



Scripture in Action



Alan Branford
alanbranford.net

Vol. 5 No. 4 – Going That Little Bit Further

1 Corinthians 13:13 (New International Version)

¹³ *And now these three remain: faith, hope and love. But the greatest of these is love.*

1 Corinthians 13:13 (King James Version)

¹³ *And now abideth faith, hope, charity, these three; but the greatest of these is charity.*

The objective of this Regular Feature is to remind you that being a Christian is a 24/7 occupation. It is part of the fabric of your life, not just an hour of your time on a Sunday morning. Jesus taught us unconditional love without the expectation of repayment, and of forgiveness given freely through grace. We should aim to develop a natural, instinctive response to practice these virtues at every opportunity.

In this article, I am going to emphasise those many occasions that arise in which we, at little cost to ourselves, can do a little bit more than what is required of us to the benefit of someone else. While this is true in every aspect of life, it is especially worthwhile pointing this out in respect of our employment. You may have a job that involves working with or for other people and comes with something like a job description. Do you stick dogmatically to that job description, or do you when you can go a little bit further? Doing this not to get paid overtime, or to get a return favour. Rather, doing this because you can and because it will assist your fellow person.

I am going to give you two anecdotes from my extensive library of anecdotes involving my interactions with medical practitioners over the years. We get accustomed to thinking of that medical specialist who sticks to the letter of the referral that has been written on your behalf by your GP, or of that medical specialist who adds \$100 to the bill every time he touches something other than his pen. But most medical practitioners are motivated in their profession by a more noble calling. Here are two examples of how that plays out in practice.

I have lived with an idiopathic and degenerative peripheral nerve disease for over a decade now. In the early days of the condition, before it had been diagnosed, I had all manner of tests, scans and other unspeakable acts. One of these was a neck MRI. The scan revealed that I had two disc stenoses, one of which was touching the spinal cord. It was a blessing to have this potential timebomb discovered, but it turned out to be unrelated to my nascent

illness. Now that it had been identified though, I have had to have a repeat neck MRI every two years to monitor the stenoses. A severed spinal cord might perversely “cure” my peripheral neuropathy, but not in a manner that is desirable.

At the review of a neck MRI in 2022 with my neurosurgeon, I happened to mention in chatting that people had started commenting that I had developed a tilt to my right when I was standing. I wondered if this might be some new symptom whose underlying cause was my peripheral neuropathy. Now, you must bear in mind that he was a neurosurgeon, not a neurologist or an orthopaedic surgeon, and that he was tasked to assess my neck stenoses.

The neurosurgeon had no hesitation there and then in printing out a request form for a standing spine X-ray (to be bulk-billed). He instructed me to proceed after my consultation to the radiology clinic literally over the road and to tell them that he had told me to come straight over. He would get the results later that day and telephone me. I duly received a telephone call later that day, a neurogenic scoliosis had indeed been measured, and he even offered rehabilitation suggestions to minimise its effects on my life.

The entire business of the investigation of a possible neurogenic scoliosis was outside of what the neurosurgeon had been asked to consider and had been freely given by him in all senses of the word “freely”!

More recently, I had been referred to an ear, nose and throat (ENT) surgeon for persistent bleeding issues on the septum of my left nostril. It proved to be a minor matter, but since I was there, I showed him an audiogram that I had had recently. He remarked not only that I had serious hearing loss requiring hearing aids (a statement of the bleeding obvious), but also that there was a peculiarity about the audiogram that could indicate a problem with my right auditory canal. He referred me for a head MRI without blinking (even though this had nothing to do with a bleeding septum, the reason for my being referred to him). He even added a note on the MRI request form that asked if they would bulk-bill me as I was an old man with lots of medical issues! The MRI showed that the right auditory canal was fine, but it had detected a serious degeneration in my white matter, something that has been a potential problem resulting from some of the nastier medications I take. This ENT surgeon then proceeded to write a letter to the radiologist requesting an intense examination of white matter damage in this MRI in comparison with some earlier brain MRIs that had been conducted over the years.

Like the earlier anecdote, this medical specialist had found something outside of his immediate remit, but had gone that bit further because he could and because it was to my benefit.

So, if you think your medical practitioner is being rapacious, then think carefully and if necessary change practitioner. There are lots of charitable ones out there (and I mean “charitable” here in the sense of the beatific virtues in Paul’s first letter to the Corinthians, namely faith, hope and charity/love¹).

What has all this got to do with you?

No matter what your situation, there will be many opportunities arise for you to go that little bit further, not because you must, but because you can and because it will benefit the other person.

https://www.alanbranford.net/Essays/Charity_In_Its_Most_Ample_Sense/charity_in_its_most_ample_sense.pdf



© Dr Alan J. Branford, 23 June 2025

