifestyle by which we will be known*
- integrate Biblical principles into our professional nursing practice
- *This is the how we live out our calling*
- participate in healthcare to demonstrate Jesus' love through equipping, encouraging and empowering nurses to provide competent and compassionate care
- *This is our life of nursing as ministry*
- seek to respect and understand cultures, languages, local customs, and healthcare practices as we serve
- *This is our commitment to incarnation*
- work with, learn from and encourage those who share the same purpose
- *This is our commitment to local communities of believers and the global Body of Jesus Christ*

Strategic goals 2013–2021

1. Establish a sustainable financial and administrative infrastructure to achieve the aims of the organisation
2. Establish an effective worldwide communication and collaboration network
3. Develop an International Institute of Christian Nursing to equip nurses in professional practice, education and collaborative research
4. Expand a network of prayer and praise across the organisation
5. Initiate and develop key partnerships across like-minded organisations and institutions
6. Organise international conferences normally every 4 years
7. Expand the organisation through increased membership including students, active practitioners and retired members

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