

## My Yoke is Easy and My Burden is Light



**As I am writing this article, I am aware that some of us are probably just unwinding from the pressures of the past financial year and looking forward with plans for the next year. The beginning of a new season is always laced with new vision, expectations, uncertainties, fear of litigation, keeping up with a myriad of compliance, new deadlines, renewed ambitions and targets. It is always a mix of anxiety and confident hope. The new season is also a perfect opportunity to fortify our belief in the living word of God.**

The apostle Paul's nation was occupied by a modern foreign army and ruled by corrupt leaders. He was writing from prison, where he was being held as a result of false accusation. He was separated from those he loved; his motives had been questioned; and he had been misrepresented. Some were trying to undermine all that he had accomplished in his sphere of work. He suffered physically and faced imminent execution, yet he was determined in his heart. There would never be a crisis so troubling that God could not bring peace in the midst of it. Such was his assurance

that he confidently wrote in his letter to the Philippians 4:6:

*Do not be anxious about anything, but in every situation, by prayer and petition, with thanksgiving, present your requests to God.*

The life of Paul is a powerful reminder that God is looking over His beloved throughout the ages, and that we need not to understand how He brings His peace and power to our circumstances in order to experience it!

Peter, the disciple reminds us in 1 Peter 5:7 (Amplified Bible):

*Casting all your cares [all your anxieties, all your worries, and all your concerns, once and for all] on Him, for He cares about you [with deepest affection, and watches over you very carefully].*

During our recent Christian Dental Fellowship Conference one of our prominent, senior members passionately urged us during the AGM to do something constructive regarding the incidences of stress-related casualties in our profession. We are gradually beginning to realise the extent of this

issue not only among graduates but also among our students across the country.

As dentists and a body of believers, it's a privilege that we have a living God to whom we can give our worries and anxiety, allowing Him to carry the weight of our problems. But we must choose to cast them into the strong hands of the Father.

Mathew recollects Jesus saying to his listeners, who were probably tired from the heavy regulations placed upon them, to look to Him for comfort, solace and an alternative. Oswald Chambers, a renowned Bible teacher and former Principal of the Bible Training College, London puts it like this:

*"Jesus is asking us to get beside Him and take one end of the yoke, so that we can pull together. That's why Jesus says to us my yoke is easy and my burden is light".*

This invitation is also open to us today more than ever.

A more contemporary version of this verse explains it more vividly.

Mat 11:28-30 (The Message):

*"Are you tired? Worn out? Burned out on religion? Come to me. Get away with me and you'll recover your life. I'll show you how to take a real rest. Walk with me and work with me — watch how I do it. Learn the unforced rhythms of grace. I won't lay anything heavy or ill-fitting on you. Keep company with me and you'll learn to live freely and lightly."*

Prince Thomas  
CDF President

# Elective in Kerala, India

**In June 2019, I went to Kerala; a state on the Southwest coast of India. Although my place of origin and having travelled frequently to visit family, I was mesmerised by how much I was still to learn, and how differently things operate there. Taking two of my British colleagues also drastically changed the dynamic of these routine trips, about which I'll talk later. We stayed with various family members to make the most out of embracing the culture, values and beliefs during our time there, which proved to be insightful.**



*Believer's Church Hospital*

We were met with our first hurdle when miscommunication with our host hospital meant that they were expecting us to pay out a significant amount of money and that we weren't allowed to have any hands-on experience. At the time, this was rather frustrating, but we quickly learnt about the need for flexibility and were grateful for kind family members who organised an alternative hospital to work in. The Believer's Church Medical College Hospital was a 500 bedded multispeciality hospital that "aimed to provide high quality, holistic care that was cost-effective to the common man, in the spirit of Christ". The hospital was supported by 123 'Sisters of Compassion' who derived from different language groups and parts of India. Within the dental department, clinics ran from Monday to Saturday, 8am to 3pm, with a general dentist and two interns, along with visiting specialists. Patients were seen on a first come first served basis, given a general triage assessment by the

general dentist and then referred to corresponding specialists for treatment, if appropriate. A comprehensive list of treatments were available, with individuals charged on a fee-per-item basis. Treatments were substantially cheaper than other local hospitals or practices and in contrast to the UK.

## Highlights

One of the biggest highlights was seeing how accessible dental care was in Kerala. Patients seeking care could almost certainly be seen on the same day. It was encouraging to see the diversity of the patient cohort, from foreign patients that had come to the hospital as part of the growing trend towards 'dental tourism' in Kerala, to those from more disadvantaged backgrounds.

The triaging system meant that the service provided was efficient. An assessment would reveal what treatment was required, how long this would take and at what cost. If a second opinion was necessary, specialists were on hand immediately. Moreover, in general, there was a quick turnaround for all treatment to be completed. A fee-per-item basis enabled the patient to have more options in terms of the materials available, along with choosing what they would like to be addressed. In this way, patients were comfortable with the treatment provided and there were no dreaded 'PDNAs' (Patient Did Not Attend).

It was incredible watching the pace at which the specialists worked and the extent of their knowledge; there was a real drive towards learning, specialising and utilising the latest technology. The staff were always very keen to teach us and explore the similarities and contrasts of the undergraduate learning experience. They were surprised to learn of the breadth of knowledge and clinical experience we had to gain during our first

five years, whereas we were surprised to hear of the system of reservation in India that enabled positive discrimination within education.

Christian traditions were also embedded throughout the hospital. Mornings would begin with worship and prayer time at the chapel, there was a celebratory announcement via the hospital-wide intercom system for every birth and there were a number of community health programs promoting health that had been running successfully for a number of years.

Outside our working hours, we were welcomed into many homes. We got to see a real range of the conditions in which people lived but there was always one thing in common - their hospitality. Wherever we went from the most indulgent of houses to the ones with leaking thatched roofs, we were always offered heartwarming homemade food and tea (with sugar!).



*Me, Naomi & Sophie exploring a local waterfall*

## Difficulties

Although an amazing time, my experience in India did not present itself without its difficulties. One of the greatest barriers throughout our time in India was how differently patients were treated based on their relative wealth. Treatment options were often deciphered and delivered by

the dentist based on how affluent the patient appeared on the day, rather than informing them of the most evidence-based methods. Moreover, there was a paternalistic approach to dental care, with less emphasis on cross infection control or the need for communication. This was largely influenced by the shame and honour culture which resulted in even small differences, such as certain patients having to take their shoes off in order to get into the dental chair.

Furthermore, there was not as much of a focus on teamwork either within the department. Firstly, nurses were qualified in general nursing which made it difficult for them to understand dental terminology, recognise the differences between instruments or in assisting dental procedures. This not only slowed down the provision of treatment, but affected patient safety at times and raised the dentist's frustrations. Additionally, nurses were not allocated to work with a specific dentist. Instead, they were shared between the dentists and called when their assistance was required.

The other stark contrast was that there were no routine checkups; patients presented when they were in pain or when they had sufficient funds to get a concern fixed. A lack of prevention-based dentistry along with barriers to affording treatment resulted in widening health inequalities and undiagnosed dental disease. During our time in Kerala, we came across many individuals roaming around the local town with actively carious lesions or missing teeth, even affecting their anterior teeth, which came as a shock. There was a lack of awareness of the influences of diet, obesity, smoking, alcohol, diabetes and oral hygiene upon one's health - both oral and in general. One of my particular interests was in the treatment of trauma-related injuries. Sadly, it was evident that a lot of these injuries, or even deaths, were wholly preventable by the simple



*Me, Naomi, Sophie & my aunt who we stayed with*

application of a seatbelt, helmet or not driving under the influence of alcohol. Although these principles were enforced by law, there seemed to be a gap between legislation and the practice of it. It emphasised the difficulties in changing behaviours, even on a state level.

In terms of personal growth, I found my time in India particularly challenging, though it was a fruitful season. Translating from Malayalam to English and vice versa was tiring as it was constant, relentless and it was not just the language I was translating but also the cultural nuances as well. Having lived in the UK for more than 15 years, never having lived in India, but being of Indian origin, my cultural identity is something that I have always struggled with. Often, when my family and I go back to India, I feel the pressure to be a chameleon and though different, sync back in, in order to be relatable to my extended family. However, taking my colleagues meant that I could not go back to that, and my extended family recognised how different I was. One of my aunts even commented on how good my English was, which was humorous. As I spoke the local language Malayalam fluently and was clearly Indian, the fact that I had brought two obviously British colleagues met with a lot of confusion. I was often mistaken as a tour guide. My friends became the centre of attraction and were treated very differently to me. On a daily basis, this

became more and more of an issue - the stares, the comments and various members of the public constantly asking to take photos.

### Learning points

As a Christian, I was definitely challenged by the difference in attitudes towards those from varying socioeconomic backgrounds. I am definitely more conscious than I ever was before of showing compassion to others (because Jesus did!) and knowing that we are called to serve God first. This may mean working in areas of high need rather than having a well acclaimed job, or even in simpler things as just working faithfully day in, day out. In terms of using this period as a learning opportunity, I am also able to better appreciate the importance of soft skills. Listening, empathising and showing care is such a bold statement that not only makes a difference to patient care but in developing the dental team as well. Professionally, it has also helped me in becoming more sensitive to understanding how significant culture, values and beliefs interplay in terms of patient perceptions. In the UK, patients come from diverse backgrounds and I think that more could be done to accommodate these 'inaccessible' groups. The gospel gives us identity and true freedom in Christ. It is what unites us across different countries, languages and races (Ephesians 4). I learnt that although it is important to work hard, ultimately I can know that God is in control of all things and will work it out for His glory and our good. This has been a huge encouragement. God's grace, shown to us in Christ and the work of the Spirit is ultimately what sustains us and that is more than enough- both for you, me and the people of Kerala.

Ann Varghese  
University of Sheffield

# Should Our Patients Come First?

## - Getting it Right for Everybody



Liz Roebuck

**Our clinical talk at the CDF conference in November was by Liz Roebuck. Liz qualified in Newcastle in 1987 and worked there for two years in hospital roles, before moving north to Edinburgh. With the exception of a stint commuting to Glasgow to complete her training in Paediatric Dentistry, she has worked there since. She currently holds a Consultant post with NHS Lothian, is on the Board of Trustees of the British Society of Paediatric Dentistry and is also involved with the BMA, representing dentistry on the Local Negotiating Committee. Building on her enjoyment of Nordic Walking, Liz recently completed her Diploma in Fitness and Nordic Walking, qualifying as an instructor in 2017.**

A series of health issues culminating in a detached retina, led to a time when Liz was left flat on her back and gave her the space and time to reflect on her life. What was the impact of juggling her career and her family having on her life and also on her work? What she found was relevant, not only for her but for all of us in our lives.

Many personal factors can influence our lives and how we feel, putting pressures on us including:

- Health
- Values
- Community
- Fairness
- Technology
- Family

All these are in competition with work or organisational pressures such as workload, control and space, and as a consequence can impact on patient care, leading to:

- Impaired quality
- Poor decision making
- Reduced patient satisfaction

As these conflicting pressures grow it can lead to burnout and start to impact on not only the work team and their dynamics but also your family. Stress in the work place can lead to bullying, absenteeism, presenteeism (where people don't take sick leave when needed) and grievances. NHS staff are taking more sick days than ever with the cost to the NHS estimated to be £2.28 billion per year.

Fitness is the ability to meet the demands of life safely and effectively and a lack of fitness has a myriad of side effects and impacts.



The most common health definition is that health is the complete physical, mental and social wellbeing and not merely the absence of disease. Therefore, fitness incorporates physical fitness,

emotional, spiritual, mental, nutritional, medical and social fitness. All of these need addressing to make sure that we are keeping well.

Liz challenged us to ask ourselves three questions:

1. Do you make enough time to exercise regularly?
2. Do you get enough sleep?
3. Do you make time to pursue what gives you joy?

The benefits of physical fitness and exercising regularly are numerous:

### Motor Skills:

- Agility improved
- Balance improved
- Speed improved
- Co-ordination improved
- Power improved
- Reactions improved

### Cardiovascular Fitness:

- Increased efficiency of lungs
- Increase blood volume and number of red blood cells
- Blood pressure decreased

### Muscular Fitness:

- Increased bone density
- Resting metabolic rate increased
- Body fat decreased
- Cholesterol reduced
- Self-image improved
- Core stability improved
- Risk of injury reduced

### Flexibility:

- Quality of life improved
- Posture improved
- Stress management improved
- Sports performance improved

To improve her physical fitness, Liz started Nordic Walking and was most enthusiastic about the benefits. These included reducing the risk of cardiovascular disease and type II diabetes, improving sleep, managing stress and anxiety and even toning bat wings!

Sleep, while vitally important, can be disturbed for many reasons including job stress, financial concerns, smoking and long commutes. Getting eight hours of quality sleep can reduce mood swings, depression and anxiety, obesity, heart disease and diabetes as well as improving immunity, mental well-being and health. Interestingly the same benefits were also found when you laughed at least twice a day. To improve your sleep, you should try to:

- Reduce your intake of alcohol, caffeine and tobacco
- Ensure your last meal is more than two hours before you go to bed
- Put your phone away
- Try and set a routine
- Exercise
- Try to spend some time outside during daylight

There is a publication, “Getting it Right for Every Child”, which outlines The Children and Young People (Scotland) Act 2014, which sets out the aim to make Scotland the best place in the world for children to grow up. Liz used the principles found in this Act and applied them to us as adults. The Act was concerned with well-being and found three areas which should be focussed on. Not only Physical and mental health but all living in a protective environment and resilience.

The protective environment had five aspects:

1. Somewhere you are safe, respected and nurtured
2. A place where you are accepted and have equality

3. You are involved in the decisions which affect you
4. You are supported and guided
5. You have opportunities

Resilience is the ability to succeed, to live and to develop in a positive way despite the stress of adversity that would normally involve the real possibility of a negative outcome. Ways to improve your resilience are:



- Make home a sanctuary
- Value strong relationships
- Control stress not people
- Recognise conflict as an opportunity
- Manage bullying and violence assertively
- Create a legacy

Liz then took the opportunity to challenge us to look at what we could do to change our behaviour with this advice:

- Keep it simple
- Focus one habit at a time
- Start small
- Write it down

She invited us to then write down our first change on a small card, place it in an envelope and address to ourselves. She took them in and promised to send them to us in thirty days so we could see how we had got on with our first small change.

So, should we put our patients first? Of course, they should always be our priority. But in the same way that in the

flight information on an aircraft you are told to put your oxygen mask first, you need to ensure that you are in a position to safely treat and care for your patients. She concluded the talk by focussing on a promise from God.

*“But those who trust in the Lord will find new strength, they will soar high on wings like eagles. They will run and not grow weary. They will walk and not faint.”*  
Isaiah 40:31 (NLT)

It was great to hear practical advice on something which affects us all whether we are working in a clinical environment, office based, retired or spending time at home. Thanks to Liz for such an informative and challenging talk.

Tracey Dalby

## Dates for Your Diary

Regional groups are a great way of meeting up with colleagues and friends who live more locally to you. Here are details of upcoming Regional meetings.

### South Wales

**Saturday 28th March, 2020 7:30pm**  
Thornhill Church Centre Cardiff - Come and hear Lynne Smith talking about her exciting work.

### East Midlands

**Saturday 18th April, 2020 11am**  
There will be a circular walk, starting and ending at Woolsthorpe, in the Vale of Belvoir.

Please bring along a picnic that we may eat en-route. However, there is a Pub, Chequers Inn, in the village but it's popular. All are welcome, CDF members or not, friends, family, colleagues, and dogs! Please let Karen Paterson know via [christidentalafellowship@gmail.com](mailto:christidentalafellowship@gmail.com) if you're coming.

continued.....

# Pastoral Care: Dentists' Health Support Programme



**Here at the Christian Dental Fellowship we aim to help and support colleagues in their personal and professional life, where we can, with friendship and signposting to professional services and groups. If you would like to get in contact with the Pastoral Care team at Christian Dental Fellowship then please get in touch with us at [christiandental fellowship@gmail.com](mailto:christiandental fellowship@gmail.com)**

The DENTISTS' HEALTH SUPPORT PROGRAMME has recently raised it's profile and is one of the groups offering help and support if you are a colleague suffering from stress that is affecting your work. It could be anything from low mood, anxiety, mental health issues to addiction. It is run by dentists for dentists. Members of CDF have found it to be very helpful and supportive.

Below is more information, which is also available on their web site, describing the work of the Trust.

Their contact details are:  
[www.dentistshealthsupporttrust.org](http://www.dentistshealthsupporttrust.org)  
[dentistsprogramme@gmail.com](mailto:dentistsprogramme@gmail.com)  
0207 224 4671

In the field of dentistry, dentists may sometimes experience stress at work – after all, it can be a very fast moving, performance-driven environment.

As such, dentists (just like everyone else) are at risk of developing a substance abuse problem such as an alcohol or smoking addiction. According to a recent well-being report published by the British Dental Association, almost half of general dental practitioners (GDPs) surveyed reported low levels of life satisfaction and 44% reported low levels of happiness.

On top of that, 55% admitted to experiencing high levels of anxiety the day prior to being surveyed, which suggests that the number could be even

higher if you take into account those dentists who suffer from sporadic episodes of anxiety and nervousness.

As it stands, the exact number of dentists suffering from an addiction problem or mental illness is unknown. However, what we do know, is that high levels of stress at work can have a negative effect on emotional well-being and mental health, which is why the profession must continue to place importance on staff welfare. After all, with the right help and support, such a risk could be completely avoided. Luckily, there is help available for those dentists that have an addiction or who are suffering with any mental illness.

The Dentists' Health Support Trust (DHST) offers dentists in difficulty an opportunity to remedy their problems, get their life back on track and, where possible, back into practice. Part of the struggle can be to admit to having a problem, but with the help of an organisation like DHST, which has an 80% success rate (the highest of any comparable charity in the country), dentists can receive the necessary diagnosis and intervention that they need to get better.

The Trust provides a number of services including: responding to enquiries, which may lead to intervention, assessments and treatment pathways followed by ongoing monitoring and support. This support is extended to families and colleagues of the dental professional in difficulty. A vital role is that of case-management, where the coordinators take responsibility for liaison between health and other professionals involved in the dental professional's treatment/support. Another essential component of our role is to educate and raise awareness within the profession regarding the reality of mental illness and addiction issues among members of the profession. All enquiries are logged in a data gatherer from which data can be

extracted and examined, allowing us to objectively consider patterns of behaviour and presenting conditions within the dental profession.

## Helpful Contacts

**Sick Doctors Trust** Tel: 0370 444 5163

Email: [help@sick-doctors-trust.co.uk](mailto:help@sick-doctors-trust.co.uk)

The Sick Doctors Trust is a charity which helps doctors, dentists, medical and dental students with problems with addiction.

**British Doctors and Dentists Group (BDDG)**  
Tel: 07792 819 966

Email: [info@bddg.org](mailto:info@bddg.org)

The British Doctors' and Dentists' Group is a mutual help group for doctors and dentists who are recovering, or wish to recover, from addiction to or dependency on alcohol or other drugs.

**Narcotics Anonymous** Tel: 0845 373 3366

Email: [pi@ukna.org](mailto:pi@ukna.org)

A nonprofit fellowship or society of men and women for whom drugs had become a major problem, who meet regularly to help each other stay clean.

**Alcoholics Anonymous** 0845 769 7555  
Helpline available 10 am – 10 pm every day

Email: [helpalcoholics-anonymous.org.uk](mailto:helpalcoholics-anonymous.org.uk)

A fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism.

**Cocaine Anonymous** 0300 111 2285 (mobile friendly) or 0800 612 0225 10am – 10pm every day

Email: [helpline@cauk.org.uk](mailto:helpline@cauk.org.uk). A 12-Step Fellowship welcoming anyone who wants to stop using cocaine and all other mind-altering substances (including alcohol and other drugs). There are many useful downloads on the website including Who is a Cocaine Addict?

## Financial Help

**The BDA Benevolent Fund** Tel: 020 7486 4994 Monday – Friday 9.30am – 5.30pm

Email: [generalmanager@dentistshelp.org](mailto:generalmanager@dentistshelp.org)

Provide financial support, money advice and information when needed due to age, ill health, disability or bereavement.

# Three Great Debates: Christianity in the public square

**On Friday 25<sup>th</sup> October 2019, The Royal College of Surgeons in Edinburgh played host to a joint venture between Lawyers' Christian Fellowship, Christian Medical Fellowship and Christian Dental Fellowship. This was an evening of debate entitled: Three Great Debates: Christianity in the public square.**

A packed hall heard a distinguished panel of speakers tackling questions of Christianity's relevance to modern society, the use of Christian principles in medicine and the Christian understanding of free speech.

In the chair was Professor Mona Siddiqui, Professor of Islamic Studies and Interreligious Studies at the School of Divinity, University of Edinburgh where she also serves as Assistant Principal for Religion and Society. She is a regular commentator in national and international media as well as chair of the BBC's Scottish Religious Advisory Committee.

The first of the debates explored the motion, *"Christianity is irrelevant in modern society."* Debating for the issue was Donald Findlay QC, twice Rector of St Andrew's University and speaking against, Dr Andy Bannister, Director of the Solas Centre for Public Christianity and an Adjunct Lecturer at the Wycliffe College at Toronto University. Donald Findlay describes himself as an atheist. Andy Bannister has a PhD in Qur'anic studies and is active in this field.

The second debate addressed the question of whether Christian principles remain relevant to modern medicine with the motion; *"Christian principles should be dropped from medicine"*. Professor David Galloway spoke for the motion and Lord Purvis of Tweed, against. Professor Galloway is a past President of the Royal College of Physicians and Surgeons of Glasgow and Lord Purvis of Tweed, former Liberal Democrat Shadow Finance Secretary. Professor Galloway has worked across the world, recently providing

surgical support to rural Zambia and is keen to provide an intellectually valid defence for the Christian worldview. Jeremy Purvis, when elected, was the youngest constituency MSP and is one of the youngest ever Life Peers.

The final motion of the evening was *"Christians should support the criminalisation of hate speech."* Dr Donald Macaskill, Chief Executive of Scottish Care spoke for the motion. Dr Macaskill has campaigned for many years for incidents of harm against minority groups to be considered as hate incidents and has sought to increase understanding around what we mean by freedom of speech. Paul Coleman, Executive Director of Alliance Defending Freedom (ADL) International spoke against. He has researched the rise of so-called "hate speech" laws throughout Europe and their disturbing effect on freedom of speech.

Professor Siddiqui maintained firm control of the proceedings, allowing a strict six minutes for each speaker to make their case. Once both sides of the argument had been heard there followed a short time of questions from other panel members. Every one of the six panel members gave persuasive and well thought out presentations offering convincing arguments for their view. After the formal part of the evening closed with a time of questions from the floor, the conversation continued unabated over a glass of wine and delicious snacks in the reception area.

So, what did I think? Was I convinced that Christianity has anything to contribute to the 21st century public square? Absolutely, yes, but perhaps I am slightly biased already...

Susie Matthews  
CDF Past President



## Dates for Your Diary

### South West

**Saturday 30th May, 2020**

At Martyn and Sue Green's home in Tiverton. More details to follow.

### CDF Scotland

**Saturday 28th March, 2020**

The meeting will be held in our trusty venue of Letham St. Mark's Church of Scotland, Perth.

Our theme for this year is *"Why we work"*

Excitingly, our speaker will be Fred Drummond, Director of the Evangelical Alliance in Scotland.

The cost (payable on the day) including a delicious lunch and mid-session refreshments (lots of buns!!), will be:

- Students - £10
- Non-dental - £10
- Dentists - £10
- Dentists - £30
- Retired and Maternity leave dentists - £20
- Overseas Missionaries - free

So that we can plan for catering, it would be great if you could reply to this invitation by 29th February - please respond by email to this address ([scottishcdf@gmail.com](mailto:scottishcdf@gmail.com)).

Please include:

- your name(s)
- field of practice
- whether you will stay for the fellowship meal

As last year, for the fellowship meal we will stay at St. Letham's for a Chinese buffet. We would really encourage you to stay for the fellowship meal. Not only is it a great opportunity to continue the conversations we have during the day, but it's always good fun!

### Wessex

**Saturday 28th March, 2020**

For more details please contact Karen, the CDF administrator ([christiandentalfellowship@gmail.com](mailto:christiandentalfellowship@gmail.com))

# Update from Our Administrator



It was lovely to meet so many of you at the CDF conference in November. I have been in post about nine months now and am finding my feet. I like to work

alongside charity trustees to help them to promote and look after their organisation the best they can.

So far, the trustees and I have worked together to rewrite the annual subscription letter so it tells members more about what CDF does. I have introduced a new way of sending out emails so that we can include photographs. We are also now posting more regularly on Facebook and we hope this will help more people find out about CDF.

We know it is growing harder to reach Christian dental students in dental schools. There are fewer Christian dental students and often it is tricky to find someone who will pass on our information. Which is why it was great to meet a dental student at the conference who suggested we try and do joint things with the Christian Medical Fellowship in universities. This gives us a new way forward.

But dental students are only at dental school for a limited time and I think we can do more to reach dentists once they have graduated. So, as part of this I am working with Council members to develop a communications strategy which will help CDF become more widely known in dental circles. This strategy will be discussed at our Council meeting in May.

Please pray the Lord will be glorified in all we do and if you are on Facebook come and like our Facebook page!

Karen Silcox  
CDF Administrator

## Part-Time Associate Opportunity

Near Ashby-de-la-Zouch,  
East Midlands



1-2.5 days per week

Two surgery, fully private, recently refurbished practice.

Well located for Nottingham, Derby and Leicester.

Super supportive team. Excellent long-term potential.

Minimum of one years' experience, interest in endodontics an advantage.

Start date flexible

Contact Sandra:  
via Karen the CDF administrator  
(christiandentalfellowship.com)

## Sharing My Faith

**We are all different, and express and share our faith accordingly. How do we apply this in practice? What is your method? Or style? I have always enjoyed writing, and was privileged to work in general practice at a time when we could share our faith more freely.**

I wrote a personal testimony tract, had it professionally printed, and offered one to each patient. 1,000 soon went, so I printed another 1,000, and then another. I still have a few. Then a tract on 'Fear and The Dentist'. The message was about the fear process - adrenals, adrenaline,

fright, fight, flight... and that this dentist really cared. On the back page, a gospel message about overcoming all fear.

Some months later, the next tract was on 'Fillings'. Why, how, what, etc. Amalgam, composite, gold, etc. On the back page, a gospel message about the best filling of all - the Holy Spirit. The following year was a tract on 'Crowns'. Why, how, what, etc. Jacket, post, porcelain, gold, bonded, etc. On the back page, a gospel message on 'The Best Crown of All' - the crown of glory for those who trust in Jesus. Next came

'Bridges'. Why, how, what, etc. Fixed, cantilever, Maryland, gold, bonded, etc. On the back page, a gospel message about 'The Best Bridge of All' - the Lord Jesus, who bridges the gap between God and man.

They provoked a few conversations, and were just part of a wider witness at the practice. That was my method, and I'd probably be struck off today. But what is your method? It helps to know, because then you can put it into practice.

Barrie Lawrence

**Deadline for the next issue of Three-in-One is 1st April 2020. Please send contributions to Tracey Dalby: [editor@cdf-uk.org](mailto:editor@cdf-uk.org)**

**Email: [christiandentalfellowship@gmail.com](mailto:christiandentalfellowship@gmail.com) Website: [www.cdf-uk.org](http://www.cdf-uk.org)**

The opinions expressed in these articles are those of the authors and do not necessarily express those of the Christian Dental Fellowship council or their members

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