

Christianity & Pharmacy

*God saw all that he had made, and it was very good.
Genesis 1:31*



The Official Journal of Christian Pharmacists Fellowship International

Christian Pharmacists Fellowship International

The Christian Pharmacists Fellowship International (CPFI) is a worldwide, nondenominational ministry of individuals working in all areas of pharmaceutical service and practice. CPFI's mission is to help pharmacy professionals grow spiritually and to promote fellowship among pharmacists. In fulfillment of these goals, many members serve as missionaries, demonstrating Jesus Christ's love through medical care to the disadvantaged of the world. The purposes and doctrinal basis of CPFI appear below.

Purposes of CPFI

As a member of this fellowship you will be a part of an effort seeking to...

1. Identify Christian pharmacists and establish groups (clubs, chapters) at universities, colleges, schools, hospitals or communities where pharmacists are found.
2. Promote gatherings of pharmacists at professional meetings at the local, state, regional and national levels.
3. Advance the purposes of CPFI by exhibits and presentations at professional meetings
4. Identify areas of service for pharmacists in missions and evangelism around the world.
5. Identify, provide and promote Christian speakers of national and community recognition in the area of pharmacy at professional meetings.
6. Encourage and develop an active Christian witness and evangelism through study, prayer and worship.
7. Promote fellowship among Christian Pharmacists and their families through joint activities.
8. Identify issues in the profession requiring group, national, and worldwide prayer.
9. Disseminate information among Christian pharmacists.
10. Facilitate, encourage and teach pharmacists how to share and present the gospel in pharmacy practice.

Doctrinal Basis

1. We believe the Bible in its original languages to be the inspired, inerrant Word of God, the only infallible and authoritative rule of faith and conduct.
2. We believe in one God, maker of all things, eternally existent as: Father, Son, and Holy Spirit - the Holy Trinity.
3. We believe in the deity of our Lord Jesus Christ, true man and true God; conceived of the Holy Spirit, born of the Virgin Mary.
4. We believe that the Lord Jesus lived a sinless life, performed miracles, was crucified for our sins, was buried, bodily resurrected and ascended to the right hand of the Father.
5. We believe that man is made in the image of God and that since the fall, all men are born as sinners unable to save themselves.
6. We believe in the personal salvation of believers through the substitutionary sacrificial death and shed blood of Jesus Christ - being justified by faith.
7. We believe in the future return of the Lord Jesus in power and glory.
8. We believe in the presence and power of the Holy Spirit, indwelling each believer, transforming us and enabling us to live a Godly life.
9. We believe in the bodily resurrection of the just and the unjust; those who are saved to everlasting blessedness and those who are lost until the resurrection of damnation.
10. We believe in the spiritual unity of believers in our Lord Jesus Christ.

Christianity and Pharmacy

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Flash from the Past...

CPFI would like to acknowledge those who have made the newsletter and journal available to CPFI members over the years. Thank you for your service.

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Spiritual Escape

by Aaron W Calhoun, MD

Editor's Note: This presentation was made at the 2008 CPFI Luncheon during the American College of Clinical Pharmacy Annual Meeting in Louisville, Kentucky.

Spiritual escape, let's explore how that might affect our understanding of the Gospel, how it addresses the soul of the body. In our witnessing to colleagues and others, we focus when we preach about where their soul will be throughout eternity. My goal is to point to neglected aspects of the Gospel. That is the question that I would like to address today.

How does the Gospel integrate with our work? I think it is easy to think that the farther away you get from a clinical domain that the Gospel might not be relevant. Is what we do from day to day valuable in and of itself, or is it solely a means of witnessing and carrying out the Great Commission?

This is a very timely topic; it really gets to the heart of what we do as people in the health care professions. What does it mean to live out the Gospel in our every day practice? That is the question that I want to address. As we look at that question, we begin to look at our own faith; we begin to look at our own understanding of the Gospel and what it means to be children of God. It is then that we obtain a better idea of how that translates into our everyday work.

What is the connection between work and faith? What does the Gospel have to do with our jobs?

Is the Gospel something incidental to our work? Is our primary calling in work witnessing? Does the work that we do apart from the human connections we make at that work; is that something of value for God? These are questions that we all face on a regular basis.

One of the reasons I wanted to become part of the health care field in the clinical domain, is that it was very easy to make the connection between helping a human being that you are looking at with some illness whether you are taking it from a medical end, nursing end, or pharmacological end. It is very easy to see the connection between that and doing something for the Lord.

I had a conversation with a friend, Michael Radmacher, who does more laboratory based work. Most of his time is spent away from the bedside. He asked a question that pertains to many of us, and it should be a question in the forefront of our minds. How does what we do affect the Gospel, how does the Gospel integrate with our work? I think there are many who see a disconnect between their work and their faith. That would not exist for those just in a laboratory, but I could also see it in a local pharmacy. In an administrative office, if you are not interacting with human beings who are ill, how does your work and faith integrate?

I think this question affects all human beings who know our Lord. I do not think anyone is exempt from asking how does what I do from day to day and the faith that I profess come together? If we are going to answer that question, the answer has to hold true across the board; it needs to hold true, not just for physicians and pharmacists, but it needs to hold true for lawyers, sanitation workers, custodial staff, business executives...

Is such an integrated answer possible? As I thought about this question, I began to really look at what the Gospel means. How my understanding of the Gospel was shaped and how that played into it. I began to see that even the question may be an artifact of our assumptions that we make when we look at scripture.



About the Author

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Spiritual Escape (continued)

It is those assumptions that I would like to address in this talk. I feel that for many Christians (myself included) our vision of the Gospel falls short of the Scriptural vision of the Gospel. I think that broadening our view of the Gospel to encompass all that the Scripture offers according to what Christ's mission on this world is and how we are involved with that, we'll find out that this isn't a question after all.

So how do Christians view the Gospel? What is God's program of salvation? What is the goal of it?

I've been very helped by viewing the Gospel as a story – a story of God's interaction with us on earth and His rescue of us on earth. What is the content of that story and how does it help us to see things? As I've examined this question, I've come to the conclusion that, for many in the church, across denominational lines, across the board the Gospel is primarily about spiritual escape rather than redemption. That's a big assertion and a lot is contained in that. I would like to try to unpack that, as I do you will see how this could inform that question.

What does it mean to have a gospel of spiritual escape versus a Gospel of redemption?

I'd like to take that apart word for word. First, spiritual escape and how that might affect our understanding of the Gospel. The gospel of spiritual escape addresses the soul over the body. In our witnessing, we focus primarily on where the soul will be throughout eternity. That's an important question; my goal is not to deemphasize this but to balance it out with other neglected aspects of the Gospel.

A few weeks ago I was listening to a popular Christian talk radio discussing the materialistic philosophies common in our day. Rightly attempting to oppose this philosophy, the host stated we are more than our physical makeup, possessing immortal souls that, depending on what they did with Christ in this life will either live in heaven or hell forever after those material bodies have died. Few Christians would find much objectionable in that statement, but I wonder though, if in stating it this way, the host did not go too far in the other direction, for alone among world religions, the Christian faith preaches the resurrection of the dead and the eventual reconnection of that soul with the material body that once housed it.

Alone of all the religions on the earth Christianity and the message of Christ is not that our goal is to escape to an eternal somewhere else, but to be reunited body, soul and spirit, and resurrected the way we were meant to be.

Gilbert Meilaender, a Christian Bioethicist, puts it this way in an article titled Broken Bodies Redeemed.

"At any rate, the human person, we are accustomed to saying, is the union of body and soul. When, however, we try to articulate what that means, we may think of this person as a composite of two things that are in principle separable,

*that are temporarily glued together in this life, that will, by God's grace, be separated in such a way that the person continues to live even after the body has died, and that will one day have these two parts reunited. If pressed, we may have a hard time saying why, apart from the fact that the Church has taught it, this reunion of parts should really matter, if the person lives on even after death."*¹

How many of us have wondered what the importance of the resurrection is? If the whole point is for our soul to go somewhere else after we die, a place of happiness and joy – which we all believe. But if the whole point is for us to stay there and not be reunited with our physical bodies, then what does the resurrection really mean? Why is it such a key part of the early Christian witness? Why is it all over the pages of the New Testament?

It should give us pause when we consider think about this tendency to emphasize the escape of our spirits from this earth rather than the resurrection of our bodies and the restoration of this world. When we look at the history of the early church, there are a lot of small fringe groups of semi-Christians that believed in Jesus but denied that this world had any importance to God or could be redeemed (typically because of philosophic bias). Several of the books of the New Testament were written to counter this teaching. Today we call these individuals the Gnostics, and many of the early Christian writings were to condemn this point of view – to say the body is not bad, matter is not evil; God loves it and intends to redeem it. This world is not an evil place created by an evil God, this world is a good place that has gone wrong and he intends to restore what's here. But if you look at our society the statement of the talk radio host above is representative of how we look at things. We have a tendency to slip into the idea that only the soul matters; that our religion is primarily a spiritual thing, when in fact it's something that should encompass all parts of who we are. The message of Christ is the message of the redemption for our bodies as well as our souls.

The second issue is that of escapism. I'd like to illustrate this by quoting the words of several hymns in which this tendency is marked. Expressions of the worshipping people of God, these songs can say a lot at to what their authors and those who sing them long for and seek after.

*Some bright morning when this life is over
I'll fly away
To that home on God's celestial shore
I'll fly away
I'll fly away oh glory
I'll fly away (in the morning)
When I die hallelujah by and by
I'll fly away*

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Spiritual Escape (continued)

I don't think you can get more escapist than that!

*I'm but a stranger here, Heaven is my home;
Earth is a desert drear, Heaven is my home.
Danger and sorrow stand Round me on every hand;
Heaven is my fatherland, Heaven is my home.*

I am not suggesting that the above hymns are in some way 'bad' or incorrect. The sentiments suggested within each are quite appropriate in many circumstances. Paul said that he would "... rather be away from the body and at home with the Lord." (2 Cor 5:8 ESV) But taken alone, they do not tell the whole story. Who among us, after experiencing a personal tragedy, has not wished to flee our circumstances and be with our Lord?

But is that God's sole intention, to pull us off the sinking ship of a world like it's the Titanic or is He sending in engineers to try to keep the boat afloat to raise it up and make it something better than it was before. I think the New Testament would answer the second way.

Fundamentally, the Gospel as a story of spiritual escape addresses what we are saved from, but does not address in any way what we are saved for. I think that's the main issue. In a recent article in Christianity Today, titled "The 8 Marks of Robust Gospel," Scot McKnight, a New Testament scholar at North Park University puts it this way.

"The gospel is the story of the work of the triune God (Father, Son, and Spirit) to completely restore broken image-bearers (Gen. 1:26-27) in the context of the community of faith (Israel, Kingdom, and Church) through the life, death, and resurrection of Jesus Christ and the gift of the Pentecostal Spirit, to union with God and communion with others for the good of the world. The gospel may be bigger than this description, but it is certainly not smaller."²

If the Gospel is primarily about the rescue of our souls, the question I asked at the beginning of this talk becomes very difficult to answer. It implies that our work here on earth takes on value only inasmuch as it is useful for witnessing to people and getting them to make the decision to live for Christ. Don't get me wrong, the spreading of the Gospel and the winning of individuals for our Lord is indeed our primary calling. But we need to ask the question, is it our only calling in the sense that everything we do has to be a means to this end, and without that end everything else we do is worthless. Or is it possible that our "other" work, which in fact makes up the bulk of our lives, is valuable as more than just a witnessing opportunity.

Is it possible that our work here, on this earth matters in and of itself? The answer, I believe, lies in a wider vision of the Gospel, a vision that addresses not only our spiritual needs, but the corruption, evil, and death present on this earth, a gospel that redeems both body and soul.

I see this as the potential problem behind that understanding and look at how that could inform our own work.

God is good. First, we live in a world that is the result of the creative activity of a good God. God intended this world to be good, when He made various portions of this world; He said that it was good. A world that is, even in all its materialness, fundamentally good. The Word of God itself, the story starts with a simple phrase "in the beginning, God created the heaven and the earth." And as He brought this world into being, at each stage of the work He called it good. The stars burned in the heavens, and He called it good. The oceans retreated to their appointed places, land surging from beneath the waves, and He called it good. This phrase, repeated so many times in the book of Genesis, should immediately put to rest any Gnostic thoughts that God is evil. As C.S. Lewis so aptly stated in Mere Christianity.

"There is no good trying to be more spiritual than God. God never meant man to be a purely spiritual creature... We may think this rather crude and unspiritual. God does not: He invented eating. He likes matter. He invented it."³

Second, even as we affirm the goodness of the world that God made in all its physical and spiritual components there is, there is no way around looking at evil and suffering and death around us. It's something we have to look at. Those of us in the health care profession can get a great sense of what that evil actually entails. We see evil in the world in a personal level, natural level and even a cosmic scale. We see men fighting men, nation fighting nation, brothers killing each other; the story of Cain and Able, the first murder. We see small children die of cancer, septic shock, trauma, situations that I, as a pediatric intensivist, face with regularity. Violent hurricanes destroy cities along our gulf coast, windstorms that damage houses. We think that this can't be the way it was meant to be. We say it must be an act of God, but is it really? Is this an act of the one that called the world good? It's clear to me that we live in a simultaneously beautiful and repulsive world. Even as in that beauty, we see glimpses of God's original intent, we see the cracks that have defaced that beauty. If the world is, in some sense a portrait of its Creator, then it is a portrait that is cracked, torn and defaced. If we read the Bible, especially the first few chapters, we see the world was cracked, torn, and defaced by itself. The creation itself with us as its representative chose to rebel against its Creator, and we see that evidence day after day.

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Spiritual Escape (continued)

Third, God initiated a great plan to restore this world to what it should have been, and He did this by direct power or decree, but by calling a people to Himself. The Lord first called Abraham, promising in Genesis to make of him a great nation, giving the following promise.

"And I will make of you a great nation, and I will bless you and make your name great, so that you will be a blessing. I will bless those who bless you, and him who dishonors you I will curse, and in you all the families of the earth shall be blessed." (Genesis 12:2-3 ESV)

And so through Abraham and his descendants, the people of Israel, our Lord began the healing of our world. Later, throughout the Old Testament, hints of how that blessing would come were given, Scriptures and hymns. In the Song of Solomon it is written in a passage speaking of marital love, but seemingly applying just as well to God that

*"for love is strong as death,
jealousy is fierce as the grave.
Its flashes are flashes of fire,
the very flame of the LORD."
(Song of Solomon 8:6 ESV)*

Such love is incredible enough, and yet it goes beyond this, for in Psalm 16 David writes the following

*"I have set the LORD always before me;
because he is at my right hand, I shall not be shaken.
Therefore my heart is glad, and my whole being rejoices;
my flesh also dwells secure.
For you will not abandon my soul to Sheol,
or let your holy one see corruption."* (Psalm 16:8-10 ESV)

It talks about the love of God that is stronger than death, a love of God that is as strong as the grave that goes through it out the other end to bring new life. The love he intended to display through his people.

The nation itself is failing, but one will come who will be Israel, who will stand and take the problem on for the sake of His nation and be a light to the world. Things come even more into focus with Isaiah, who wrote of one who would bring the blessing promised to Abraham, saying...

*"There shall come forth a shoot from the stump of Jesse,
and a branch from his roots shall bear fruit.
And the Spirit of the LORD shall rest upon him,
the Spirit of wisdom and understanding,
the Spirit of counsel and might,
the Spirit of knowledge and the fear of the LORD."* (Isaiah 11:1-2 ESV)

Addressing how the advent of this One would redeem the world, he said...

*"The nursing child shall play over the hole of the cobra,
and the weaned child shall put his hand on the adder's den.
They shall not hurt or destroy
in all my holy mountain;
for the earth shall be full of the knowledge of the LORD
as the waters cover the sea."* (Isaiah 11:8-9 ESV)

A redeemed world, cleansed of evil and darkness, but not a world we escape to but the world we are on right now. That He's intending to bring this redemption to pass through His Chosen One. He talks about this individual who we will later see as our lord who will suffer.

*"Surely he has borne our griefs
and carried our sorrows;
yet we esteemed him stricken,
smitten by God, and afflicted.
But he was wounded for our transgressions;
he was crushed for our iniquities;
upon him was the chastisement that brought us peace,
and with his stripes we are healed."* (Isaiah 53:4-5 ESV)

This last passage is a prophecy of suffering, of utter self giving. And immediately the question is raised, how could suffering lead to the restoration of the World?

Fourth, God entered the world to enact its redemption, not just a representative, not just someone called but God Himself taking on human form, becoming one of us. Jesus had a physical body, He was simultaneously God and man. He came into this world to redeem it by becoming one of us. As we read about His life, His public ministry, crowds flocked to hear Him even as those in power wished Him dead, for He spoke of the Kingdom of God, calling those who listened to take up their crosses and follow Him. He freely forgave the sins of those who came to Him in faith, and when challenged simply asked which was easier forgiving sins or causing the lame to walk, even as a man lame since birth rose from His bed for the first time. He healed the sick; a lot of what Jesus did in the New Testament was to heal the sick. Not simply to gain an audience for His spiritual teachings, but because sickness was but one (thought not the deepest) of the manifestations of the sin and darkness that had infested our world, the darkness that He had come to illuminate and defeat. Needless to say, this challenged the authorities and powers of the world in that day. And so, after a sham trial He was crucified. If He had been merely human, that would have been the end of it. And yet there was more, for three days later rumors began circling among the disciples that Jesus was alive. Soon He had appeared to them.

We have to look at what He did when he appeared: He walked through doors, entered locked rooms; we know

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Spiritual Escape (continued)

His relationship to the world is a little different than we might expect. But He ate a fish; you can't get more material than eating a fish. This was not a spirit or a ghost. The early Christians were very clear about that. Nor was this a person that had survived the cross.

This was someone that had been through death and come out on the other side, taking the weight of the world and its darkness and having new life to give to His followers. This was the God-Man who had submitted to death, and had slain it by doing so, and was now truly, physically, materially alive with a new life. Here, at last, was the Kingdom of God, the restoration and healing of a broken world, embodied in the living form of the risen Son.

It did not end there. For after He had ascended Luke records that, on the day of Pentecost, the disciples were indwelt by the rushing wind of His Spirit, and immediately went into the world as the Church, the called out ones (ecclesia) the body of Christ. He is calling all of us.

This chapter of the story has now been going on for over 2000 years, with some successes and failures. As Father Andrew Greeley put it, *"God has called humans to be part of his church, not angels and presumably he knew what he was doing."* Yet still, sometimes through us, many times despite us, the Kingdom has been growing, marching forward to a time when He will return physically to this world as promised to effect the final restoration of the world. It is here, looking forward to the final pages of the story, that we see His plan. Far from bringing us all to a disembodied existence in the sky, He instead will bring heaven to us. We don't read about us flying up to the city, or if we do, it's only to bring the city back. Here heaven and earth are recreated and united once and forever as the glory of the Lord covers the earth as the waters cover the sea.

How does the retelling of the story change how we look at the Gospel? How does it counter the escapism?

A Gospel of redemption sees the creation not as a desert or a prison but as a shattered paradise, a place beloved of God that He has promised not to abandon to decay. A gospel of redemption sees salvation not simply as individual rescue (though individual rescue from sin and death plays an integral role), but also as a call to be agents of renewal, to be the hands and feet of Christ in this age as He works behind the scenes to effect the redeeming of creation in preparation for His return. This is not a gospel of health and wealth, a call to personal financial prosperity, but rather a call to suffer as Christ suffered because if we are the body of Christ on earth, it's our call to embody the suffering of Christ for this world in preparation for His return. And to be co-crucified with Him, as Paul says,

"I have been crucified with Christ. It is no longer I who live." (Galatians 2:20 ESV)

It's also a call to submit and trust in God's promises, knowing that while we represent the presence of Christ on earth, the final redemption will be accomplished only when He returns. This last point is not meant to sound fatalistic, but meant to be freeing, knowing that the outcome of our labor is ultimately in God's hands.

The gospel of redemption sees the Church not just as a collection of the followers of Christ (which is, I'm afraid, how many of us view it at times), but as the continuing presence of God's mission on earth. Scripturally it seems apparent that when God works in our world, He does so by calling a people, a corporate body to embody His character, His healing and his love, and, in our age, He is doing so through the Church.

I'd like to return to the question, how does this affect us personally?

How does this understanding alter our approach to the original question that I posed of how to integrate our work as clinicians, scientists, and researchers with our commission to spread the gospel. How does the physical nature of the redemption accomplished by God in Christ as evidenced in the resurrection and, the promise of His second coming) unite the Gospel and healthcare?

First, our work as healthcare provider, researchers, and pharmacists, can be done for the Kingdom in a primary fashion, not just as a means to witness to colleagues. Though we should always be ready with a good word regarding our Lord that is not the only motivation for what we do, for in research, we seek to uncover the details of material creation, a creation declared fundamentally good. We seek, as believing scientists of the past have stated, to "think God's thoughts after Him."

Second, our fight against disease is not different than the Gospel, but can be the tangible expression of what it means to bear the resurrection life. After all, why do we seek to uncover new drugs, new therapies, and apply them to our patients if not to counter illness, pain, and infirmity, the very results of the fall that God wishes to abolish in the new creation. We seek to use these new discoveries to heal the human body, a work of art made forever holy by the mere fact that, right now, Christ's fully human body is seated on the throne of creation as its Lord.

Finally, our attempts here to undo the damage of sin to peoples physical bodies can be an expression of the greater healing that Christ has worked in us, is working through us in those who we touch both directly and indirectly, and will eventually work on the day of His return. Our devotion to performing good research, our attention to detail as we prepare and administer therapies, our compassion as we deal with the sick, can be offered to God as a prayer of

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Spiritual Escape (continued)

gratitude for His devotion to us. Our commitment to working for the good of those whom we (either directly or indirectly) are attempting to heal can be used to reflect the character of a God who has spent thousands of years preparing and enacting His plan of redemption for us and for this world.

And so I will conclude by reframing the initial question that I used to open this talk. "Given the great plan of our Lord for the restoration of this world, how can I best use my work to embody that redemptive love?"

References

1. Meilaender G. Broken bodies redeemed bioethics and the troublesome union of body and soul. *Touchstone, A Journal of Mere Christianity*. Available at <http://www.touchstonemag.com/archives/article.php?id=20-01-030-f>. Accessed September 18, 2010.
2. McKnight S. The 8 marks of a robust gospel. *Christianity Today* 2008;52:36.
3. Lewis CS. *Mere Christianity*. HarperCollins Publishers, New York. 1952:41.

Editorial

by **Timothy E Welty**, MA PharmD FCCP BCPS; Professor; Department of Pharmacy Practice; School of Pharmacy; University of Kansas

Humans are amazing creations. As pharmacists we tend to think of this in terms of the intricacies of the human body and the way it functions. Certainly the anatomic and physiologic design of the human body is truly amazing and a credit to the creativity and brilliance of God. However, there is another aspect of humans that is truly amazing. This is the curiosity and ingenuity of people in exploring the world and universe. Whatever the area of study or exploration, people have gone there. No other creature in creation has done this. This is one way that humans are unique and distinct in all of God's creation.

As Job was in the middle of his suffering, he ponders this reality. In Job 28, Job considers how people go to all sorts of lengths to search for things. What captures Job's imagination is how people mine the earth or go places where animals never go. Humans are able to accomplish all sorts of engineering fetes in taming rivers, cutting channels of water, and reshaping mountains. It seems like there is nothing and no end to what mankind attempts to accomplish. All of this is truly amazing.

However, there is one thing that is missing. It does not matter what people do or accomplish. All of what humans do may be truly amazing and unique in all of creation. However, it is meaningless without one critical element. That element is not the human factor, as suggested in a popular recent advertisement for a chemical company. The only element that brings meaning to human accomplishments is wisdom. Without wisdom mankind is engaged in futility.

Job highlights another truly amazing thing about people. Despite the ability to do so many amazing things, people have trouble finding wisdom. It is not just a problem of finding wisdom, but it is something that humans do not really attempt to find. Yet wisdom is the most valuable thing that could ever be discovered or found. It should be pursued with the same or greater zeal than the pursuit of anything else that might be seen as valuable.

If wisdom is so valuable, where is it found and what is it? At the end of this chapter, Job clearly knows where to find wisdom and what it is. The answer is rather simple, wisdom is found in God. As Job describes it, God knows the way to wisdom and is the One who possesses true wisdom. From mankind's perspective, wisdom is found in the fear of God and turning from evil. When people embrace wisdom in this way, then pursuits of life have meaning, direction, and purpose.

This is a truth that we need to remember every day. As pharmacists, we can easily marvel at the accomplishments of modern medicine in finding cures for all sorts of diseases. We can feel empowered in many ways as being instrumental parts of delivering this care to patients. However, if we forget to seek after wisdom in our professional and personal activities it is all meaningless. The difference that we, as Christian pharmacists, provide to our patients is that we fear God, and in so doing begin to know wisdom and have understanding. In doing this, we can begin to meet the true needs of our patients. Let us be sure to consistently include wisdom in all that we do.

The Good Profession Calling All Pharmacists...Pharmacy: A High Calling

by James Nesbit, Ph.D.

The profession of pharmacy is a high calling. Following Jesus entails the highest calling. Combining the two creates a spiritual synergism that, with the empowerment of God's grace and Spirit, truly further the advancement of the Kingdom of God.

As I reflect on my life as pharmacist and follower of Jesus, the more I am amazed at how God has used pharmacy in my walk with Jesus beginning over 30 years ago to the present day. While some people may get tired of the mundane, day in day out routines of both the practice of pharmacy and the wear and tear on one's spiritual life, my practice as a pharmacist and walk with Jesus has been anything but dull. In fact, it has been a wonderful adventure.

You see, for me, the practice of pharmacy has been not so much a job but a vocation. The word vocation comes from the same root word as the term voice which really means...a calling. Pharmacy has been a journey that has taken me down many roads that, with the wrong motives, led to several heartbreaking dead ends. However, when I got my eyes off money, upward mobility and myself, pharmacy became a road to spiritual discernment, discovery and demonstration. I found by trading in my vision of pharmacy as a career and seeing it instead as my vocation, my calling, then God's purpose and vision for my life unfolded and became eternally satisfying. Therefore, I am thankful that the Lord led me into the

practice of pharmacy, because, together with my walk with Jesus, I have found a powerfully eternal combination. Therefore, as I reflect back upon my life, I can think of at least three reasons why I am thankful to the Lord for the practice of pharmacy in my life.

The first reason I thank God for pharmacy is because I met Jesus in pharmacy school.

In fact, pharmacy school drove me to Jesus! In the beginning, I was a big-brained, big GPA guy whose faith was in no one but himself. However, the rigors of pharmacy school were unlike anything I had ever encountered before. No longer could I get by with studying for exams the night before or relying on my natural intellect to secure good grades for myself. By the end of my first year of pharmacy, I realized I wasn't as smart as I thought I was. God humbled me and showed me that I needed more than myself to make it through school. Thus, almost flunking out of pharmacy school my first year caused me to cry out to God; and it was there that I met Jesus for the first time. From that point on, I realized that not only had I found the Lord, I had found my calling.

In putting my career to death, HE brought my vocation to life, and it was then that He started showing me His vision of exactly what a job was for....to work for HIM.

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About the Author

James M. Nesbit, Ph.D. is assistant professor of pharmacy practice in the College of Pharmacy at Harding University. He teaches Communication, Christian Bioethics, Psychosocial Aspects of Health Care, and Spiritual and Professional Values. Although he enjoys being in the classroom, his favorite role at the school is as a mentor for his students. Dr. Nesbit has traveled to several countries sharing Jesus including Kenya, India and the People's Republic of China where he lived for 3 years. His current areas of interest include communication issues in pharmacy, cultural competence in health care, health disparities and spiritual issues in pharmacy practice. Dr. Nesbit has been married to Melissa, a gift from God, for 20 years. They have two children, Jacob, 15 and Jared, 12.





The Good Profession...(continued)

So instead of worrying about "What I was going to do" for a living, God rebirthed the question into a divine answer within a question, "WHO are you going to BE?" Although I worked hard as a pharmacist, my hard work was but a means to a greater end. The income I made as a pharmacist was but God's provision for me to share Jesus all over the world. I traveled to India and Kenya initially, then later all over the United States.

I would work for a season, continually asking the Lord where He wanted me to be. Sort of like Paul, I "made tents" by being a pharmacist, working only as a means, with the end being where God wanted me to be. Therefore, the second way God has used pharmacy in my life has been as a wonderful tool to provide for me to go wherever and whenever He said, "GO!"

He took me to impenetrable places like the Santo Domingo and San Felipe Indian Pueblos of New Mexico where they do not allow missionaries in their midst. Yet, there I was filling prescriptions; but more than that, I was pouring Jesus into the hearts and lives of a hurting and broken people. Soon afterwards, God walked me right through the Great Wall into The People's Republic of China, which had been closed off to the world for 30 years, and where it was illegal to baptize anyone below the age of 18, and parents were not even allowed to "proselytize" their own children! But there I was sharing Jesus in my lessons in Chinese universities, building Jesus into my lesson plans in order to create questions in the minds of the students. My hope was that the students would later want to talk to me about the spiritual questions that I had raised in their minds during class. I shared more Jesus in Communist universities than I was allowed to share in any state-run American university! I went back to India on two other occasions, as well as Thailand and Hong Kong. However, despite having ministered in many "foreign" countries, the place where God had me sharing Jesus the most was the "foreign" land I called home.

Which leads me to the third way God has used the practice of pharmacy as a tool within my spiritual calling, as a minister of grace and healing...a missionary right there in the pharmacy itself. I shared with patients, practitioners, and nurses. I interacted with ill-tempered people, lost people, church people, poor people, famous stars and street people. Wherever He sent me, God put me right in the middle of people's lives to bring HIM glory and to walk out His will. God did not have me preaching sermons or handing out tracts; He had me involved in the daily grind of people's lives, usually through routine conversations where God would lead it

further into a deeper spiritual dialogue.

As a pharmacist, behind the counter, I dealt with hurting and sick people all day; most of whom I prayed for, quietly even as I counted out their medication, counseled them or rang their prescriptions up on the cash register. Yes, there were even times when my relationship with a particular patient allowed me to pray with that person right then and there or even visit that person in his/her home. While there are plenty of patients to pray for, remember that those we work WITH, our store managers, technicians, clerks, co-workers, colleagues and clerks all need God's intervention too. We can impact so many lives for God's glory because God has put us in the midst of so much turmoil on a day-to-day basis.

So you see, as God has used pharmacy as my vocation, my calling, my ministry, I have touched the very core purposes of my life. The challenge for us as believers and Americans is that we MUST allow God to use our jobs for His glory...otherwise those jobs have the potential to control us, devour us and use US instead. I have noticed that we have this natural tendency to try to "fit" our spiritual lives into our career paths. I think the Lord would have it that we see our jobs as one small part of the much larger picture of our walks with Jesus, then we will see a job for what a job is for, a place to free us to serve Jesus. All of us want to be successful. I would suggest that Jesus led the most successful life ever. Therefore, our walk with Jesus redefines what true success really is. He also redefines what a career in pharmacy is for. We have a calling, which makes each one of us free, flexible and available to always be "on call."

"Our mission may not involve hanging on a cross, being jailed, or being burned at the stake here in America, but we have other, more invisible obstacles. Ours is a society built by pride, materialism, and dedication to the status quo. In a world built on free will instead of God's will, we must be the Freaks. While we may not be called to martyr our lives, we must martyr our way of life. We must put our selfish ways to death and march to a different beat. Then the world will see Jesus."

From JESUS FREAKS p. 8, 1995

Ella[®]: Muddying the Waters

by Julie Lynch McDonald, Pharm.D.

Ella[®] (ulipristal) was approved by the FDA in August of 2010 for emergency contraception (EC) within 120 hours of intercourse. Despite recent approval, many concerns and questions regarding ulipristal remain unanswered. This article will examine ulipristal, highlight key concerns, and detail practical ways Christian pharmacists can make a difference. However, to begin one must first understand Plan B[®] (levonorgestrel) and Mifeprex[®] (mifepristone), which came before and led to the development of ulipristal.

Plan B[®]: An Overview

Plan B[®] (levonorgestrel), or the “morning after pill,” was the first medication approved by the FDA for EC in 1999 and later in 2006 achieved OTC status with age restrictions. Levonorgestrel is a progestin used for more than 30 years for hormonal contraception typically at 0.1-0.15mg per day. Levonorgestrel was traditionally used off-label for EC through various high dose regimens (generally 1.5mg), which led to Plan B[®]. The primary intent of EC administration of levonorgestrel is to inhibit or delay ovulation, but it can also potentially prevent fertilization by affecting tubal transport of egg and/or sperm. In addition, levonorgestrel can theoretically decrease the receptiveness of the endometrium for implantation.¹ Potential for post-fertilization effects has led to much debate, even among Christians, on whether levonorgestrel and various forms of hormonal

contraception should be considered abortifacients.

Approval of Plan B[®] was alleged to be the solution to the rising number of unplanned pregnancies and the key to decrease abortion rates, but this has not occurred as EC efficacy of Plan B[®] was “overestimated”.² In fact, 10 separate studies showed providing a supply of EC to be kept at home produced a nearly threefold increase in use, but effects on pregnancy and abortion rates were unmeasurable.³ There are no known effects of Plan B[®] post-implantation.¹

Mifeprex[®]: An Overview

Mifeprex[®] (mifepristone), or the “abortion pill,” was approved by the FDA in September of 2000 for medical abortions of pregnancies ≤49 days since the start of the last normal period (LMP) or a clinically useful window of 3 weeks. The history behind mifepristone’s approval is riddled with unprecedented politics and controversy, which would require a separate article to detail.

Mifepristone is a first generation progesterone receptor modulator (PRM). Progesterone is required to begin and maintain pregnancy, therefore PRMs were synthetically designed to bind and inactivate the progesterone receptor with a significantly higher affinity than progesterone. As a result, the progesterone-dependent endometrium priming, placental development, and suppression of endometrial contractility does not occur, thus PRMs cause an implanted

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About the Author

Julie Lynch McDonald received her Doctor of Pharmacy degree in May 2008. Following graduation, Julie spent two years working at an independent retail pharmacy in south Florida, and recently relocated to accept a pharmacist-in-charge position at Whale Tail Pharmacy in Craig, Alaska, where she is developing an experiential rotation site for students. She has been a member of CPFI’s Board of Directors since June of 2007, and specifically serves to oversee student chapters and recent graduates. Additionally, Julie conducts in-depth research on abortifacients and provides education presentations on this topic in a variety of settings.

Muddying the Waters (continued)

fetus to detach from the uterine lining ending fetal food and oxygen supply. However, early clinical testing revealed mifepristone alone failed to consistently result in complete vaginal expulsion.⁴ Therefore, the FDA approved regimen requires misoprostol to be administered 2 days after mifepristone to cause softening of the cervix and uterine contractions hence chemically assisting/forcing vaginal expulsion of placenta and fetus. It is important to note a medical abortion with mifepristone requires use of misoprostol (a combination this article will subsequently refer to as RU-486).

RU-486 was perceived as a means to mainstream abortion, but has remained relatively unpopular in comparison to expectations due to multiple factors (used for approximately 25% of U.S. abortions or 184,000 users in 2008). First, RU-486 is not an alternative for surgical abortions as 1 in 12 users, a conservative estimate based on the sole U.S. uncontrolled trial, will require surgery after RU-486 due to continued pregnancy, retained tissue, and/or uncontrolled hemorrhage.⁶ Secondly, RU-486 is less effective than surgical abortions and contains higher risk for specific complications, such as bleeding and infection.⁷ For example, the risk of maternal death due to infection alone is ≥ 10 times higher with mifepristone vs. surgical abortion.⁸ In the U.S., there have been 7 known maternal deaths specifically related to RU-486. Sadly the true number of deaths remains unknown, as most deaths were reported by California where extraordinary regional awareness "stimulated reports of additional cases that may have not been detected in other states."⁹ There is no systematic tracking for RU-486 outcomes or adverse events. Furthermore, failure to follow up after RU-486 has been a considerable problem. A Seattle abortion provider, Suzanne Poppema, stated they are "lucky if 30-40% of patients" return for follow up.¹⁰

The only remaining claim in favor of RU-486 is use of medications is less physiologically traumatizing than surgery. However, surgical abortion involves a woman in a room with healthcare professionals, she does not personally witness the procedure, and it is over that same day. During RU-486, a woman is often alone for an extended period of abdominal cramping, bloody vaginal discharge, nausea, diarrhea, and/or headache followed by vaginal expulsion of fetus and placenta, which the woman will be responsible for disposal. This is compounded by the habitual lack of preparation women receive as they are told to simply anticipate a heavy period. The former chairman of the company that patented RU-486 stated "A woman has to 'live' with her abortion for at least a week using this technique. It's an appalling psychological ordeal." The company spokesman offered more insight by

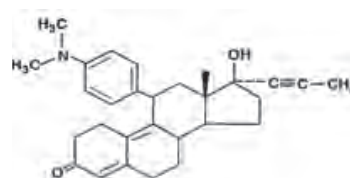
noting "When [women] take a pill, they have the feeling they are truly responsible for the abortion."¹¹ During a RU-486 trial in France, a nurse recalled observing 6 embryos in 6 surgical dishes by a sink. She called the experience "upsetting... like looking at a little row of people" and stated "women too were shocked when they looked at what they had expelled."¹² The emotional strain was observed during the U.S. RU-486 trial when a woman was hospitalized for depression after attempting suicide.¹³

Why ulipristal?

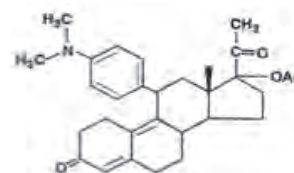
A basic understanding of Plan B[®] and RU-486 reveals their differences and fundamental flaws. Plan B[®] has limited efficacy to prevent pregnancy. Meanwhile, RU-486 is effective at aborting pregnancies yet contains risk for complications and adverse events leading to a stigma of questionable safety. Ulipristal is viewed as the solution. It will be marketed as EC similar to Plan B[®], despite the fact that it is actually a modified version of an undisputed abortifacient, mifepristone.

What is ulipristal?

Ulipristal and mifepristone are chemically identically aside for a substitution on the 17th carbon, which results in ulipristal containing a higher oral anti-progestational potency and lower anti-glucocorticoid effects.^{14,15} Ulipristal is classified as a second generation PRM and its action on ovarian and endometrial tissue is indistinguishable from mifepristone.^{16,17} At low doses, ulipristal and mifepristone can suppress/prevent ovulation, thus acting as EC. However, ulipristal and mifepristone are also powerful pure progesterone antagonists thus unavoidably resulting in post-fertilization and post-implantation effects.¹⁵ The European Medicines Agency's Assessment Report found in repeated dose animal studies, "as expected, ulipristal acetate is embryotoxic at low doses," and an intentional effort was made to remove mention of ulipristal's abortifacient potential from the report in hopes of deterring off-label use for medical abortions.^{16,a}



Mifepristone



Ulipristal

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Muddying the Waters (continued)

Will ulipristal cause a medical abortion?

Based on the data available overall conclusions on the “embryolethal potential” of ulipristal remain “uncertain.”¹⁶ To put it candidly, studies have not been completed to prove or disprove ulipristal’s ability to abort an implanted embryo in humans. However, ulipristal was found after oral administration to be more potent than mifepristone as an abortifacient in rats and just as potent in monkeys.^{17,18} Therefore, animal testing for ulipristal, human data for mifepristone, and common sense indicates ulipristal can and will cause a medical abortion.

What effect will ulipristal have on pregnancies?

To be realistic, use of ulipristal by pregnant women will be unavoidable. Proper use of pregnancy tests will not completely prevent this, as these tests require ≥ 12 days after conception to accurately detect pregnancy. Even within carefully controlled parameters of 3 phase III trials, ulipristal was administered to women who were later judged to be already pregnant.^{2,20,21} Granted the percentage of already pregnant women was relatively small, but when the FDA approved ulipristal they failed to require pregnancy testing prior to administration as was conducted in trials. For this reason among others, the number of pregnant women prescribed ulipristal is bound to increase when used outside the trial setting. Use of ulipristal by pregnant women exposes an embryo to an embryotoxic agent for >6.5 days based on available terminal half-life data.¹⁶

Whether used by an already pregnant women or if pregnancy continues after ulipristal use, there is concern for resulting ectopic pregnancies, incomplete abortions, and birth defects.¹⁶ Two trials reported pregnancy outcomes for women who used ulipristal, and the result was 90% ended in miscarriage for those with known outcomes that did not choose to abort.^{21,b} Prior to approval of Plan B®, the FDA required testing of maternal and fetal safety, yet this has not been determined for ulipristal.

Will ulipristal result in infections and complications similar to RU-486?

The HHS Emerging Clostridial Disease Workshop found RU-486 was associated with infections, which resulted in “rapid fulminating lethal shock syndrome.” The workshop further established the clostridial infections associated with RU-486 were unlikely to be prevented through prophylactic antibiotics, an effective treatment has not been identified, and these infections have been 100%

fatal. The cause of RU-486 associated infections is two-fold: mifepristone suppresses the immune system through its innate anti-glucocorticoid effects and at the same time the aborting uterus serves as a medium for bacterial growth.⁹ Consequently, it is very distressing that the ability of ulipristal to cause similar infections as well as severe hemorrhage was not well-studied prior to approval.

Will ulipristal help prevent unplanned pregnancies?

Two trials found ulipristal was not inferior to Plan B®, but a superiority trial has not been completed.²² Furthermore, two trials examined use of ulipristal after >72 hours since intercourse. One trial stated “further investigation” was needed for those >72 hours due to their limited population, and the other trial failed to reach power for safety or efficacy of those >72 hours.²¹ Yet, the FDA approved ulipristal use up to 120 hours since intercourse.

Summary on ulipristal

A lesson should have been learned from the calamity surrounding approval of RU-486, yet in a similar fashion ulipristal was approved without thorough evaluation despite evidence of safety concerns. The FDA recommended numerous follow-up studies to answer concerns that still lingered at the time of RU-486’s approval. In 10 years these studies have not been completed due to enrollment issues.²² The FDA’s unwillingness to learn from the past has yet again left the medical community with many unanswered concerns, such as ulipristal’s effect if used by pregnant women or if pregnancy occurs after use, risk of infection and hemorrhage, efficacy if used after >72 hours, and safety in the general population or if used repeatedly.

Since most healthcare professionals are currently unaware of the differences between Plan B® and RU-486, introduction of ulipristal appears to be an attempt to capitalize on this confusion by modifying a known abortifacient, but marketing it as EC. It does not end there. Evidence indicates in the near future there may be efforts to submit a supplemental application for ulipristal to be used once monthly for birth control and/or achieve OTC status. Presently efforts to develop continual use (i.e. once monthly dosing) have been delayed due to endometrial safety concerns, but this then points back to the unaddressed concern of ulipristal’s safety if used repeatedly for EC.

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Muddying the Waters (continued)

Unlike RU-486, which is provided directly by clinics or physicians, pharmacists will be directly involved with ulipristal as it will be available by prescription.

What can Christian pharmacists do?

Since mifepristone was approved, pro-life advocates have pointed to the >1,000 adverse events reports submitted to the FDA among other facts calling RU-486 unsafe for women. Meanwhile, pro-choice advocates have called these events isolated and defended RU-486 as a good option for women. In the absence of systematic tracking for the true incidence of adverse events, these debates will undoubtedly continue regarding ulipristal. The unfortunate result is physicians and women are left without the necessary information to make sound medical decisions and public health policy is determined by politics rather than facts.

However, opportunity exists for pharmacists to serve a pivotal role in positively influencing public health policy. For instance, pharmacists can advocate for and contribute towards designing an innovative restrictive distribution system for ulipristal with the intent of ensuring proper patient selection and counseling, tracking adverse events, monitoring effects of off-label use, and/or tracing outcomes. This would allow pharmacists to provide leadership in demanding the necessary information required to guide public health policy is assembled and once a system is established pharmacists would be responsible for consistently and reliably accumulating this essential data. Additionally, pharmacists can be vital to ensuring ulipristal does not achieve OTC status or approval for once monthly use due to the obvious health risks these policy changes would have for women.

Most importantly, Christian pharmacists need to actively serve as a source of truthful information for the public and healthcare professionals. This can be accomplished through conducting research for organizations or government agencies, authoring publications for local newspapers or professional journals, confidently and straightforwardly counseling patients, providing in-services for crisis pregnancy centers, delivering presentations at professional meetings, involvement in hearings and discussions on future health policy changes, and seeking additional opportunities as God provides. Through the CPFI National Student Council (NSC), student chapters nationwide will be engaging in just such an outreach through their upcoming "R U Aware" educational campaign under the leadership of NSC chairperson Amanda Davis.

Closing Thoughts

As pharmacists, we are trained to rely on medications for solutions. However, when it comes to unplanned pregnancy, history reveals the more pills we throw at the problem, the more problems we create. As a woman and healthcare professional, I hope we will begin to proactively address unplanned pregnancy rather than continually resort to jeopardizing women's health with afterthought solutions. Nevertheless, these afterthought solutions do exist and there is a cry for Christian pharmacists to be more actively involved. RU-486 should have been a wake-up call, but as a whole we were complacent and debated between ourselves if life began at fertilization or implantation. Meanwhile, hard at work was an agenda that places their perceived collective societal good from ending unplanned pregnancies over the health of individual women, not to mention the life of the unborn. God specially equipped each Christian pharmacist to be a drug expert and an earthly representation of Jesus Christ. Seems rather obvious, Christian pharmacists have a responsibility to be actively involved on this issue.

References

1. Bastianelli C, Farris M, Benagiano G. Emergency contraception: a review. *Eur J Contracept Reprod Health Care*. Mar 2008;13(1):9-16.
2. Glasier AF, et al. Ulipristal acetate versus levonorgestrel for emergency contraception: a randomized non-inferiority trial and meta-analysis. *The Lancet*. Jan 2010.
3. Reinberg S. Emergency Contraception Doesn't Lower Abortion Rates. *Health Day News*. www.sexualhealth.e-healthsource.com (accessed 2010 Jun 24).
4. Elia D. *The Antiprogesterin Steroid RU 486 and Human Fertility Control*. New York, New York, Plenum Press. 1985;211-20.
5. Johnson LA. Abortion Pill Used in a Quarter of US Abortions. www.physorg.com/news166292010.html (accessed 2010 Sept 2010).
6. Spitz IM, Bardin CW, Benton L, Robbins A. Early pregnancy termination with mifepristone and misoprostol in the United States. *N Engl J Med*. 1998;338:1241-7.
7. Gary MM, Harrison DJ. Analysis of Severe Adverse Events Related to the Use of Mifepristone as an Abortifacient. *Ann Pharmacother*. 2006;40(2):191-7.

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Muddying the Waters (continued)

8. Souder ME. The FDA and RU-486: Lowering the Standard for Women's Health. www.usccb.org/prolife/issues/ru486/SouderStaffReportonRU-486.pdf (accessed 27 Feb 2009).
9. Department of Health and Human Services. Emerging Clostridial Disease Workshop Summary of Proceedings. May 2006.
10. Fact Sheet on Mifepristone/Misoprostol Abortion: FDA Rejects Safeguards Used in China, France, Sweden and the United Kingdom. www.nccbuscc.org/prolife/issues/abortion/ru486factsheet.shtml (accessed 23 Sept 2010).
11. RU486Facts Organization. Medical Information About RU-486 (Mifepristone). www.ru486facts.org/index.cfm (accessed 14 Feb 2007).
12. Life Issues Institute. RU486 Not as Easy as Promised, Says Women and Abortionist. www.lifeissues.org/ru486/ru4862000/ru00-11.html (accessed 18 Feb 2007).
13. Rarick L. Reproductive Health Drugs Advisory Committee, Hearing Transcript FDA. 19 July 1996:134.
14. Larner JM, Reel JR, Blye RP. Circulating concentrations of the antiprogestins CDB-2914 and mifepristone in the female rhesus monkey following various routes of administration. *Hum Reprod.* 2000;15(5): 1100-06.
15. Hild SA, Reel JR, Hoffman LH, Blye RP. CDB-2914: Anti-progestational/anti-glucocorticoid profile and post-coital anti-fertility activity in rats and rabbits. *Hum Reprod.* 2000;15(4):822-829.
16. European Medicines Agency. CHMP Assessment Report for Ellaone. Doc.Ref.: EMEA/261787/2009.
17. Teutsch G, Philibert D. History and perspectives of antiprogestins from the chemist's point of view. *Hum Reprod.* 1994;9:12-31.
18. Tarantal AF, et al. Effects of two antiprogestins on early pregnancy in the long-tailed macaque. *Contraception.* 1996;54:107-15.
19. Attardi, et al. In vitro Antiprogestational/Antiglucocorticoid Activity and Progesterone and Glucocorticoid Receptor Binding of the Putative Metabolites and Synthetic Derivatives of CDB-2914, CDB-4124, and Mifepristone. *J Steroid Biochem Mol Biol.* 2004;277-88.
20. Creinin MD, et al. Progesterone receptor modulator for emergency contraception: a randomized controlled trial. *Obstet Gynecol.* 2006;108(5):1089-97.
21. Fine PT, et al. Ulipristal acetate taken 48-120 hours after intercourse for emergency contraception.

Obstet Gynecol. 2010;115(2):1-7.

22. Woodcock J. Statement before Subcommittee on Criminal Justice, Drug Policy and Human Resources of the Committee on Government Reform. 17 May 2006.

Endnotes

- a. Image modified from Larner JM, Reel JR, Blye RP. Circulating concentrations of the antiprogestins CDB-2914 and mifepristone in the female rhesus monkey following various routes of administration. *Hum Reprod.* 2000;15(5): 1100-06.
- b. Fine, et al. had 26 pregnancies in those treated with ulipristal (15 aborted, 5 spontaneous abortions, 5 unknown status, and 1 born healthy), Creinin, et al. had 7 continued pregnancies in those given ulipristal (no further information provided), and Glasier, et al. had 20 continued pregnancies in those given ulipristal (14 aborted, 4 spontaneous abortions, 2 unknown). Therefore, only Fine and Glasier provided information on pregnancies after ulipristal use, and there were 17 where women did not elect to abort the pregnancy. Thus, the combined results from Fine and Glasier found 9 out of 17 (53%) of these pregnancies ended in spontaneous abortion or miscarriage, plus another 7 out of 17 (41%) had an unknown outcome. Therefore, after three phase III trials, complete outcomes have been provided for 10 pregnancies where women did not choose to abort after being administered ulipristal, and 9 out of 10 (90%) ended in spontaneous abortion or miscarriage.



Dispensing Hope and Encouragement Through Your Gifts

Please consider a one-time or monthly gift which will be used towards our operational expenses, publications, professional membership activities, student outreach projects, and mission trips.

CPFI is a ministry that encourages the integration of faith into pharmacy practice and services. We intentionally keep our dues at a level that we consider affordable for all, but this revenue is not sufficient to cover the scope of the activities in which the involvement of this organization is important. We rely on the gifts of our members and other friends for this additional financial support.

Please use the attached postage paid envelope with detachable card for your gift. Thank you for your prayers and support on behalf of CPFI.

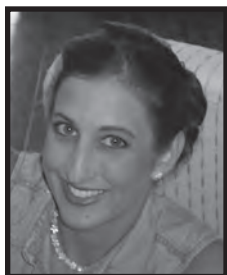
“You will be made rich in every way so that you can be generous on every occasion, and through us your generosity will result in thanksgiving to God.” 1

Corinthians 9:11

Number one request from student chapters? It is for you!!!

by Clarence Gissendanner and Julie McDonald.

About the Authors



Julie Lynch McDonald received her Doctor of Pharmacy degree in May 2008. Following graduation, Julie spent two years working at an independent retail pharmacy in south Florida, and recently relocated to accept a pharmacist-in-charge position at Whale Tail Pharmacy in

Craig, Alaska, where she is developing an experiential rotation site for students. She has been a member of CPFI's Board of Directors since June of 2007, and specifically serves to oversee student chapters and recent graduates. Additionally, Julie conducts in-depth research on abortifacients, and provides education presentations on this topic in a variety of settings.

CAPT Clarence E. Gissendanner, Pharm.D., RET-USPHS has been an active member of CPFI and is a former board member. He received his BS in Pharmacy from the University of Georgia, and was a member of the first PharmD class at Mercer University, graduating in 1974.



Having served with the Army and Air Force Reserves for 17 years, Dr Gissendanner was a partner in 3 community pharmacies. In 1979 he joined the USPHS as a Pharmacy Officer for the Southeast Regions, based in Atlanta, GA. He was a pharmacist consultant for the Hansen's Disease Center in Carville, LA, and practiced in mental health. At the time of his retirement in 2001, he was Director of Pharmacy of a regional mental health hospital for the State of Georgia. He and his wife currently live in West Palm Beach, FL, where they remain active in their local church, volunteer at a planned federal community health center, and regularly assist in the CPFI office. Along with Dr McDonald, Dr Gissendanner works with CPFI student chapters.

Over the last couple years the number of student members and chapters has grown exponentially. With this growth comes needs and opportunity. The number one request from student chapters is for more interaction with professional CPFI members. They want professional members to share their career experiences and struggles, describe how they incorporate their faith in practice, explain how they keep a balance life, and so forth. CPFI is currently seeking professional members willing to act as guest speakers for student chapters. Serving as a guest speaker may or may not lead to a mentoring relationship with the chapter. A mentor's involvement can be very diverse, such as simply attending chapter meeting, acting as a regular guest speaker, taking the student leaders to lunch, or helping with a chapter outreach project. In the following, Clarence Gissendanner will share from his practical experience acting as a mentor for multiple student chapters in Georgia.

One of the hindrances for mentors is not living close to the college of pharmacy they serve. It is difficult getting to meetings and providing encouragement to the students. When CPFI started the current push of developing a closer relationship with student chapters, I thought it would be an effortless interaction for the CPFI member to mentor these chapters. It was so simple at the annual meeting to have an instant sharing time with the students. We could develop good plans to meet after the annual meeting, but the reality was the enthusiasm between the mentor and students began to decline as the mentor and students returned to their respective living places. The communication lines essentially stopped.

Continued on next page

Number one request (continued)

I quickly learned that today's pharmacy students have minimum free time to devote to outside activities because of the intensity of the pharmacy curriculum.

In addressing the problem, I communicated with one student president about having a strategy meeting at my place one weekend with the three colleges in Georgia. We had wanted the faculty advisors to attend but their schedules did not allow. (I think we sometimes forget to give encouragement to the faculty member for the time and effort they provide these students.) The meeting occurred, but not without problems as one college set an exam on the Monday after the meeting which meant those students could not attend because they needed to study.

Nevertheless, the students who came did go away with ideas that could be shared with their peers. A lesson learned was that one mentor cannot effectively minister to multiple chapters. One important thing that came to light was the interactions that occurred with the two spouses that were at the weekend meeting. Students wanted to know how spouses helped their pharmacist spouses in making their faith evident in the pharmacy practice. I am thankful that my wife looked at my career as a partnership with her. These students with spouses (or future spouses) need to address this partnership as a Grace gift from the Lord willing to sacrifice time, effort and finances to assure Christ led lives will make a difference. I share this which really is not a pharmacy practice; however, it is important. Always have kind and encouraging word to people you meet in the work and living place, particularly at the check-out counter. You will be surprised at the reaction. I have never had a clerk who didn't thank me.

From this experience, as the mentor, some essential items need to occur for the mentor and students. The mentor needs a list of the student chapter members and faculty advisor that includes e-mail addresses, time and dates of meetings and activities. This information is a must for the mentor's monthly planner. In addition, the mentor needs to identify other Christian pharmacists willing to serve as mentors, and to attend chapter meetings and activities. In doing so, these mentors thru "table talk" with small groups of student could best relate to the students how their faith has influence their pharmacy practice. At the same time, this allows the students to tell about their faith in school and outside activities. Too often, we graduates forget that student are adults and have many excellent experiences that need to be shared.

Lastly, mentors need to make it their mission to encourage students to continue their membership in CPFI. To Virginia and me, CPFI is one of our extended family, and we look at the annual meeting as a family reunion where we gain understanding about Christ and pharmacy, and get to see younger pharmacists and their children up; about as close as you can get to Heaven.

If you are interested in serving as a guest speaker or mentoring a local student chapter, please email:

Jennifer Dunkle at:
jennifer.dunkle@ttuhsc.edu



CHRISTIAN PHARMACISTS FELLOWSHIP INTERNATIONAL
Dispensing Hope and Encouragement

Interested in Being a Guest Speaker?

Most people do not relish the idea of public speaking, but you can truly play an integral part in the CPFI student ministry. In fact student chapters would love to form relationships with practicing pharmacists in their community. Simply be open to sharing a little about yourself, your faith, and be ready for some mutual encouragement!

“Therefore encourage one another and build each other up, just as in fact you are doing.” 1 Thessalonians 5:11

Please complete this form then mail or fax the completed form to the CPFI office. Once received, the Student Chapter Guest Speaker Director will send you a confirmation email. Your willingness to volunteer is deeply appreciated and you will be richly blessed through your involvement with students.



Name	Your City, State	Distance Willing to Travel	Email Address	Phone #
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Mail To:

Christian Pharmacists Fellowship Intl.
at Palm Beach Atlantic University
PO Box 24708 West Palm Beach, FL
33416-4708

Phone: (888) 253-6885
Fax: (561) 803-2738

Middle Easterners Minority Project

by Youssef Roman, PharmD 2012 candidate

November, 29, 2009 and April 18, 2010 marked the first and second healthcare outreaches for the Middle Easterners at churches in Portland, Oregon. Both events included educational presentations on diabetes and blood pressure. In the presentations the etiology, prognosis, and possible pharmacological treatments that pertained to each disease state were discussed. The presentations also included non-pharmacological treatments and lifestyles modifications to prevent and control each disease state. A total of 65 persons attended the educational sessions that were presented in the Arabic language. The presentations lasted from 30-45 minutes each and involved question and answer sessions. During the presentations, the importance and means of controlling blood glucose and blood pressure were presented in the context of the long-term complications of uncontrolled blood glucose and blood pressure. Each presentation ended with an emphasis on prevention and healthy habits to reduce the risk of developing diabetes or hypertension.

Following each PowerPoint presentation, the congregation was dismissed for healthcare screening

of blood pressure and blood glucose by pharmacy students from Oregon State University. The outreaches also provided educational and informational materials on various topics (e.g. blood pressure 101, DASH program, and diabetes facts) in English and Arabic.

Samples of different over the counter medications were also available to patients. These included calcium with vitamin D, omeprazole, lip balm, herbal medicine (e.g., Echinacea, ginger), acetaminophen and aspirin, along with drug dispensers. During each session, there was also a section for private counseling and simple physical assessment.

The timing of first outreach coincided with the outbreak of H1N1 influenza. Therefore, it was very helpful for the congregation to learn some facts about differences between viral and bacterial infections, signs and symptoms of H1N1, complications of H1N1, the release of the vaccine, the number of doses needed for full immunizations, qualifications for the vaccines, and basic hygiene to prevent transmission. Informational sheets in Arabic from the Center for Disease Control (CDC) were provided to help raise public awareness about the H1N1 pandemic.

Continued on next page



About the Author

Youssef Roman was born and raised in a Christian home in Cairo, Egypt. In 2003, he immigrated to the United States. Prior to arriving in the US, he started into pharmacy school but was unable to complete his education. Today, he is a third year pharmacy student at Oregon State University. His goal after graduation is to be in pharmacy education. In his spare time he enjoys soccer tennis, hiking, kayaking, and travel. Mr Roman is a recipient of a CPFI Student Scholarship for the project described in this article.

Middle Easterners Minority Project (continued)

During the first outreach, 28 individuals ranging from 18 to 65 years of age were screened and counseled. Screenings primarily included measuring blood pressure and heart rate. Results from the screening showed a trend of an elevated blood pressure and heart rate among the participants. In addition to screening, counseling on hypertension medications and medications side effects was offered. During counseling sessions, many patients informed us that they never checked their blood pressure, with their first blood pressure check occurring during this outreach.

In the second outreach served a total of 37 people from ages 21 to 71 years old who were seen at screening stations during a thorough screening session. For example, the diabetes station screened 15 patients for random blood glucose. The range of blood glucose measurements was 83-145 mg/dl with an ADA risk score ranging from 1-16.

On the other hand, the blood pressure station screened 18 patients. Measures of blood pressure were categorized as normal, pre-hypertension, and stage I hypertension. Only five patients had normal blood pressure in this range, and they were mainly women age 25-49 years. There were 11 patients with pre-hypertension, and these were mostly men age 23-71 years. Two men had had stage I hypertension, and they were 60 and 67 years old.

Free samples along with counseling on maximum dose and drug interactions were provided at the OTC station. In the physical assessment section,

two patients with symptoms consistent with carpal tunnel and sinusitis were identified. One patient was immediately referred to a physician due to a suspected hepatic disease.

Diabetes and hypertension are common in many countries of the Middle East, due to various reasons including nutrition and lifestyle. The typical Middle Eastern diet is high in salt and red meat. A Middle Eastern lifestyle tends to be sedentary increasing the risk for developing diabetes and hypertension. In the individuals we screened most were in the pre-hypertension category which is more easily managed by basic lifestyles and dietary changes.

The opportunity to serve the Middle Easterners minority had a great impact on my personal understanding of the common diseases in the Portland community. Feedback from the participants and event organizers was extremely positive. The outreaches targeting the Middle Eastern community enabled individuals to care for their health and better manage their diseases. It was also a great opportunity for many of my classmates to get cross-cultural exposure and deal with non-traditional patients. On the personal level, I hope the minority project would engage the entire pharmacy school and become such a The Healthy Minority 2012 project. Adoption and endorsement of this project by CPFI greatly impacted the health of the minorities in the Portland area and the State of Oregon.

The Parable of Listening

Christians are instructed to “excel in everything – in faith, in speech, and in knowledge” (2 Corinthians 8:7). Practicing that excellence in my study of pharmacy ultimately presented me an invaluable opportunity. As valedictorian of my Doctor of Pharmacy class, I was asked to speak at the public university’s pharmacy commencement ceremony, to a captive audience of over 500 students, parents, and faculty. The Lord allows our careers, even while still students, as a platform for our profession.

Yet, I was not immune to the consequences of speaking publicly about Faith in Christ. My high school valedictory, which stressed the importance of our Nation’s founding Faith and the dangers of moral relativism, met strong resistance and outright threat I would not speak at graduation. Despite school officials’ reservations and historical disclaimer printed in the commencement program, the speech garnered front-page newspaper and local radio station attention, as well as a salute from then-Governor John G. Rowland at the State Republican Convention. So, when the Lord set the stage a second time, I was prepared to speak, without hesitation.

As Jesus commands, “Let your light shine before men...that they may praise your Father in Heaven” (Matthew 5:14-16). After the ceremony, the speech received an administrator’s accolade as, “one of the best I have heard;” yet, it was the significant number of positive responses to the message that was overwhelming. A parent shared his joy someone “had the courage” to profess the Lord, a fellow student shared with me his same Faith in Christ, and an administrator’s daughter humbly commented, “You made my mother cry.” Dozens of others commented in passing, before the day was through, of being moved to tears, especially concerning the story of the Doctor’s car. Even one week later, I received word from a classmate her family was still talking about that single story! It is my hope it impacts you, the reader, just as well.

All pharmacists have a duty to serve. Yet, as Christian pharmacists, we have Divine appointment to serve as Christ to those around us. We must strive for excellence in everything we do and “always be prepared...to give the reason for the hope” that we have (1 Peter 3:15), and when the Lord shines the spotlight...Stand in it!

“He That Has Ears To Hear, Let Him Hear”

Valedictory Address, May 10, 2008

University of Connecticut Doctor of Pharmacy Ceremony

Noticing no one to assist her, the woman shouted into the pharmacy,

“HELLO! CAN SOMEBODY HELP ME?”

Hidden behind the counter, stood the pharmacist deep in concentration working on an important prescription. “Just one moment,” the pharmacist assured her.

“HELLO! CAN SOMEBODY HELP ME?”

Perhaps she didn’t hear me, thought the pharmacist. Almost done and not wanting to have to start over again, “Just one second!”

Like any other persistent customer –

“HELLO! CAN SOMEBODY HELP ME?”

Dropping everything, the pharmacist took two steps to the right, and asked politely with a smile, “May I help you?”

“Oh, Hello, Can you help me? Where can I find batteries for my hearing aid?”

I must cite that true story to University of Connecticut School of Pharmacy alumna, my sister.

Today we honor: honor. With our final achievement today, we bring honor and pride to our school, our professors, to our parents and families. As well, today we are honored to earn and receive our Doctorate!

Never forget this day and the Pride with it.

When asked to say a few words today, of course I was personally honored. There was just one problem. We are so diversified – there were not many experiences equally shared by us all that I could expound upon; none except for one:

SIX L-O-O-O-O-O-N-N-N-N-G YEARS.

Let me elaborate:

SIX-L-O-O-O-O-O-N-N-N-N-G-YEARS-WITH- OUR DEAN!!

Have been wonderful!!

On behalf of the Class of 2008, we thank you, Dean, the professors and staff, for your professional dedication. It is an honor to join the ranks of University of Connecticut School of Pharmacy alumni.

However, not to disappoint our Associate Dean, who asked me to reflect on our time at the School of Pharmacy, let me share these few memories:

Therapeutics, exams, Bio-Organic Chemistry, barely passing...exams, Hewitt Room 350, exams, the ACE Inhibitor cough demonstration and questions about niacin...on our exams, studying and exams, and as we leave here today: the NAPLEX and law... more exams!!

That being said – the past is the past. It’s on to the future.

As pharmacists, we each have a source from which we will draw our motivation and strength; it may be a belief in yourself, a mentor, family, friends, or all of the above. Personally, for those of you who’ve known me well over these past six years, you know of my additional study of psychology, as well as my study of a book available at the Co-op; however, not required reading. It is written in my opinion by the greatest physician who has even walked the face of the earth, and it contains timeless truths still practiced today, even in medicine, throughout the world.

“To whom much is given, much is required,” [Matthew 25:29] is one truth. How great is your potential:

1. In a single year, as a small retail pharmacist, you will serve in numbers greater than the 70,000 attending this year’s Super Bowl;

2. In ten years, you will serve a number greater than the population of a major city;

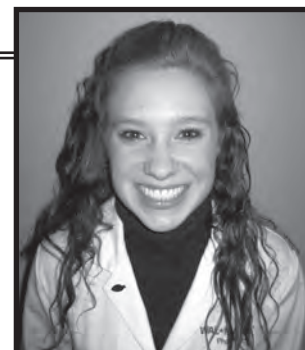
3. In a lifetime, that number could very well exceed the population of some U.S. states;

4. Furthermore, your work in research has an immense capability to serve mankind in numbers exceeding the population of some countries, or, if you prefer, far surpassing the sales of a rock star.

Continued on next page

About the Author

Kristen L. Rychalsky, PharmD was valedictorian of the 2008 Doctor of Pharmacy graduating class at the University of Connecticut, School of Pharmacy. At the same time she received a Bachelor of Arts in Psychology degree, graduating Summa Cum Laude and as an Honors Scholar. Currently, Dr Rychalsky is a staff pharmacist for Wal-Mart Pharmacy, and is looking to pursue a clinical residency in the near future.



He That Has Ears To Hear, Let Him Hear... (continued)

Take a bow! In no simpler terms, today you have each been granted the potential to perform: MIRACLES.

Today, we each begin to walk the path of greatness – as many have before us. Everything you hear today is good – stay active, seek higher levels of education, strive to attain achievements that at this moment you can only dream about, and by all means – make your university proud.

In so doing, we now enter into a new classroom, a new school, and a stage set for even greater success, as portrayed in this next true account.

For this doctor, this day would be like no other in his medical career – the reward and thrill of driving off the dealership lot in his hard-earned, brand-new, sparkling convertible sports car – a true symbol of his many years of hard work building a successful practice. And like you or I, he couldn't help and didn't hesitate to drive it up and down side streets with a pizzazz for attention and turning heads.

He earned it! Wouldn't you agree?

Slowing down to a stop sign, it happened – a loud BASH! Jumping out and running to the passenger side he found a huge gash in the door. Beneath it – a brick, and there standing behind the parked cars was a nine-year-old boy, frightened to tears. You can imagine the look of shock and anger on the doctor's face. The boy blurted, "I've been standing here and shouting for a long time. No one would stop!" he said as he pointed further up the sidewalk. There lying on the ground was his thirteen-year-old brother, who after both having gone for a stroll of fresh air, had slipped out of his wheelchair and was too heavy to pick up. As the doctor's eyes came back and rested on him, the boy asked,

"Can you help me?"

But, this is where the story only begins. That doctor chose never to repair the dent in his car, as a daily humbling reminder to himself and to anyone who would ask, of the true purpose in his calling, and to tell his story, which I pass on to you: a battle medal of humility, pinned on to the uniform called pride – the same one we wear today.

"He among you who wishes to be Great, must become the servant" [Matthew 20:26] – another "timeless truth."

Today we've arrived. My challenge to you: Look up. There's another flight of stairs. For as you already know,

just as there isn't a ski-lift to the top of Mt. Everest, unfortunately, there isn't an express elevator to the next level of success.

Go for it – but always remember, Humility has a humbling way of saying, "Hello."

In all honesty, didn't you for a moment say to yourself, I went to school for six-LONG-years, just to direct someone to batteries? Didn't you too feel the pain when you thought, "AUGH, My BRAND-NEW CAR!?!"

Imagine now, just for this brief moment, total loss of hearing; total loss of use of both legs. It is a privilege to be called doctor. Today we honor: honor.

One final true story I experienced first hand, while a student and intern:

Leaving upset and without her prescription, this woman returned later, wishing to speak to the pharmacist. Here's what she didn't say:

She didn't commend the pharmacist on her degree, education, or awards.

She didn't thank her for the cost savings of substituting a generic for the brand name drug; or for filling the brand instead of the generic.

She didn't comment on the service, the timely manner in which the prescription was filled, or meeting the corporation's weekly sales quota.

No, none of these.

The woman specifically returned to express her gratitude, in thanking the pharmacist for, as she put it, "caring enough to keep asking questions." "My doctor told me," she emphasized, and I quote, "If I took this medication, I could have died."

Often we hear, "If you could look into your future, what would you see?"

I believe if the future could speak to us today, it just might say, "Hello?! Can somebody help me?"

To my fellow Doctors, Congratulations! Today is a Great Day! Tomorrow is what you make it! I will miss you all. I wish upon you this Blessing by the Great Physician, my Lord and Savior Jesus Christ:

May the Lord Bless you and Keep you. May He cause His Face to Shine upon you and be Gracious unto you. May He lift up His Countenance upon you and Grant you His Peace.

And from this day on, always remember – wherever you go, or wherever you work, make sure you definitely know where to find the hearing aid batteries!

Thank you and God Bless.

Oath of a Christian Pharmacist

Drafted by the Purdue University CPFI Student Chapter

As God is my witness, I dedicate my life to the welfare of my patients.

No matter what the circumstances, I vow to do my best to provide appropriate counsel and proper medication to those who seek my services.

With gratitude to God for the opportunity to serve humanity, I will make an effort to increase my knowledge and skills as I practice professional Pharmacy.

Putting aside self interests and pursuing righteousness at all times, I aspire to reflect God's mercy and compassion in caring for those suffering in body, mind or spirit.

I will respect the sanctity of life and will avoid any treatment that may deprive any human being of the gift of life.

Always aware that God loves each of us and can foster healing for all diseases, I will encourage an attitude of hopefulness in all of my patients.

I will remember that there is an art as well as a science to the practice of Pharmacy and that warmth, sympathy and understanding enhance the effectiveness of the medication I dispense.

Personnel Placement

Palm Beach Atlantic University Gregory School of Pharmacy

Dean of the Gregory School of Pharmacy Department: Pharmacy

Type: Full Time

Date Available: July 2011

The Dean of the School of Pharmacy is the chief administrator for the School and is responsible for all functions pertaining to curriculum, academic standards, accreditation, student progress, budget, development, strategic planning and faculty/staff performance. It is the Dean's responsibility to ensure that policies of the School are fully congruent with the mission and vision of both the University and the School, and that faculty, staff and students adhere to all such policies. The candidate must also demonstrate a Christian commitment and a willingness to integrate faith into the learning process.

EDUCATION and/or EXPERIENCE

The Dean must have earned an advanced degree (PharmD or PhD) in pharmacy, and demonstrate a distinguished record of scholarly achievement, teaching, professional development and service sufficient to merit appointment at the rank of professor. Specific organizational leadership experience in academic pharmacy or healthcare management at the level of department head or assistant dean is required.

Assistant/Associate Dean of the Gregory School of Pharmacy Department: Pharmacy

Type: Full Time

Date Available: Immediately

Applicants must have earned a PharmD or related PhD degree, have at least five years experience as a clinical pharmacy practitioner or equivalent, have at least five years experience in pharmacy education, and hold the academic rank of either associate professor or professor be eligible for promotion to associate professor. Supervisory experience as an institutional pharmacy director or an academic department head is preferred but not required.

The Assistant/Associate Dean for Faculty serves as the immediate supervisor of approximately twenty five faculty in the School of Pharmacy, as part of a non-departmental organizational structure. The successful candidate will assign teaching responsibilities, evaluate faculty performance, and be responsible for the development and advancement of all faculty in the school. The candidate will assign teaching responsibilities, evaluate faculty performance, and be responsible for the development and advancement of all faculty in the school. The candidate must also demonstrate a Christian commitment and a willingness to integrate faith into the learning process.

Cedarville University

The University welcomes applications from faculty candidates for the new School of Pharmacy. All positions are 12-month contracts. Applications are being accepted for the following positions:

2010 – 2011 Vice Chair of Experiential Programs

2011 – 2012 Faculty, Pharmacy Practice

Faculty, Pharmaceutical Sciences

Faculty, Social Sciences

Qualifications include appropriate professional and educational credentials along with a demonstrable personal faith in Jesus Christ and passion to invest in Christian young people. The School of Pharmacy features a 7 year curriculum with preferred admission for qualified freshman students. Professional level coursework is anticipated to begin in August 2012 with the first class to graduate in 2016, pending approval by the Ohio Board of Regents, the Higher Learning Commission and the Accreditation Council for Pharmacy Education. The program builds upon a legacy of academic strength in the sciences and national reputation for excellent professional programs. Plans call for the School to be located in a new health sciences complex scheduled for completion in 2012.

Cedarville University is a Christ-centered learning community equipping students for lifelong leadership and service through an education marked by excellence and grounded in Biblical truth. More than just a mission statement, this focus attracts more than 3,000 Christian students from around the nation to study in our 100 academic programs on a beautiful 400-acre campus in southwest Ohio.

Outstanding students, world-class facilities, talented professors, and award-winning technology contribute to an education that U.S. News & World Report, The Princeton Review, and Peterson's Competitive Colleges all recognize as one of the best in the Midwest.

For more information, visit www.cedarville.edu or contact Cheryl Reese (cherylreese@cedarville.edu) in the School of Pharmacy at Cedarville University, 251 N Main Street, Cedarville, OH 45314. Phone: (937) 766-7480



Please plan to join us!

Thursday, June 9 – Sunday, June 12, 2011

CPFI 2011 Annual Conference

Springmaid Beach Resort

Myrtle Beach, South Carolina

**Springmaid
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Christian Pharmacists Fellowship International

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Membership

☐ Application
☐ Renewal

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FAX: (561) 803-2738
E-Mail: office@cpfi.org

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<input type="checkbox"/> to receive mail here	City:	State:	Country: Zip:
Home Phone:	() -		
Home FAX:	() -		
E-Mail Address:			
Church:	Church: Leader: City:		
Date of Birth:			
Gender:	<input type="checkbox"/> M <input type="checkbox"/> F		

CPFI Articles of Faith

Includes the following ten biblical principles

- We believe the Bible, in its original languages to be the inspired, Inerrant Word of God, the only infallible and authoritative rule of faith and conduct.
- We believe in one God, maker of all things, eternally existent as: Father, Son and Holy Spirit - the Holy Trinity.
- We believe in the deity of our Lord Jesus Christ, true man and true God; conceived of the Holy Spirit, born of the virgin Mary.
- We believe the Lord Jesus lived a sinless life, performed miracles, was crucified for our sins, was buried, bodily resurrected, and ascended to the right hand of the Father.
- We believe that man is made in the image of God and that since the fall, all men are born as sinners unable to save themselves.
- We believe in the personal salvation of believers through the substitutionary sacrificial death and shed blood of Jesus Christ being justified by faith alone.
- We believe in the future return of the Lord Jesus in power and glory.
- We believe in the presence and power of the Holy Spirit, indwelling each believer, transforming us and enabling us to live a Godly life.
- We believe in the bodily resurrection of the just and the unjust; those who are saved to everlasting blessedness and those who are lost unto the resurrection of damnation.
- We believe in the spiritual unity of believers in our Lord Jesus Christ.

Personal Affirmation

☐ I affirm my faith in Jesus Christ as my personal Savior. My salvation is based upon (fill in):

Professional Information (please print/type)

Business Name or Institution:			
Business Address:	Street:		
<input type="checkbox"/> to receive mail here	City:	State:	Country: Zip:
Business Phone:	() -		
Business FAX:	() -		
Business E-Mail:			
Graduated from: (professional)	Grad. Yr:		
Specialities: (check if board cert.)	<input type="checkbox"/> board cert. <input type="checkbox"/> board cert.		
CPFI Category:	<input type="checkbox"/> Practicing Pharmacist Type of practice: _____ <input type="checkbox"/> Academic <input type="checkbox"/> Student <input type="checkbox"/> Missionary <input type="checkbox"/> Pharmacy Technician <input type="checkbox"/> Associate Member <input type="checkbox"/> Other: _____		
Professional Affiliations:	<input type="checkbox"/> APhA <input type="checkbox"/> ASHP <input type="checkbox"/> ACA <input type="checkbox"/> AACP <input type="checkbox"/> ACCP <input type="checkbox"/> ASCP <input type="checkbox"/> State Assn: <input type="checkbox"/> Other:		

Student Information (please print/type)

School Name:			
Expected Year of Graduation:			

Payment Information (please print/type)

Membership Dues		
Student Member:	\$20.00	DUES: \$ _____
R.Ph. 1 st professional year	\$20.00	
R.Ph. 2 nd professional year	\$50.00	GIFT: \$ _____
Regular Member:	\$100.00	
Contributing Member:	\$125.00	TOTAL: \$ _____
Supporting Member:	\$250.00	
Sustaining Member:	\$500.00	
		Sorry we do not accept cash payments.
CPFI is a registered 501(c)(3) organization. Gifts are tax-deductible to the full extent allowed by law. Consult an accountant regarding tax deduction of dues. CPFI is subject to financial accountability		

Date: ____/____/____ Membership Application Signature: _____

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