

Preached by Professor Peter Friend on Sunday 18 October (S. Luke's Day) 2009, in Magdalen College Chapel, Oxford.

Today is the feast day of St Luke – the ‘beloved physician’ as St Paul calls him. Or, to put it another way, this is the date of our annual appointment with Dr Luke. St Luke’s medical connections are well represented in Oxford – the original Radcliffe Infirmary was opened on St Luke’s day in 1770 and the hospital chapel, opened in 1865, was, and still is, called St Luke’s Chapel. And both will survive as part of the grand design for the University’s Radcliffe Observatory Quarter.

So, why ‘beloved physician’? The Greek – *agapetos* – does mean, literally, ‘the loved one’. But Luke is frequently also referred to as ‘good’: the ‘good’ doctor. Today we tend to mark professional status in terms of the letters after our name – DPhil, FRS, FRCS – and we mark the highest levels of peer approval by titles that preface the name -Sir, Dame, Lord. But I for one would happily settle for the title given to Luke, a title that eclipses ‘doctor’ or ‘professor’: ‘good’. This is a title we might all want to aspire to.

So what do we know about Luke? Was he a good physician and why beloved?

Luke was the author of the third gospel and the Acts of the Apostles and, together, these books provide a two-volume history of the early life of the Christian Church.

How do we know of his medical skills? In his letter to the Colossians Paul adds greetings from his companion ‘Luke the beloved physician’. Paul was often ill (he mentions his illness twice in one of his letters) and we know that Luke was a companion to Paul on his journeys. The conjecture that Luke ministered to Paul in a medical sense and accompanied him in a formal medical capacity is just that – conjecture – but it is a logical one. And it’s supported by the personal feeling which breathes through Paul’s description of Luke as the “beloved” physician. That is how you describe someone who has tended to you personally, not someone who just happens to be your GP. To my ear, both of the books Luke wrote are full of medical details – the kind that suggest professional interest – just how the Good Samaritan’s wounds were dressed, for instance.

Luke exhibits professional qualities that are as relevant to the 21st century doctor as they were in the 1st century. I am going to talk about these in no particular hierarchy.

Luke was scientific – that is to say he researched his facts and recorded these accurately and comprehensively. It is typical of Luke that in the Acts of the Apostles he tells us which events he was describing first hand and what he had learned from the accounts of others – by the simple expedient of switching the narrative between the first and third persons.

And the historical accuracy of the Acts of the Apostles has been substantially validated. The famous Oxford archaeologist William Ramsey set out in 1880 for Asia Minor with the Book of Acts in one hand and his archaeological tools in the other, firmly intending to disprove the historical accuracy of Luke’s narrative, but in fact, found overwhelming evidence to support the biblical account.

So, Luke researches rigorously and records his information reliably – just the qualities you would like in your own doctor (or indeed your DPhil student).

Luke has excellent powers of observation. He paints an extraordinarily vivid picture – reading the Gospel of St Luke or the Acts of the Apostles is really like watching a TV documentary – he brings it to life.

As a 1st century Greek doctor, we assume Luke would have been trained in the Hippocratic school of medicine, which placed great emphasis on clinical observation. The skills of a physician of Luke's day are still remarkably relevant even in our technological era of biochemical analysis and computerised imaging. You still want a doctor who has highly developed powers of clinical observation.

Luke is a communicator. Greek civilization was notable for astonishing achievements in culture, language, architecture and philosophy. The Greeks had attempted to perfect mankind; they made their gods in the likeness of men and women. It was to this Greek mind that Luke wrote – he presented Jesus Christ as the perfect man, the very person they were looking for. He addressed people in terms they understood – he was on their wave-length. Only recently has medical training caught up with Luke and stressed the importance of communication skills.

Luke has no prejudice. He is the champion of the marginalised: women, the poor, and gentiles – of course he was a non-Jew himself. It should go without saying that a doctor must be unprejudiced – many patients lead their lives by different rules from one's own and it is clearly vital that the delivery of medical care should be completely uninfluenced by any judgement of moral or social worth.

This leads to my next point: Luke is compassionate. He is highly sympathetic to the vulnerable: the poor, the sick, the beggar. Other gospels lack Luke's direct concern for these groups. You certainly want your doctor to exhibit compassion, particularly when, at the end of the day, he or she has nothing else to offer.

Luke has staying power. In the reading that we have heard from 2 Timothy, Paul says that 'only Luke is with me' – his other companions had left. Luke stuck with Paul through thick and thin – and this must have placed him in great danger frequently. Luke does not give up when the going gets tough. You want to have a doctor who does not give up on you, perhaps even more so now than ever.

And finally, of course, Luke is spiritual. He knows that there is more to life than just the nuts and bolts of physiology; that life has meaning and that death can be faced positively; that your achievements are more than just what material possessions you have managed to acquire. And this may be the most relevant of all to the present day. In this increasingly secular society, many people now turn to their GP for the sort of support that they would once have asked of the priest. Although not specified as such by the General Medical Council, good doctors can and do respond to this need too.

But, perhaps I am just painting a picture of an anachronism – a sort of Dr Finlay character? How can a modern doctor earn the title 'beloved'? It's hard and there are two reasons why it's so hard; first because of conflicts caused by scientific advance – what I call the biomedical factors and second issues of scale, cost and prioritisation – what I call the social factors.

Until the 20th century, looking after ill patients was largely a matter of nursing them and making them comfortable while nature took its course. The famous physicians of the 19th century made their reputations not by curing patients but by diagnosing them. Without X-rays or blood tests, they made meticulous observations and deduced the nature of disease. Now medicine is looking for cures or at least extension of life. It is heavily technology-based and it is easy for doctors to be caught up in the quest for biological response rather than human benefit.

Meanwhile, technology is generating ethical problems almost as fast as it is solving scientific ones – issues that we struggle with – embryonic stem cells, xenotransplantation, genetic engineering. Just because it can be done does not mean that it should be done but, conversely, just because it is new, radical and shocking does not mean that it should not be done.

And the escalating costs of medical technology lead inevitably to conflicts – what can and what should be provided and to whom? How will we pay for it? Modern medicine is driven by targets, cost effectiveness, purchaser-provider contracts and things that can be measured.

These are all conflicts in which patients need their advocates and their advocates are their doctors. Despite frequent exposure in the media and law-courts of the failings of doctors, we still do look to our doctors with great faith not just in their skill, but also their commitment, probity and ethical judgment. And because this is so powerful, it creates such a shock when it fails us – as in the affair of Harold Shipman.

Today's doctors must be prepared to wrestle with complex issues and, when necessary, put their heads above the parapet and hold out for what they believe – just as Luke did on his journeys with Paul almost 2000 years ago.

St Luke is the patron saint of doctors and we all have much to learn from him. How would we like to be remembered by posterity – what do we want as our epitaph? If you had only a single word on your gravestone apart from your name, it would be difficult to do better than 'beloved'. And that is not just confined to doctors.