

# CDF Three-in-One

CHRISTIAN DENTAL FELLOWSHIP  
Newsletter of the Christian Dental Fellowship

## Grace to do What is Good – Reflections on Titus CDF Annual Conference 2019



*Hothorpe Hall*

**This was our third CDF conference and coming last year was a great advantage because we recognised quite a few people. We need not have worried though because we received a warm welcome and the team are very good at looking out for new people.**

My wife and I respond differently to big groups, Sandra is fairly introvert and I'm quite extrovert - a trait for which I blame my parents because they would always talk to strangers! We were handed the conference materials and our room keys. Scanning down the delegate list, I noticed my job title 'water advisor' amongst all the various occupations, that will take some explaining later I thought. I currently work as a water advisor for Natural England and fit this around supporting my wife as she manages her own dental practice near Ashby in Leicestershire.

Cathy introduced the first worship song by encouraging us to remember why we had come: 'Come and fill this place with Your glory, come and captivate our gaze'. Fantastic. Frances continued to set the scene: 'We have arrived at a sell-out conference with more people than I have ever known before!' Even the coincidence of the final of the Rugby World Cup on the Saturday morning would not distract us

as this would be recorded for a special showing later on - in the meantime anyone who found out the result was sworn to secrecy.

I met our main speaker Pete Chilvers at dinner just before the main meeting. I liked his firm handshake and quickly felt at home with him. Being a practising dentist gave him an instant connection with the audience. I also met Andrew Fordyce on the first night. He is also a pastor, and we quickly agreed how much we admired the skills of our dental spouses. Along the way we had both picked up a little knowledge of dentistry from them. We mused how much fun could be had if, just like in the TV game show 'The Generation Game,' we as non-dentists were demonstrated something clinically skilled – and then had to attempt to do the same! An idea for a future conference perhaps?

After a surprisingly good first night's sleep, our Saturday morning first-thing was rudely interrupted by our emergency phone going off. This is one of the downsides of practice ownership, but Sandra responded with her usual mix of



*CDF family*

*continued over...*



*Children at conference*

grace and practical helpfulness when she knows someone is in pain. A glance at the programme confirmed there was free time on the Saturday afternoon, a good fit. Fortunately call-outs are rare!

As the weekend progressed, Pete Chilvers took us through the letter of Paul to his co-worker Titus. The theme of Titus is the inseparable link between faith and practice, belief and behaviour. Pete helpfully gave us the historical context - Paul had recently completed a journey to Crete, resulting in the establishment of new churches. In order to see that these churches were properly established, Paul left Titus in Crete. The existence of false teachers amid the fledgling churches (Titus 1:10-16) heightens the intensity of

the situation. Pete explained that despite Crete being proverbial in the ancient world for immorality, Paul expected the gospel to produce real godliness in everyday life, even in Crete. The same is true today. As our culture looks more and more like ancient Crete, we are to live by different standards. Did we come to the conference to be challenged? Paul certainly does not mince his words as he sets out the importance of dealing firmly and clearly with doctrinal and moral error in the church. I liked Pete's talk not only because it was Biblical, it was also rooted in his personal experiences which he shared with us. Jesus has saved us, not because of righteous things we had done, but because of His mercy. He saved us through the washing of rebirth and



*Martin's quiz team*

renewal by the Holy Spirit (Titus 3:5).

Whilst my wife Sandra went to attend to our emergency patient at the practice, and with the rain easing off, I decided to explore the local area around Hothorpe. There are not many footpaths in the area, so I took the minor road a mile and a half into Marston Trussell. I met local residents Jackie and Gill, busy tidying up the village hall and explained I was staying at Hothorpe, and a little about the conference. I mentioned last year's conference outing to Naseby Battlefield and they thought they may be able to find a local historian who knows the history of Marston Trussell and could host us at the village hall - an idea for next year perhaps. We exchanged details.

I attended the AGM which is a great opportunity to shape the Fellowship and the point I latched onto was the ageing membership of CDF. It strikes me all efforts should be made to encourage more students to come to conference. After all they benefit from a fantastic rate. Engaging online content will certainly help and CDF already has a good website to build on. My wife and I are part of Trent Vineyard church in Nottingham and that is very adept at attracting big numbers of students.

Our increasing cohort of retired members have much professional and life experience to share and encourage those just starting out in the profession. Sure 'it's not like it was in my day' will be heard, but don't let changes in the profession be a blocker because the human angles have not altered and there are great mentoring and student link opportunities, both at conference and especially if you live in one of the dental school cities. We need to support Siew Leng Tan, our Student Coordinator because her work is really important for the future of CDF.

Whilst the AGM was the formal handover of the reins from Susie to Prince as our new President, it is really a team effort.



Pete and Frances

I found there was a really beautiful harmony between the teaching sessions and the updates by the mission partners which were included in each session. Their faith in action is really inspiring and sometimes their accounts read just like New Testament letters. John Elkins kicked us off with a video about the work of Dentaid serving the homeless here in the UK with a vision for their recently acquired dental trailer, currently parked up in a barn on a farm. It needs to be fitted out for coastal quayside use. A partner whose name I won't mention explained how dental work is giving access to people groups in West Africa who would never normally welcome Christians. Amidst the chaos created by insurgents, they are now seeing the first believers come through in these people groups - what a privilege. Some have even been beheaded for their faith, these believers now wear the crown of life (Revelation 2:10). We echo Prince's prayer for special

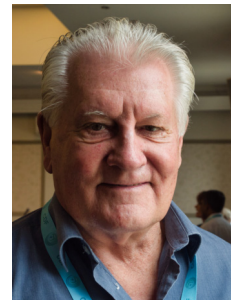


John Elkins

divine protection. We remember those being held in prison as if we were bound with them.

Personally, we felt we gained a closer connection to the mission partners. We met Andy Patching for the first time and shared a quiz table with Simon and Grace (what an amazing quiz it was too!). Sandra realised that she had met Neil McDonald in Cornwall in 2004, when she first arrived in the UK from Brazil. For me, it was great to see the children at conference and chat to a few of them. We don't have children ourselves, so this is a

bit of a novelty. Hearing back from the youth workers is definitely a conference highlight and it was good to see the male youth workers at a time when it can be hard to interest men in children's work.



Andy Patching

Closing thoughts. Pete highlighted Titus 1:2 which speaks of "God, who never lies" or more literally translated "the unlying God". Because God is a God who cannot speak a "lie", His words can always be trusted. Perhaps if I can make a recommendation here, if you want to study more on the character of God and the truthfulness of scripture, Wayne Grudem's book 'Systematic Theology' explains the doctrines of the Christian faith in a way that is highly readable and comprehensive. I'm sure many of you have already seen it. For more on the rise of victimhood in contemporary culture, which Pete also touched on, Sandra recommends the excellent apologist Michael Ramsden.

Grace and peace to you.

**Martin Banham**

*The talks from the conference can now be found on the CDF website: <https://cdf-uk.org/events/past-cdf-conferencesou>*



Prince and Susie

# Dental care in the Peruvian Amazon



**As part of our fourth year of dental school at the University of Dundee, we are required to partake in four weeks of elective placement during our summer holidays. This may be overseas or at home.**

I was lucky enough to have the opportunity to complete two of these weeks as part of the Amazon Hope Health Programme in Peru. This programme has been active since 2005 under the collaboration of the Vine Trust; an international development charity, originating in Scotland, enabling volunteers to provide support to communities living in severe poverty. The health programme offers health services in the Loreto region of the Peruvian Amazon via clinical boats which navigate different tributaries of the Amazon. The population who directly access the health services of the Amazon Hope has been reported as 35,280: 3,933 are children between 6 months and 4 years of age. It has also been reported that more than half of people living in Loreto are living below the poverty line – on less than \$1 a day.

I was part of a group of two dental volunteers (me and Charlotte) and three medical volunteers (Victoria and

Anneliese, from the UK, and Sam, from New Zealand). We spent ten days working on the Forth Hope boat alongside the Peruvian team, delivering care to a total of thirteen different villages along the Ucayli river. The Ucayli is considered to be one of the main tributaries of the Amazon river and is approximately 910 miles long.

Every day was different, but a basic schedule was as follows: Wednesdays, Saturdays and Sundays would start with sharing the Gospel at 7am. We read different Bible passages and sang songs both in English and Spanish. Breakfast was at 7:30am and following this, patient registration began. This is when different patient needs were identified and prioritized, allowing them to be seen by the correct people according to their problems. Whilst this was ongoing, we often went for a walk in the villages or carried out health education visits in local nurseries or schools. Between 8.15 and 11am the medical and dental care was carried out. We were supervised by a Peruvian dentist and the main treatments were extractions and fillings. Occasionally we'd also carry out an ultrasonic scale or fluoride application. Time permitting, at



11am, we'd have a brief ten minute break, after which, we would work through until lunch at approximately 1pm. Some days, during lunch, we would move on to the next village. However, for the larger villages we'd be there for the whole day in order to have enough time to see everyone requiring treatment. Afternoon clinics continued until all the patients had

been seen, usually until roughly 5pm. At this point we had free time to go into the villages to play volleyball or football with local people until sunset. Following dinner in the evenings we would often sit around and discuss what we had seen throughout the day and what challenges we had come across. Other evenings, we had a scientific session covering a specific medical or dental related topic or just relaxed and played card games.

The dental treatments we were able to provide differed from the UK due to the resources available and the fact that follow up treatment is not possible. For example, a tooth which may be restorable in the UK by means of root canal treatment, would have to be extracted here as follow up appointments are not feasible.

Attitudes to dental treatment also differed greatly. Many patients would come in asking for an extraction of a particular tooth, believing that this is the only form of treatment a dentist can offer. This was a shock to me, as in the western world extraction is usually a last resort which most people would try their best to avoid. I think this really exemplifies the dire need for dental care there in comparison with the UK. Fortunately, in some cases, the pain could be easily alleviated by removing the caries and filling the tooth. Sadly, many of the teeth were so heavily broken down and decayed that the only option was extraction.

The behaviour of the children also differed greatly from the UK. They were extremely cooperative, even from a very young age. Many of them needed multiple teeth extracted and were very well behaved and willing to let us help. It was emotionally challenging seeing very young children whose mouths had rampant caries. With multiple draining sinuses, suppuration and a mouthful of heavily broken-down teeth, it was upsetting to see the pain that this must have caused them and the lack of

knowledge and facilities they have to help prevent it. At home these cases would have required a general anesthetic to have all their teeth removed. Obviously, this is not possible in Loreto, so we had to do our best for them this visit and only remove the most painful ones as it would not be possible to extract from all four quadrants in one go.



Obtaining valid consent was more difficult in comparison to the UK. One example being a six-year-old girl who attended the boat by herself. Her two primary central incisors were both heavily broken down and associated with chronic abscesses, so the only option was to extract them. In this case she consented herself to the removal of these teeth which is significantly younger than would be acceptable back home. However, in the interest of alleviating her pain and infection. This was the best treatment for her, especially considering the eruption of her permanent incisors would not be far off.

Although there were these differences from the UK, I was pleasantly surprised by the infection control available to us. Whilst there was not time to disinfect chairs in-between patients due to the numbers of people needing to be seen, everything else was carried out to a very high standard, including instrument sterilization using an autoclave. I had also

anticipated that we may have run into some difficulties with communication, but this was not an issue due to the presence of a translator. We had a brief dental Spanish lesson on arrival to the boat which was very beneficial. Due to studying Spanish at school, I felt competent discussing the basics of treatment with patients after learning the dental terminology. The most useful term being “Escupa aquí”/”spit here” whilst pointing at the spittoon. Many of the children chose to spit either on the ground, or if you were unlucky, all over your scrubs.

During my time on the boat I noticed many adults had gold skeleton crowns accessorising their anterior teeth. Following further questioning and research, I was able to identify these as anterior gold baskets. Patients were very proud of having these and were happy to speak to me about them (with the aid of the translator). They are placed mainly for aesthetic reasons and play a significant role in social status. They will have been placed by local “dentists”, who unfortunately lack restorative knowledge and skill as they were frequently associated with caries at their margins. Few people understood the risks of plaque accumulation, caries and periodontal disease associated with these crowns, as this had never been explained to them prior to placement. In order to fit them, healthy tooth structure is removed, and rings of fake gold are placed around the circumference of the tooth, leaving the labial surface exposed.

Although at times very emotionally challenging, I have to say the whole experience was invaluable. We were able to provide both medical and dental care to people who were in very great need of it. Alongside this, I hope we were also providing hope and enablement to these marginalised and underprivileged communities of the Peruvian Amazon. All of the communities that we stopped with



have minimal access to healthcare due to difficulty reaching it and lack of funds to do so. Services, medications and health education which we take for granted in our everyday lives are rarely encountered by these people and because of this we can make a big impact in this area. The dental treatment in particular is capable of alleviating chronic pain that has the potential to develop into a life-threatening emergency and by extraction or restoration of these teeth before they reach this stage, we are hopefully preventing people from both pain and potential threat to life.

If given the chance to carry out another two weeks working for this programme I would be there in a heartbeat. The presence of spirituality and strength of community on the boat between the volunteers and the Peruvian crew was amazing. Even in “Spanglish” the Spirit of God really carried us all together through the trip. If any of you are considering working with the Vine Trust, or a similar organisation, I couldn’t recommend it more highly. The experience itself is one you will never forget and the cause you are contributing to is something very unique. You’ll be donating to a very worthwhile charity as well as providing your skills, care and compassion in areas that are in dire need of your help.

**Megan Donaldson**  
Dental Student  
University of Dundee

# Imprisoned Gnashers

## Dr Rachael Pickering appeals for help with 11 million sets of gnashers...<sup>1</sup>

'Doctor, thank you for these toothbrushes!' The prison governor beamed from ear to ear. 'They are a wonderful Christmas present for the detainees. We will just chop the handles off...'

As dentists and dental care professionals (DCPs), no doubt you've had countless conversations about the importance of optimal brushing. You'll have discussed the need to change worn brushes regularly. But I doubt you've ever had to say, 'Oh yes, please don't mutilate your brush handle, making it so short that you can't actually grip it!'



Declaration: I'm not a dentist. Rather, I'm a high secure prison GP working in the UK and internationally. In the course of my job, I've seen for myself that long toothbrush handles can be turned into homemade weapons: hard plastic ones can be sharpened into points, and the more rubberised ones can have razor blades melted into their ends. Yet despite this risk, UK prisons still allow the majority of prisoners to have functioning toothbrushes. It wasn't until I started humanitarian work in certain Low and Middle Income Countries (LMICs) that I saw another approach to mitigating this risk – simply chop off the handles!

### Heart

Integritas Healthcare is a small yet growing Christian faith-inspired NGO with



a heart for detainees.<sup>2</sup> Operating commercially in High Income Countries (HICs) and on a humanitarian basis in LMICs, we provide Healthcare, Expertise, Advocacy, Research and Training for and about detainees. Some of our work is too sensitive to discuss publicly but in a nutshell:

**Healthcare:** we provide holistic healthcare for detainees, their dependents and ex-offenders. And the word 'holistic' is important because we believe that the Good News of the Gospel is a key component of wholeness. We have two bases in the Philippines, a country where both imprisonment and dental hygiene are frequently extremely grim. We operate mobile clinics within Philippine jails: so far, we have limited ourselves to 'medical missions' (as the locals term humanitarian clinics) but there is a desperate need for us to branch out into parallel 'dental missions'. We



care for prisoners' children who would otherwise be without healthcare. And we are creating a community clinic – including a dental surgery – for disadvantaged ex-offenders.

We use both local staff and volunteer student, trainee and senior healthcare professionals from HICs including Christian Medical Fellowship (CMF) members.<sup>3</sup> So far we've had just one dentist come and volunteer with us. We would love to welcome many Christian Dental Fellowship (CDF) members to our volunteer gang and we also need dental equipment.<sup>4</sup>

**Expertise:** we've acquired a degree of expertise about torture and ill-treatment. Like all other parts of the body, the mouth can be both tortured and ill-treated: tooth extraction and tongue electrocution are forms of torture; beatings often dislodge teeth and break jaws; terrible food rations cause malnutrition-related oral damage; and withholding both the means for dental self-care and access to a dentist is considered ill-treatment.

**Advocacy:** in countries where corruption is rife and lawyers & dentists are way beyond the means of most people, the majority of detainees attain neither justice nor dental care. We are awed by the amazing work of the big hitting Christian advocacy NGOs such as

# Be connected Stay connected



International Justice Mission.<sup>5</sup> For us though, day to day advocacy is more mundane: trying to get a prisoner with a badly broken jaw out to a competent surgeon, and appealing for toothbrushes and dental analgesics to reach the actual prisoners we prescribed them for.

**Research:** we are now into our fifth year of an exciting partnership with a UK university's International BSc & MSc programmes in International Health. They provide the researchers who graft, write reports and get degrees. And we provide the field and expertise and get polished reports with which to improve our service delivery. Two projects so far have touched on dental matters: in some countries, prisoners share toothbrushes (maybe one or two brushes amongst a cell of 300 men) and so unknowingly risk Hepatitis C transmission; and in countries where crystal meth use is common there is too little appreciation of its role in dental decay. We would love to do more offender dental care research.

**Training:** we've developed a Medics & Justice special study course for a UK medical school and are keen to branch out into dental schools. And although we host increasing numbers of CMF elective students in the Philippines, we long to welcome CDF students!

## God's dentist

We are motivated by Jesus' words: 'I was sick and you looked after me, I was in prison and you came to visit me.'<sup>6</sup> Surely God counts dentistry for the world's 11 million imprisoned gnashers as dentistry unto Him.<sup>7</sup>

## Dr Rachael Pickering

Medical director of Integritas Healthcare

<sup>1</sup> This article is adapted from an article written for Triple Helix, CMF's graduate journal

<sup>2</sup> [www.facebook.com/IntegritasHealthcare](https://www.facebook.com/IntegritasHealthcare)

<sup>3</sup> [www.cmf.org.uk](http://www.cmf.org.uk)

<sup>4</sup> [info@integritashealthcare.com](mailto:info@integritashealthcare.com) for details

<sup>5</sup> [www.ijm.org](http://www.ijm.org)

<sup>6</sup> Matthew 25:36

<sup>7</sup> [www.prisonstudies.org](http://www.prisonstudies.org)



**In this day and age of digital connectivity, we often find ourselves checking our gadgets more than ideally recommended. The need and urge to keep**

**in touch for our own wellbeing almost equals the longing to respond to the myriad of messages that stream in as soon as our Wi-Fi is connected.**

What if we had the same enthusiasm to be connected and stay connected to our Saviour God?

As we continue this journey into a new phase of the CDF, I thankfully remember those who were instrumental in keeping alive the vision of CDF through the decades.

This movement was a result of a Godly spark which was ignited when eight dentists were praying together in the waiting room of a dental clinic in Wembley, SW London in 1952. I believe such intimate prayer gatherings all across the United Kingdom should become part of the fabric of CDF, for us to create a meaningful impact on our profession as a whole.

The landscape of dentistry has changed very much since that initial gathering. What used to be a trust based relationship between the dentist and the patient has morphed into a consumeristic relationship fuelling a suing and complaint based culture. The word "treadmill" has become a common term in the NHS - GDP world when our colleagues meet up for dental gatherings.

In the midst of this challenging environment, the need for anchoring onto something reliable is paramount for a Christian dental professional to positively impact the workplace.

Max Lucado, a Christian author and pastor says that we have the influence to create an impact both within ourselves and around us by replenishing ourselves with the Word and relying on God's voice.

I am reminded of what the Psalmist says in Ps 119:105:

'Your word is a **lamp for my feet**, a light on **my path**'.

As a direct result of staying connected with God through daily nourishment from the Word, our day to day activities are not only illuminated divinely but also painted with a degree of protection - What a surety!

As we attempt to be connected to our Maker through the Word and prepare ourselves in prayer, we naturally become more equipped to stay connected by tuning ourselves to listen to His voice. For those of us who repent and are committed to stay connected, the Bible calls our attention to Isaiah 30:21:

"Whether you turn to the right or to the left, your ears will hear a voice behind you, saying, 'This is the way, walk in it'."

What an assurance!

As Christian dental professionals, we are rightly poised to flow healing through our hands and privileged to play a part of sharing this connection to those whom we come across on a daily basis. Peter Chilvers very eloquently put this point across on the second day of our conference as he expounded on the book of Titus by reminding us that we are "living adverts of God's truth."

While we strive to move forward as a Fellowship I envisage the resurgence of regional groups, to provide the necessary spiritual, emotional and professional support to all like-minded dentists in their local regions. I pray that the Holy Spirit will empower us to play our part effectively in His grand scheme of plans.

*May the God of hope fill you with all joy and peace as you trust in him, so that you may overflow with hope by the power of the Holy Spirit. (Romans 15:13)*

**Prince Thomas**  
CDF President

# And it's good-bye from the President's kitchen table



## Connected to God, connected to each other and connected to CDF – Building God's Kingdom

Thank you, patient friends, for the privilege of sharing three years of my life journey with you. We have skimmed over a diversity of topics from dental anatomy to orthodontic procurement, from rose pruning to confetti making, from Greek mythology to plans for the future. I hope you have been inspired, not just to skim, but to dive a little deeper and discover more. We all have our part to play in building God's Kingdom.

I would like to share a story borrowed from a collection of Christian reflections by Sandy Millar.

*When Sir Christopher Wren was visiting St Paul's Cathedral in the seventeenth century, he found three men doing exactly the same job - shaping a bit of stone. He went up to each of them unannounced. He said to the first one, "So tell me, what are you doing?"*

*The man replied, "Well, I am shaping this stone. I want to make it into an arch."*

*He said to the second man who was at the next-door place, "What are you doing?"*

*He replied, "I am building the East window."*

*So, he went to the third one who was doing the same thing. "What are you doing?" he said.*

*"I am building a cathedral,"*

*We are all involved together in building the kingdom of God, but we may have different visions of the part we play. <sup>1</sup>*

What part of God's Kingdom are you building?

Finally, as I bow out, a small confession; I don't have a real kitchen table.....only a worktop.....

<sup>1</sup> Re-told from All I Want is You, A collection of Christian reflections. Sandy Millar. Compiled and edited by Mark Elsdon-Dew. Alpha International

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## Could you help?

I love hearing all about the exploits of those intrepid souls who take their dental skills and go overseas on various trips. However, my practising life was all in the UK and it would be great to hear about life working in the UK.

Could you share your experiences of what difference being a Christian makes to your work as a dentist? Or perhaps share some practical advice on how you fit in your quiet times in your busy day? If so I would love to hear from you so we could publish those articles in future editions of 3in1.

Please do get in touch. I'd love to hear from you!

### Tracey Dalby

Three-in-One Editor  
(editor@cdf-uk.org)

Deadline for the next issue of Three-in-One is 1st January 2020. Please send contributions to Tracey Dalby: editor@cdf-uk.org

CDF, PO Box 12023, Colchester, CO1 9NX  
Email: cdf.sarahfelton@gmail.com Website: www.cdf-uk.org

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