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The responsibility of the Christian doctor

What do we mean by responsibility?

“Responsibility is the total and realistic response of man to the claim of God and of our neighbour”
(Bonhoeffer, D 1965)

Responsibility is about doing what is right. Doing what is right in the specific situation we find ourselves in. To act responsibly we must first know what is really going on, and then determine what is the right action bearing in mind the likely response of the other parties involved.

Our responsibilities depend on our calling. It is impossible to talk about “the responsibilities of a Christian doctor” totally in the abstract, our responsibilities differ depending on our individual calling and our life situation. We have shared core responsibilities as Christ followers and as medical professionals, but the boundaries and edges of these vary from person to person.

We must respond to God’s calling and work where he has placed us to the best of our abilities.

What are the responsibilities of a Christian?

There are various duties expected of all Christian Persons. We are to live rightly, as the letter to timothy puts it (1 Timothy 6:11 & 12) to pursue righteousness, godliness, faith, love, patience and gentleness. In the letter to Titus we find that we are called to be “subject to rulers and authorities, to obey, to be ready for every good work, to speak evil of no one, to be peaceable, gentle, showing all humility to all men.” (Titus 3:1-2 I)

All Christ’s followers are called to share the good news, and to be salt and light in our society, standing for positive values and exposing corruption.

God gives us responsibility. He gives us choices and wants us to act responsibly.

As we grow up our parents gradually increase our responsibility and decrease the controlling aspects of their role. There are concerns in the UK about children not having freedom to play away from the house with their friends. Almost half of British parents thought children should not go off with their friends until they were over 14 years of age. The consequences of not giving children responsibility are more hidden than the consequences of abduction by a paedophile, but give rise to a significant lack of self confidence and capacity to cope with challenges.

When the process of handing over responsibility as children mature fails you end up with infantilised adults. I met several such people in my last consultant post. I ran a sign language using mental health service for Deaf people. There we saw many people who had been prevented from maturing normally because their deafness made communication difficult. Lack of access to sign language meant that their learning was restricted, despite normal intelligence, and hence their parents were not confident that they could cope with being fully responsible for themselves.

David, a 45 year old man who still lived with his mother had her accompany him to our appointment. David had an anxiety state brought on by the fact that his mother had been ill and he had realised one day she would die. David had never held down a job. Mother cooked and cleaned for David, and answered all our questions for him. Eventually I separated them by getting a student to interview mother, to find that David had normal intelligence and a good vocabulary in British Sign Language. He responded well to some practical sessions on budgeting and cooking, and with increasing practical skills his anxieties evaporated.

It is normal for parents to gradually give more responsibility to their children. Eventually the roles are then reversed with the adult offspring now taking care of their aging parents. I am in the middle of this at the moment. My mother had a cataract operation in May, and overnight went from a competent and feisty 71 year old to a vulnerable little old lady. She found the imbalance between her eyes gave her immense vertigo and she was barely able to eat for two weeks.

Thankfully she has now recovered her balance and she is less dependant on me again.

Some people avoid responsibility. A Canadian author Douglas Copeland has described a North American trend of young people taking easy jobs, like serving at McDonalds, and spending most of the summer at the beach, and winter on the ski. This group, he describes as generation X would rather play music and snowboard than take on responsible employment not just for one or two years but as a life style choice well into middle age.

In Italy there is a trend for young men who are old enough to live alone to not move out from the parental home, because it is easier to let Mummy do everything for them. This goes a step further in the Japanese phenomenon of “hikikomori”. This is where teenagers, most with a normal mental state, take to their rooms and refuse to come out for months and years. Because of the fear of mental illness this has been a largely hidden phenomena, but now is more widely recognised.

A related issue can be the reluctance of some Christians to take responsibility for their own decisions. Last year, as I shall explain further, I found myself having to make some hard choices. I realised that I was asking God for guidance and then waiting for detailed instructions to be written on the sky. That would have taken away any risk of getting it wrong. It would also have infantilised me, or turned me into a robot; neither of which is God’s way.

It is possible to live lives free of responsibility, free of risk but they are narrow, impoverished lives. It is in rising to our responsibilities, making choices and risking getting it wrong that we are most truly alive.

What are the responsibilities of a doctor?

According to the UK General Medical Council they are as follows.

- Make the care of your patient your first concern
- Protect and promote the health of patients and the public
- Provide a good standard of practice and care
- Treat patients as individuals and respect their dignity
- Work in partnership with patients
- Be honest and open and act with integrity

I will be interested in the discussions to hear what you would want to add to or subtract from that list.

As doctors we take on the responsibility of guiding our patients towards health, identifying what is wrong and appropriate treatment. Our patients retain their own responsibility to accept or turn down our help and suggestions.

We must develop our technical skills for our particular specialities in order to be the best doctors we can be. The relationship with the individual patient sitting before you has always been at the core of the doctors' task, but as more doctors take on managerial roles the balance between awareness of the needs of the individual versus what is best for the community or nation have shifted. The doctor is now expected to give more attention to the costs of treatment and hidden rationing of resources is occurring. Within hospital medicine there is a lot of pressure to meet government targets, even when this means not meeting the needs of your patient.

Several changes in the UK medical system have led to a diminution of continuity of care. General practitioners are no longer responsible for their patients out of hours care; now you must attend a clinic where no one knows you nor has access to your past medical records. In hospitals junior doctors hours have (quite rightly) been reduced, but in such a way that there is a decreased sense of responsibility and "ownership" of the care of a particular patient. Consultant friends have had junior doctors walk out of their ward round because it was exactly 5pm and time for the junior to go home. I can understand not taking on more new work at 4.45pm, and trying always to finish promptly, but to walk out partway through the ward round shocked me! I recently spent nearly two hours trying to find an emergency dentist to care for my youngest daughter, who had broken a tooth. I made five phone calls and went on the Internet only to discover that this service no longer exists.

It seems that we have gone from doctors working massive amounts of unpaid, unacknowledged overtime to a point where sometimes jobs are left undone and not handed over properly because it is the end of the doctors shift.

We are in danger of losing the responsibility for the person in front of us in the responsibility to fill in forms, and meet targets for governments sake.

What are the specific responsibilities of the Christian doctor?

Firstly we are called to be technically accomplished, to know the textbooks and be the best doctors we can be. At the same time we should live an authentic integrated Christian life, to be truly ourselves, to achieve good "life work balance" and be the best person we can be. Often I meet medical students and young doctors who are fixed on being the best doctor they can be but at the expense of all other aspects of their life. We are called to represent Christ in the consulting room, not to proselytise, but to be honest about our faith when it is relevant. We must reach out to people in distress but never put pressure on people to convert when they are vulnerable. The degree of openness will vary with the setting and with the relationship. A GP who has known the patient for years may feel comfortable offering to pray for the person, an anaesthetist who has know them for an hour probably will not.

My journey over the last two years

In 2006 I faced a difficult decision. I was working as the lead consultant in the national Deaf mental health service in Birmingham, UK. Here we dealt with people for whom British Sign Language is their first language. This is a very needy group. I could talk all day about the particular characteristics of profoundly Deaf people and their social and psychological difficulties. I was paid for three and a half days per week, although the work usually filled the whole week. I had run the service for two years and although the work was challenging and the commuting to work long I enjoyed it and found a work-life balance.

Then my husband, Peter, was offered the post of housemaster in one of the countries top boarding schools. This would mean the family moving into the boarding house and him working long hours, but it was a role he had always wanted to take. We discussed and concluded that it would have a limited impact on me, we moved in summer 2005.

The reality was of massive personal impact. We lost all privacy, the children and I lost my husband's time and attention, and there were continuous interruptions from the 65 boys. True we have cooking and cleaning done for us, and living in a community is endlessly interesting, but it was a hard adjustment.

I very soon found that I was becoming too stressed. Working in British Sign Language much of the day, needs concentration and is very tiring. Add in the hour long journey each way to work and the noisy neighbours and lack of husband when I did get home and you can see why something needed to change.

It was a real struggle. I had felt called into the Deaf psychiatry post and found it was a role I could perform well. What was my responsibility to my patients and to the wider Deaf community, which in the UK is very much a neglected group? What was my responsibility around continuing to work, having benefited from thousands of pounds of government funding for my education? How as a Christian could I justify wasting that money; knowing that there is a massive shortage of trained psychiatrists? What about my responsibility to the family and to my own health?

I gradually recognised that being in the boarding house was having a major effect on me, and that it was not getting any better. I was not sleeping well, was tense and irritable and I soon faced the clear choice between stopping the job or breaking down.

The final straw was when Peter forgot to pick up our youngest daughter from her Brownie guide meeting for the second week running. Finally I could see that the family was suffering so I reluctantly handed in a resignation letter.

As I struggled with the different pulls and responsibilities I attempted to sort out which was the greater responsibility, which the primary vocation. I found it helped to draw my conclusions.

If you imagine a series of concentric circles, I view my pattern as: responsibility to God (the prime responsibility) in the centre, then responsibility to myself. Next comes my relationship with my husband, then the children and so on.

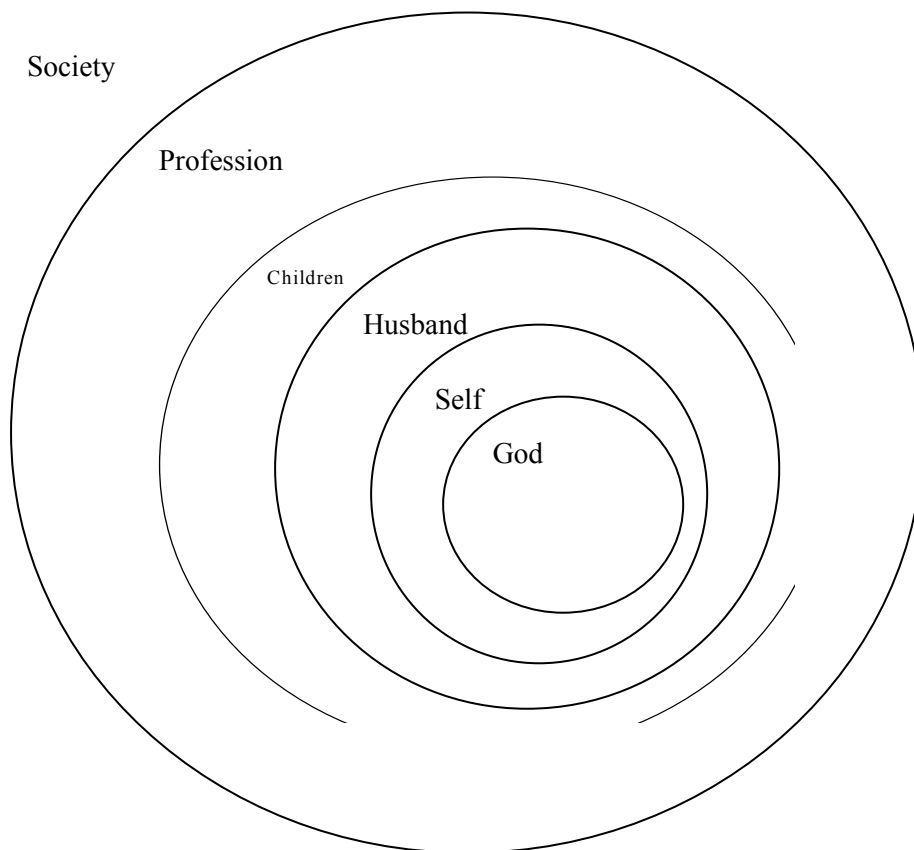


Figure 1 : My personal responsibility chart. Most important at centre.

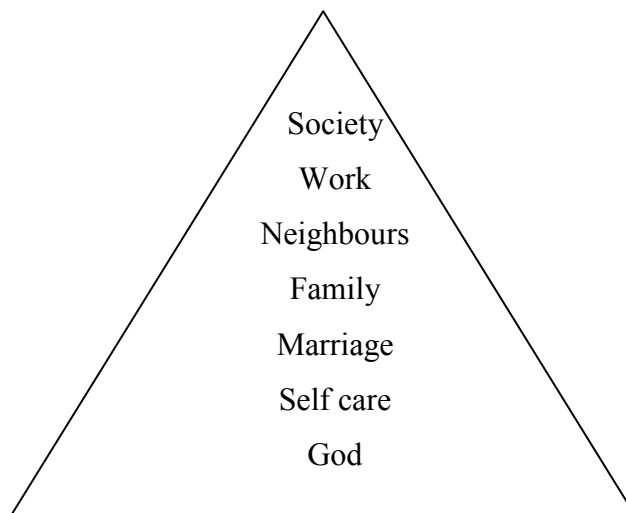
For me my first responsibility is to God, to maintain my relationship with Him, and to focus on finding and fulfilling his calling for me. Maintaining spiritual health is ultimately the most important thing. Your relationship with God is more important than your physical or mental health and will sustain you if and when these deteriorate.

I concluded that my second most important responsibility is to my own mental and physical health. As Christians we often struggle with looking after ourselves; we confuse healthy self-care with selfishness. Often we act as if we expect God to step in and supernaturally supply strength when we are not looking after the basics of maintaining a health lifestyle.

We cannot serve other people if we are breaking down ourselves, so we must pay attention to our own bodily, psychological, social and spiritual needs. Our vocations are not a sprint but to a long distance race, looking after yourself is a basic requirement. Jesus took time off and went away to a quiet place to pray.

Thirdly is my marriage. My relationship with Peter is more important than my work, more important I would argue than my relationship with the children. For each of these circles the inner one being healthy is necessary for the outer layers to function properly.

Let's change the imagery to a triangle; My relationship with God provides the strong base on which my own health, then the health of my marriage etc are based.



Each layer of the triangle needs a solid base in the layer below in order for that layer to function properly. Like the bible story the wise man who built his house upon the rock prospered, the foolish man built his house easily and simply on sand and when stressed it all came tumbling down. Basing our lives on our work or our families rather than on God leads to disaster.

Where do our responsibilities lie?

I would argue that our prime responsibilities are to get the foundations right, to build from the bottom in a strong relationship to God, then a good relationship to our own bodies and minds. Some people do not have the inner resources to do more than this. Perhaps they have suffered severe mental illness, or their personality is such that they can only cope with limited stresses. Their responsibility map may be simple responsibility to God and then to their own body mind and spirit, not reaching any wider.

A Christian may be called to international politics, in which case their map of responsibilities will be different, with a smaller circle for their family life and more space for society. They may well be single in which case the map is different again.

When we get into difficulties is where we allow a demand further from the centre to take over from a core demand. For example letting the demands of our work overshadow the needs of our family. No one ever on his deathbed said “I wish I had spent more time at the office.” The regrets are always about neglect of spouse and children, or about their own physical or emotional collapse brought on by overwork, or loss of faith due to a neglected relationship with God.

So for me it was a struggle but over time I came to accept that I needed to give up my job, give up my dreams of a “brilliant career” and acknowledge that putting work first was not healthy. “What does it profit a man to gain the whole world, yet lose his own soul.”

My journey has continued, since giving up my job April 2006 I was offered one day per week with the national Department of Health in a management role. It has been a very hard period of adjustment, I have regained several creative and artistic areas of my life which had been closed down, as well as having time to focus on seeking God and His will for my future. I can honestly say I have not missed the clinical work, which is strange when you consider how much time and effort I put in to my career. I am ready now for the next step. Over the last year I have revisited my vocation to full time Christian ministry and in September I start part time training towards ordination in the Church of England.

Only by clarifying where our responsibilities lie and what our responsibilities are can we hope to flourish as healthy Christian doctors.

Bonhoeffer D. - “Ethics” New York : The Macmillan co, 1965

Suggested questions :

1. Do you agree with the following list from the UK General Medical Council about the duties of a doctor? What would you add or subtract?
 - Make the care of your patient your first concern
 - Protect and promote the health of patients and the public
 - Provide a good standard of practice and care
 - Treat patients as individuals and respect their dignity
 - Work in partnership with patients
 - Be honest and open and act with integrity
2. Where is the balance for you between proselytising and hiding your faith?
3. What would the circles of responsibility look like for you?