



contact

A bimonthly publication of the
Christian Medical Commission World Council of Churches
150, route de Ferney 1211 Geneva 20 Switzerland

No 97
June
1987

LISTENING AND CARING



Toward Healing of Nations

FOREWORD

So many people labour with love month after month, year in and year out, and yet their activities remain little known.

This issue is devoted to the work of the participants at the European Consultation on the Christian Understanding of Health, Healing and Building Community held in Budapest, Hungary from 3 to 9 September 1986. It is not the meeting itself which is noteworthy. Rather it is the meeting which has taken note of the

active efforts and accomplishments of the dedicated people it gathered.

CONTACT may be seen as a vehicle to «broadcast» good works and recognize many, many hard-working individuals. But it is only 1 voice. There are other very effective ways of saying, «Thank you... Bless you... Keep up the good work...» You have another voice. Even without a word processor, typewriter, electricity or paper, pen and pencil. You have a voice. You can turn to your co-worker and say, «Thank you...»

The Editors

LWI Photo

Budapest. Where so many bridges have been built...



LISTENING AND CARING

Toward Healing of Nations

by Jeanne Nemeč

*For the past 10 years, the Christian Medical Commission has been trying to determine whether there is such a thing as **Christian** health care and if so, what is it? Where is it practiced? What does "healing" mean to a Christian? "Wholeness", wholistic (or holistic) health care: are these terms being considered more within the medical profession?*

We have been asking these questions at the CMC's regional meetings which, since 1979, have been held in 10 different parts of the world – the Caribbean, Central America, Africa, the Indian sub-continent, Southern Asia, Southeast Asia, the Pacific region, South America, North America, Europe and, in April 1987, Northeast Asia (Japan). We have traveled around the globe and what discoveries have we brought back from this long voyage of exploration?

What we have learned does not only have to do with medical care or its lack. It has everything to do with economic and social development, with the role of women, with politics, with the responsibilities of science and technology in our modern world and, to a very great extent, with questions theologians have left unanswered:

Why do good people suffer? What is the connection between sin and disease?

An intermediate summary of the first 8 CMC consultations was published in 1982. A final account, scheduled for the summer of 1988, will provide a critical analysis of how the Church can exercise a healing ministry. This concern has been given increasing attention since the 1960s when questions were raised about the role of medical missions. The Tübingen I and II consultations also addressed the issue. As part of this long-active quest involving theologians and health workers, the CMC regional meetings have added many ethnic and cultural colours to our understanding of health and healing.

This issue of CONTACT has been built around the European regional meeting held in Budapest, Hungary, in September 1986.

Although each consultation is different, reflecting specific regional concerns, the European one, the second to be held in an industrialized region, may have some interesting things to say to our readers in other parts of the world too.

Health care systems in Europe today – East and West – generally provide the kind of high quality, high-tech "socialized medicine" to which people in other parts of the world aspire. It hasn't happened over night.

"The European health care picture differs from that in the other regions where the CMC has held similar consultations ... because in Europe, it is more the governments and less private or Christian organizations which usually bear that responsibility ... what can be accomplished depends on the economic situation of each country ... and is also affected by the political system. The specific contribution from churches or Christian organizations differs from country to country, but it is never very strong. In some countries, it is even forbidden."

– from a group report

Thanks to health insurance schemes financed through governments, trade unions or private companies, most Europeans can get good medical treatment when they need it without serious financial strain. There are exceptions, like migrant workers, refugees and some categories of the unemployed, the disabled, the elderly and the socially or politically marginalized. These may sometimes fall through the welfare "safety net". But voluntary agencies, such as churches, especially in Western Europe, are usually there to help.

THE EUROPEAN MODEL

Health care in Europe is in many ways a reflection of 20th century social and scientific progress. But like every form of progress, it has been hard-won. It is the result of years of stubborn effort on the part of dedicated men and women who, in the name of Christian compas-



LWI Photo

Church home for the elderly in Hungary

sion, in the name of socialism, in the name of simply being decent and **human**, pressed for the kinds of health care, welfare and school systems which have become a model in many other parts of the world.

But maybe models are not a good idea. The European model does not necessarily match either the needs, the conditions or the available resources of most non-European countries, especially in developing countries. Nevertheless, some of the problems facing the health care systems in Europe today are starting to surface in those parts of Africa, Latin America and Asia where urbanization and industrialization are on the rise and where close-knit communities are falling away.

One of the main problems in Europe – and in North America – is just that: the breakdown of cohesive communities which are still a source of strength in many less developed countries. However, we must not overlook the fact that traditional communities can also be a restrictive force, particularly for women and disabled people and those who are in some way different. That is why, from the start, the importance of being part of a community was built into the European consultation. The value of the individual person, the uniqueness of every human soul, is one of the glories of the Christian faith. But when this importance swells out of proportion to the needs and controls of the community, when “I” overshadows “we” and rights outweigh responsibilities to one’s community, then we have drifted very far from our faith and things go wrong. “Alienation” is a word psychologists and social workers often use for it.

“The real danger is that we are a ‘pain-avoiding’ society, a hedonistic kind of society where everyone can get medication, get away from things ...”

– Rev. Per Frick Hoydal (Norway)

Another problem facing Europe today (and again North America) is **dependency**. Alcohol, tobacco and drug dependencies are a worldwide problem and a very costly one. In many of the industrialized societies, people have become dependent on doctors and the drugs they prescribe, often to ease the stress of liv-

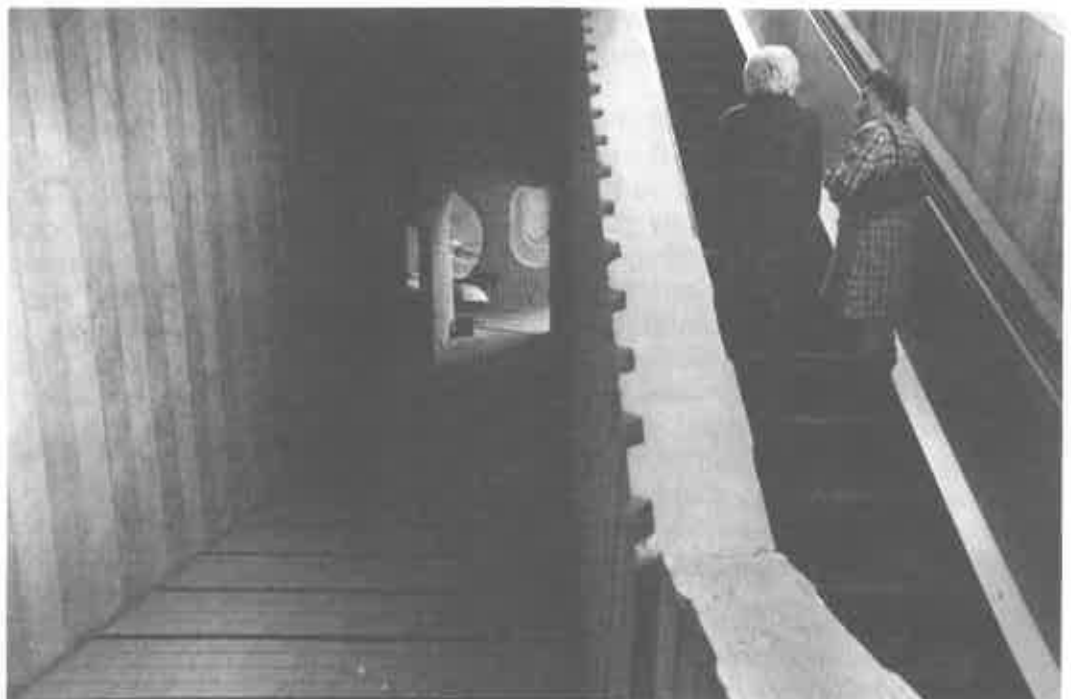


Photo: Salgado Jr.

LISTENING CAN LESSEN THE DANGER OF ALIENATION:
Although we ourselves have built these walls, we often feel lost within.

ing in a fast-paced, highly competitive society of lonely, rootless people. This is easy when health insurance provides medicines free or at very minimal cost. All this – plus the pressures on medical staff to provide more and more highly sophisticated diagnostic procedures and treatments, which anxious patients and their families have read about in the newspapers or seen on TV – have driven the cost of health care sky-high.

This high-tech medicine which is so much in the news, brings with it ethical questions none of us can ignore, no matter whether or not we have religious faith. Pope John Paul II's recent statements may stimulate the Protestant churches to make their positions clearer on what medical science is already able to do about controlling the beginnings and endings of human life.

Some 75 men and women from 19 different countries in East and West Europe came to Budapest last September. Among them were physicians, nurses, pastors, hospital administrators and chaplains, theologian-educators and social workers; many of them are

employed in government health and welfare systems. They were members of Lutheran, Anglican Baptist, Reformed, Presbyterian, Roman Catholic, Orthodox and national Protestant congregations. The Reformed Church of Hungary and the Ecumenical Council of Churches of Hungary were our hosts. The meeting was held at Raday College in Budapest, a seminary of the Reformed Church in Hungary. The challenge of working in 4 official languages – English, German, French and Hungarian – was eased by an excellent Hungarian team, who provided simultaneous interpretation.

HOSPITALS WITHOUT SOULS?

We learned some telling facts from the men and women who came to Budapest:

- In 1 Scandinavian country, over 50% of its medical resources are occupied with handling people's mal-adaptations and psychosomatic disorders.
- In many countries, cut-backs in health ser-

WHO Photo: P. Almasy

A modern medical facility. Might *something* be missing?



vices have resulted from rising costs. With this is a growing concern about the high cost of long-term care for Europe's rapidly growing elderly population and for persons with chronic diseases needing extended treatment. Euthanasia, long a taboo subject, is being openly talked about in some countries.

- In 1 Eastern European country, there are more abortions than deliveries.
- Patients speak anxiously about soul-less hospitals, about doctors who have no time to answer their questions, about increased specialization which focuses on an ailing organ and overlooks the **person**, and about genetic engineering.
- In Sweden, there are now 44 main medical specialties and some 200 sub-specialties.
- Europe and North America are using more than their fair share of world resources.
- Some Protestant congregations in Federal Germany list 5,000 members, while average attendance at Sunday services is only 20.

Against this background, one wonders what relevance the Church has in a very secularized Europe of the 1980s? How can it help patients and their families, as well as doctors and nurses, to make the hard choices they must sometimes make? What correctives can it offer to the prevalent "medical model"? What can it tell us about suffering, whether to explain, sustain or simply comfort? These questions were addressed from a variety of angles by participants: Dr. Dietrich Niethammer, pediatrician and oncologist at the University of Tübingen's medical school. Dr. Hakan Hellberg of Finland, Director, Division of Public Information and Education for Health at the World Health Organization, a Dutch physician, a Swedish nurse, a general practitioner from Czechoslovakia, a British hospital chaplain and a Hungarian professor of theology. Four of them have worked in developing countries.

"The Church could be helpful if it offered a prophetic presence, because care of the sick person is always inadequate if it is based only on rational, scientific considerations ... Patients complain that (hospitals) have no soul and that the professionals never have enough time to respond to the patients' questions. But scientific medicine has no

way to respond to these needs. It is concerned with things we can objectify and define. Dying, anxiety, pain, love, bitterness, frustration cannot be objectified ... it is inevitable that the pressures of technology are unevenly balanced against the human need for 'tender, loving care.'"

– Dr. Dietrich Niethammer (Federal Germany)

"I would plead for a deeper understanding and involvement of Christians in the decision-making process where we can help in providing new criteria, and support with our prayers those who must make difficult decisions which will affect us all ..."

– Dr. Hakan Hellberg (Finland)

"... the Church and Medicine have far too much in common in the way they understand illness and disease and sin. Both are problem-oriented."

– Rev. Dr. Peter Bellamy (U.K.)

"... it seems imperative today that what the Church says, must be seen to be lived out in the community of its members."

– James McGilvray (U.K.)

"Technology and medicine, which we have created with our reason, must be employed with love and hope ... Christian health workers ... must not and cannot avoid the questions of meaning and purpose in their work ... the finiteness (end) of life has vanished from most people's minds as a result of medical 'progress' ... the inability to cope with finiteness is probably the cause of tendencies in medical practice to go in for prolonging life at any cost ... the Church's task is to unmask the promises of these gods, the biological interpretations of life and to re-formulate the promise of an eternal life."

– Dr. Aart van Soest (Holland/Federal Germany)

"How can the Church contribute to medicine? Utilize lay people more? ... in developing

countries, we speak about participation and we also need to bring that word into health work in Europe."

– Ms. Märta von Holst (Sweden)

"Everyone expects society to provide everything, without expense and without trouble. Social and financial welfare easily leave a mental vacuum. When society pays a good pension, it isn't necessary to work ... being blind becomes a main occupation ... the problems of misuse of drugs and alcohol appear ... one (question) the purpose of life ... the questions are spiritual ones. The duty and privilege of the Church is to answer the religious questions."

– Rev. Ari Suutarla (Finland)

The word "community" was heard almost as often as the word "Church". Jean Vanier, founder of l'Arche communities for adults with mental disabilities which began in France and now exist all over the world, told stories of real "caring communities", how they came about and how they continue to support themselves. He described the people he has encountered – those with handicaps, their families, and those who volunteer to live and work with them.

"Every child knows whether he is loved or rejected. There is a special pain about being excluded and in the awareness that one is a nuisance to others and a disappointment, whether it be to parents or to those for whom we have a special respect. It is here that we can find analogies with old people and with those caught up in the world of drugs, alcoholism and delinquency – all those who have found that they are separated from other people and are regarded as a nuisance ... When you are not loved, you can dream of being loved by using alcohol, drugs or sexuality to fight or to escape that inner pain ... We must never idealize wounded people, for there is anger in them and there is pain and they are so easily hurt. I must confess that when you live with them and cannot walk away from their pain and their weakness, it sometimes awakens the powers of darkness in yourself ... Compassion can only flow from our own brokenness. You can help to mend the brokenness of others when you have

accepted your own, and in community, gained the sense of belonging to each other and to Christ who enabled you to do it."

– Jean Vanier

Dr. Eberhard Winkler, professor of theology at the University of Gutenberg (German Democratic Republic), speaking of the mystery of suffering, also picked up the theme of community. It is the vocation of Christians, he said, to create and live in a caring community. He suggested 4 elements of such a community: the need for **fellowship**, the need for **communication** and especially for **listening**, the need for **hope**, "not just facile words of comfort which may be less than the truth" and finally, the need for **partnership**.

HOPEFUL ATTITUDES EMERGE

Participants told of some **hopeful trends** in modern health care and **changing attitudes** which they are noticing:

- There is a move toward a more collective



Photo: Peter Weiskel

Jean Vanier, l'Arche communities

view of looking at **dis-ease** which is found in many forms in our society and is expressed in disturbances and imbalances. Reasons for dis-ease are many: social, economic, political ... This approach is replacing the labeling of an individual disease and giving it symptomatic treatment.

- Recognition of the **spiritual dimensions of health** is growing as well as more interest in the importance of **motivation** in running health services.

“Who would have imagined a few years ago that the World Health Assembly would have the subject of the spiritual dimensions of health on its agenda? Yet it was necessary because, in promoting ‘Health for All’, we found ourselves dealing more and more with the subject of motivation.”

– Dr. Hakan Hellberg (Finland)

- There is also a growing recognition of the **therapeutic value of community**, especially as an antidote to the loneliness which is at the heart of so much dis-ease.

“The fundamental sickness of our present-day society arises from our isolation, one from another, and our inability to communicate and to listen.”

– Rev. Per Frick Hoydal (Norway)

- People are thinking more in terms of **systems** – in psychiatry, in general medicine – in terms of **groups** and communities.
- New forms of dialogue are emerging in many parts of Europe between health professionals and laity (patients and family members) who are beginning to ask questions and want to have more control over decision-making.

“We need to make medical language more human in the hospital and doctors’ offices and to reinterpret the Gospel in language our neighbour who is not likely to be a church person can understand ... We need help to reinterpret the Gospel in secular terms as, for example, Bonhoeffer did for politics.”

– from a group report

- People are also talking more about **self-care**, about assuming **responsibility** for their own health, the need for a smaller-scaled, simpler life style.

“After forty years of socialism, people have come to expect that the state must provide everything – even our health, which is claimed as a matter of right. So one tends to neglect the discipline of self-care and is unable to cope with suffering and the threat of dying. It is especially here that one sees the difference between Christian belief and un-belief.”

Dr. Vojtech Zikmund (Czechoslovakia)

- There is a growing recognition of the **inter-connectedness** of the world in general and in Europe in particular. This was brought out often at the conference, which took place 5 months after the nuclear accident in Chernobyl. National borders, still so jealously guarded in many parts of the continent, are obsolete, it was suggested, as they are totally disregarded by winds and waters bearing their loads of poison, so that “national self-reliance becomes international selfishness”.

“We live in an interdependent world, in a global village, and we are called to share ourselves ... The Christian emphasis is on the giving of one’s self, of bearing one another’s burdens.”

– Dr. Eric Ram (CMC)

“How do we put (St. Paul’s image of the Church as the body of Christ) in an actual congregation? How do we learn ... inter-action? How do I, as someone contaminated by the Enlightenment, learn to realize that my existence depends on the other members of the body?”

– Dr. Lothar Coenen (Federal Germany)

“We all live with dangers of nuclear power. Some of us live with terrorism. All are touched by issues of humanity and (concern for) the quality of life.”

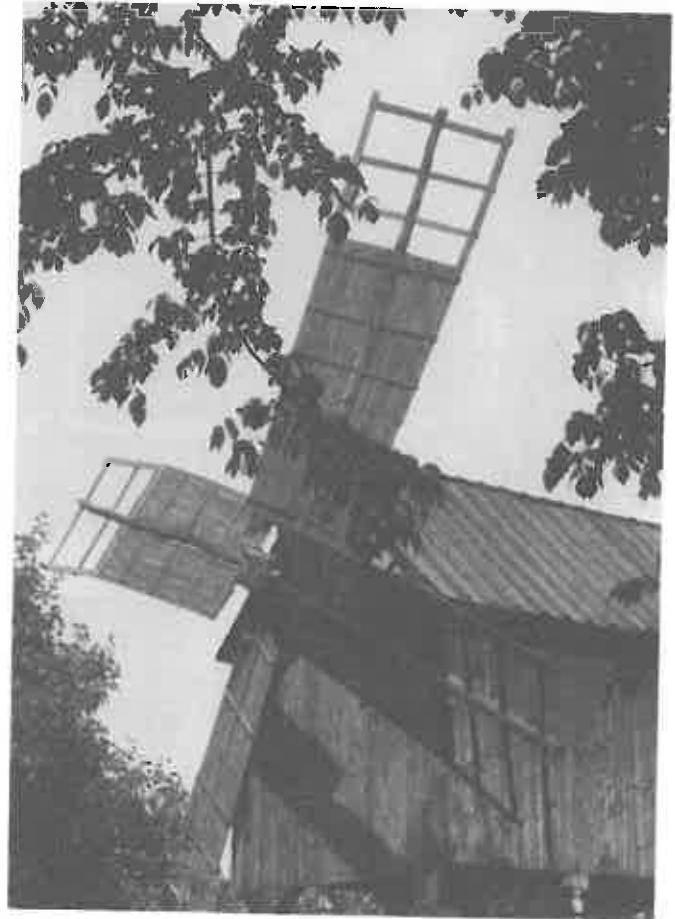
– from a group report

THE SHOPPING MALL

One of several noteworthy events from the Budapest meeting was the "shopping mall", an occasion for sharing information, answering questions and exchanging ideas about the different projects and programmes in which the participants were involved at home. Slides, video films and simple narratives helped to highlight their work. Topics, time and place were posted and people were free to wander from one presentation to another, each limited to half an hour. However, an extra session had to be scheduled because so many people had so much to share. Dr. Aagje Papineau-Salm from Holland was in charge of the sometimes complicated logistics and she was assisted by Deborah Jenkins (UK) and Dr. Rainward Bastian (Federal Germany).

Among the programmes featured in the "show and tell" sessions were the ministry to the blind run by the Evangelical Lutheran Church of Finland and described by Rev. Ari Suutarla, himself blind; a series of projects serving elderly and disabled people in Hungary (Participants had an opportunity to visit several of these institutions.); and 3 different kinds of Christian study and retreat centres in Sweden, Scotland and Austria, each of which is seeking in its own way for alternatives. The many-sided diaconical* programme of the Evangelical Lutheran Church in Federal Germany was described; it includes a network of more than 1,500 diakonia posts, (some of these are in charge of the Roman Catholic "Caritas") which care for the sick and elderly at home "activating and motivating them ... to become more involved with others." Their work also includes pastoral care and the promotion of many different kinds of self-help groups for people suffering with the same disease (Cancer, Parkinson's, etc.) and their family members.

Big cities produce specific problems, and in a number of European countries the churches have focused attention there. One such programme is an ecumenical community in the squalor of central Amsterdam ("Red Light District"). It is called OZ 100 and its founder-director, Rev. Rolf Boiten, brought a video film to illustrate the way it works – ministering to



WCC Photo: John Taylor

Living in an interdependent world, we *must* care that we share the same air. Romania.

drug addicts, alcoholics, prostitutes and Amsterdam's marginalized drifters. (This project will be described at length in a forthcoming issue of **Contact**.)

The Tøyen Project in Oslo, Norway, is another example. Rev. Kjetil Hauge described its aim as "bringing back spiritual and cultural life to areas of the city which have ... suffered a lack of roots and contact. Street theatre and music are one means of catching people's attention." The Project also maintains rest homes, prayer communities and an SOS phone service. Gerhard Röckle talked about efforts being made in Hamburg, Federal Germany, to break through the anonymity of big-city life by drawing people into dialogue and helping them find meaning in the alienating, superficially affluent life of Western Europe today – or at least to raise the question of what "meaning" they are looking for. All these programmes, it should be stressed, are basically run by volunteers.

Dr. Peter Povey, a community physician in Manchester, England, spoke about the health

* *Diakonia is theology in service. "The practical service of the Church and the individual Christian, following Christ's example..." (Ecumenical Terminology, WCC 1975).*



Photo: Wubbo de Jong

"OZ 100" in Amsterdam

problems experienced in Northern England's towns hit by industrial decline and the resulting reduced life-expectancy. He described the training and resources centre for the unemployed, located in the parish hall of his home town, Warrington. This centre was set up by his church council and the Church of England's Council for Social Aid in Manchester. It has already found jobs for 120 people who had been unemployed for years. The Centre makes and repairs toys, offers home care for elderly and disabled people in the staff's own homes, and includes a team of gardeners. Dr. Povey also described efforts being made by Manchester churches, together with the City Council, to help the homeless through a caravan team of doctors, nurses and health promoters. Dr. Povey has been instrumental in starting the Sickle Cell Centre to diagnose and treat this inherited, debilitating disease that affects 1 out of 10 Africans and Caribbeans living in this part of England.

Alcohol and drug abuse were seen as symptoms of the **dis-ease** which plagues so much of Europe today, East and West. Dr. Christine Woratz and Mr. and Mrs. Rudi

Reichel from the German Democratic Republic described the network of state-run out-patient clinics and institutions which also provide psychotherapy. They pointed out that there are a number of Christian churches too, which maintain programmes to work with alcoholics. This dis-ease is handled in a similar way in Hungary. And alcoholism is also a serious problem in Scandinavia. Rev. Hauge described 2 treatment centres of "caring homes" run by the churches in Oslo. "Our programme isn't aimed at Skid Row, the 'street people' (who) are rather rare in Norway today. We deal with what I would call 'closet alcoholics' ... who reach us through our SOS telephone service."

"The addiction syndrome is wider than alcohol and drugs. The theological dimensions have only been slightly studied. A liberation from substances seems urgent, as urgent as is the struggle for liberation from outward oppression."

***– Committee on Diakonia,
Evangelical Lutheran Church of Finland***

Another noteworthy thing that happened at the European Regional Meeting was a coming together of people from Eastern and Western Europe in an atmosphere where stereotypes were broken down and where experiences were exchanged with unusual honesty. The result was a heightened respect for differences and an understanding of the constraints under which Christians must work, both in the East and the West, where the church is often simply ignored.

The importance of regular, 2-way contacts between Eastern and Western Europe was recognized and has been followed up already, 1 example being when Holland initiated an exchange with Czechoslovakia last Christmas by sending carved wooden candle sticks.

"(There was) an interest in discovering new forms of service ... it was in the vision of Ezekiel that streams of living water came out of the threshold of the Temple to make things alive. That is how we, in our Church, were led to the vision of the Servant Church in which Christ gives us a share of His life and ministry as we engage in service to others. Only thus can the congregation become a healing community at the local level."

– Rev. Janos Pasztor (Hungary)

"Emptiness is found in hearts and minds in Birmingham as well as in Budapest ..."

– from a group report

"Because the churches have no scope for involvement in institutional health services or planning for them or even for counselling, they have tended to leave the subjects of health and healing alone, except for preaching about suffering and fullness of life at the theological level. Yet recently we have come to realize that our country is a mission field and so we are exploring the possibility of inner mission, which is new to us."

– Dr. Vojtech Zikmund (Czechoslovakia)

WORSHIP AT THE CENTRE

Worship played a central part in this consultation, and is noteworthy. The Rev. Dr. Peter Bellamy of Birmingham (UK) and Rev. Dr. Paula Whitmore from Coventry were in charge. Each morning began with a half-hour meditation based on the forms of service used by the Ecumenical Community in Taizé, France. At the end of the afternoon, smaller groups of the



LWI Photo

same language met, to facilitate direct communication and to allow more flexibility and personal participation. There was a combination of readings and prayers, silence and the use of symbols, such as colorful scarves, candles, stones and flowers. By the end of the week, most people agreed that their groups had truly become **communities**. The worship part of the European meeting had been particularly designed, as Rev. Bellamy explained, "to challenge us to let go of stereotypes and prejudice and enable the formation of true commitment and fellowship."

"... as children of the light, we possess only a little light. Our light cannot grow unless we share it with one another."

— from closing worship.

Dreams and Prophecies from Budapest

There were 5 discussion groups which contributed personal experiences and dimensions of understanding to the issues raised by the main speakers. Here are some of the things they would like to see happen:

- More resources to **preventive medicine** including information campaigns on specific diseases and more recognition of the **value of alternatives** to excessive medication and unnecessary examinations as part of an effort to keep health care costs down.
- **Closer dialogue between health professionals and the Church** in order to better confront difficult decisions and to meet the spiritual needs of patients, their families, and the "care-ers" too.
- More emphasis on finding **small-scale, imaginative ways of caring** for the disadvantaged whose needs are not met by state health systems, so as to preserve their human dignity instead of letting them get caught up in the often-rigid, impersonal bureaucracy of the health and welfare systems. Among these people are the elderly, the jobless (especially young people), those with alcohol and drug addictions, the disabled and AIDS victims. This search should be accompanied by "seeking **new attitudes to weakness and handicaps and suffering...**" (Since September, 1986, the alarming increase in the number of AIDS cases in Europe is forcing churches, whether they

like it or not, to examine their own attitudes toward the disease and persons who have become infected with it. One group report cautioned against "the emerging climate of neo-moralism" which isolates the victims even more.)

- **Stronger dialogue between the Church and the state**, which, in Europe, is generally responsible for health care. "But it must not be 'we Christians' vs. 'those with other values and beliefs'! There must be a dialogue that goes beyond the Christian or the Christian community to gain a deeper understanding of one another as human beings," a group report cautioned.
- **Home care** wherever possible for sick, elderly and disabled people, and support made available to those who care for them.
- The churches' attempt to find ways to **recognize everybody's special gifts and talents** and to use them within their congregations and communities.



Photo: Tore Samuelsson

Winter-spring 1982. Transports of food and hygiene articles from Swedish Lutheran Relief to Poland. Receiver is Methodist congregation through the Ecumenical Council.

- **Re-examination of the healing power of prayer, reflection and the sacraments:** by theologians on the relationship between health and grace, by medical scientists and theologians on questions of human genetics and conception.
- The CMC's consideration, as part of the next phase of its study on the Christian understanding of health and healing, of formulating a **study guide for congregations** consisting of 20-30 questions on the issues studied at the European and other regional meetings.
- The CMC's consideration of organizing a **conference of hospital chaplains**. The question of whether it should be European or international was raised; and Rev. Gerard Spelberg from Holland was asked to look into possibilities.

The Churches' Council on Health & Healing, the body which seeks to coordinate much of the churches' healing work done in the U.K., is planning to hold a major conference in 1988. It is hoped that some of the issues raised during the CMC's regional meetings will be taken up there.

WHAT NEXT ?

A common disappointment following most regional meetings has been that as the euphoria of new friendships fades and people resume the demanding routine of everyday life, momentum slows down. Resolutions are put aside and eventually forgotten.

This time it is going to be different. A follow-up process was built into the European consultation through preparatory meetings in a number of countries. Those persons who took part – and only a few of them actually went to Budapest – were already an active network. These groups have reunited since – in Holland, Finland, Sweden, Norway and Federal Germany, and plans have been made for a get-together in the United Kingdom. A lively exchange of individual correspondence and visits has continued. Many of the participants have spoken about the Budapest meeting to their congregations and synods and to professional and community organizations. In Federal Germany, the EKD (Evangelische Kirche in Deutschland) has published a booklet about it, designed specifically for German congrega-

tions. In 1 East European country, a physician has launched a discussion group on medical ethics among his colleagues, believers and non-believers. "The Wholeness View of Health" was a follow-up conference held in Sweden in May and another on "Cooperation toward Health: Christian Ethics Fulfilled in Medicine" is scheduled for September. Drs. Hans and Märta von Holst write that "the common purpose is to stimulate on a local level throughout the country ... cooperation between ... doctors, nurses, etc. in hospitals and health centres ... integrating Christian values in daily work ... as well as (involving) local churches in caring for the elderly and handicapped people by volunteers ... The September conference will be of particular importance as we will discuss how to set up an infrastructure all over the country..."

The Health Care Ethics Department, recently created within the Ecumenical Council of Churches of Finland, organized a seminar on AIDS in March and they are planning a national follow-up seminar on the Budapest consultation in autumn 1988. Dr. Ulla Gripenberg and Dr. Pekka Tuominen are members of the Health Care Ethics Department with Dr. Raimo Harjula as its chairperson. All took part in the European Consultation.

Follow-up preparations meanwhile have begun for a Scandinavian-wide seminar, to be held in Finland in 1988.

Those who came to the CMC's European meeting were left with questions and challenges and new friendships. One of the participants, a medical doctor from the German Democratic Republic, Christine Woratz, put it this way: "We have not gained any absolute truths, any world-shaking new insights. We have reached no final goals at which we could stop now ... It would be interesting to meet again in a few years' time to find out about the changes, about what the conference achieved ... where beginnings had been continued ..." This could be said for all the regional meetings. What do you think?



CONCLUSION

Just because some regions of the world possess more advanced technology doesn't mean their people suffer less. Many thousands of individuals in Europe and North America live in appalling conditions of poverty, crime and disease. This coming together of European leaders has served to remind us once again that we are indeed 1 world – with the same problems everywhere – although at 1st glance they may be more camouflaged by so-called «plenty» than they are in Africa or Asia.



WCC Photo: John Taylor

...returning to the earth in Czechoslovakia...

WORTHY MENTIONS

The editors of CONTACT find the following efforts most heartening, as they are in keeping with the publication's goal of reporting on 'topical, innovative and courageous approaches to the promotion of health and integrated development'.

Practicing what one preaches is sound policy, and not only for those who minister. Preaching also means teaching. And as a world-wide authority on health, W.H.O. (World Health Organization) is to be congratulated for setting this example by stamping out its "BUTS".

A "LIMITATION OF SMOKING ON W.H.O. PREMISES" became effective on 7 April 1987, World Health Day.

Following a staff survey, careful consideration, and consultation with numerous health authorities, the Director-General decided that smoking is now no longer permitted in the following areas of the headquarters buildings: halls, corridors, elevators (lifts),

staircases, lobbies/all computer terminal and word processor rooms/all meeting rooms, large and small, and the lounges outside them/the cinema/the cafeteria, the restaurant, and eating areas in the 2 Annexes/all offices/the relax room /the coffee machine rooms.

Smoking is still allowed in areas not strictly related to work and meals, such as the staff room and games room. Short courses to teach interested staff members how to stop smoking are being offered in English and French depending on demand.

*WHO Document IC/86/112
17 November 1986*

USEFUL PUBLICATIONS

The abridged report of the Budapest meeting entitled, **"Who Lives, Who Dies, Who Cares?"** is available from the CMC for £1, and full texts for most of the main presentations are also available on request. The report has also been published in French and German. Please address your requests to the CMC.

The Children and the Nations by Maggie Black, 496 pages.

In keeping with its 40th Anniversary, UNICEF has published a book on its development and growth. It tells the story from its start in post-war Europe to today's worldwide involvement for the improvement of children's lives. It reflects the many debates – on hunger, the environment, population growth, 'health for all', women's rights – which have characterized the evolution of thinking about development. It is a book worth reading by all interested in development and especially in the plight of children.

Available from:

UNICEF Publications Sales Department
UNICEF / 866 U.N. Plaza
New York 10017 USA

Price:

\$21.95
(ISBN 92 1 100302 4)

LIVING WITH DEATH AND DYING by Dr. Elisabeth Kübler-Ross, Macmillan Publishing Company, Inc., 181 pages.

"One cannot read Kübler-Ross and not be impressed by her compassion, understanding, and skill in relating to patients. It is apparent that she has observed the isolation of many dying people, and that she has been able to reach them, inform them of their condition, and support them through their suffering, so they could die with peace and dignity." (Prism) A work that should remain current in its attempt to restore man's humanity to man. Chapters cover, "... the challenge to hear our patients, ... drawings made at significant times in one's life, parent care: total involvement in the care of a dying child, ... sudden death." Also by the author: **ON DEATH AND DYING** (1969) – her first revolutionary book on this issue, **QUESTIONS AND ANSWERS ON DEATH AND DYING** (1974), and **WORKING IT THROUGH** (1982).

Available from: Macmillan Publishing Co., Inc., 866 Third Ave. New York, NY 10022 / USA.

SELF-EVALUATION by Jim Rugh: **Ideas for Participatory Evaluation of Rural Community Development Projects.**

The basic purpose of this manual is to help those involved in running rural community development projects learn how to evaluate themselves more effectively: "Why should you evaluate?" "For Whom...?" "By whom?" "When?" "How?" It is a practical, simple handbook, which could be of great help to anyone involved in health and rural development programmes. If you ask yourself, "Is my programme making a difference to those it is meant to support?", you may wish to **order a manual from: World Neighbors, Inc. / 5116 North Portland Avenue, Oklahoma City, Oklahoma 73112, USA.**

Price: \$5.00.

CONTACT SPECIAL SERIES

Is a publication of the Christian Medical Commission. Individual issues are designed to gather under one cover a collection of previous CONTACT issues and related articles dealing with a single timely theme.

Special Series Number 4 – April 1987 focuses on "Food, Nutrition and Health" and treats such aspects as:

- actions improving food production and distribution
- myths about world hunger
- how to tackle the man-made problems of the African Famine
- desertification and deforestation – some ways of fighting them
- people's technologies and people's participation
- appropriate technologies for tackling some causes of malnutrition
- several countries' examples of nutrition interventions

Price (including postage):

Sfr. 10.50 US\$5.00 DM 12.00 £3.00

Special Series Numbers 2 (In Search of Wholeness... "Healing and Caring") and 3 (Health: The Human Factor) are also available at the above price from the Christian Medical Commission.

"WHAT IS AIDS? (A MANUAL FOR HEALTH WORKERS)" is another CMC publication, available free of charge. Copies will be sent to CONTACT subscribers under separate cover. If you have any questions, or would like additional copies, you may write/call Birgitta Rubenson, CMC Programme Secretary (Nursing), who compiled the information.

CMC NOTES

MAP International

A workshop on "Community Health Development" is being offered from 19 - 24 October 1987. The following elements will be examined:

philosophies of development; specific Biblical views of health; broadening the meaning of "health"; initiatives, resources and responsibilities the local community itself can be expected to produce; the relationship/balance between the community's contribution and that coming from outside.

Led by health workers with East African experience, methodology will include presentations, discussions, case studies, simulation games, etc.

To reserve your place in time, a non-refundable registration fee of Ksh 250 (US\$15) must be sent to the address below by 31 July 1987.

More information from:

MAP International / CH Workshop
Box 21663 Nairobi KENYA

CMC NEWS

This spring, CMC's study secretary **Jeanne Nemec**, retired. She left for Rome to join her husband who will be working there for 2 years with the FAO. Jeanne joined the CMC staff in 1975 and was involved from the start in the regional meetings. Amidst the chaos of moving to our new offices (even though they're just upstairs) and in the process of going through old study-related correspondence, Jeanne was asked to sum up these 11 years of experience:

"I'm sorry for our wasteful use of paper (but thank heavens most of it is recycled). I'm sorry too for the often careless use of words, the reliance on clichés,

almost incantations, instead of expressing ourselves simply and after careful thought. I'm sorry that we haven't been able to live up to the words we use so much, like 'caring', even among ourselves sometimes. Still, I'm grateful for these years because of the questions they made me ask (many still unanswered), and particularly because of the people I've grown to know, not just in Geneva, but all over the world where these CMC meetings have been held, people whose faces I can still see and feel blessed, just remembering them."

CONTACT is the periodical bulletin of the Christian Medical Commission (CMC), a sub-unit of the World Council of Churches (WCC). It is published 6 times a year in 4 languages: English, French, Spanish and Portuguese. Present circulation is in excess of 26,000.

Papers presented in **CONTACT** deal with varied aspects of the Christian community's involvement in health and seek to report topical, innovative and courageous approaches to the promotion of health and integrated development. A complete list of back issues is published in the 1st issue of each year in each language version. Articles may be freely reproduced, providing acknowledgement is made to: **CONTACT**, the bi-monthly bulletin of the Christian Medical Commission of the World Council of Churches.

Editor: Eric Ram (Director). Editorial Assistant: Sanda Freeman. Editorial Committee: Eric Ram, Reginald Amonoo-Lartson, David Hilton, Sanda Freeman, Birgitta Rubenson, Christel Albert. The rest of the CMC staff also participate actively in choosing topics and the development of materials. Mailing List: Fernande Chandrasekharan. Printer: Imprimerie Arduino. Correspondence: CMC/WCC, PO Box 66, CH-1211 Geneva 20, Switzerland.

The average cost to produce and mail each copy of **CONTACT** is SF 2.50 (US\$ 1.25), which totals SF 15.- (US\$ 7.50) per year for 6 issues. Industrialized-country readers are strongly encouraged to subscribe to **CONTACT** to cover these costs. Please note that orders of back issues of **CONTACT** will be charged at the above rate.