

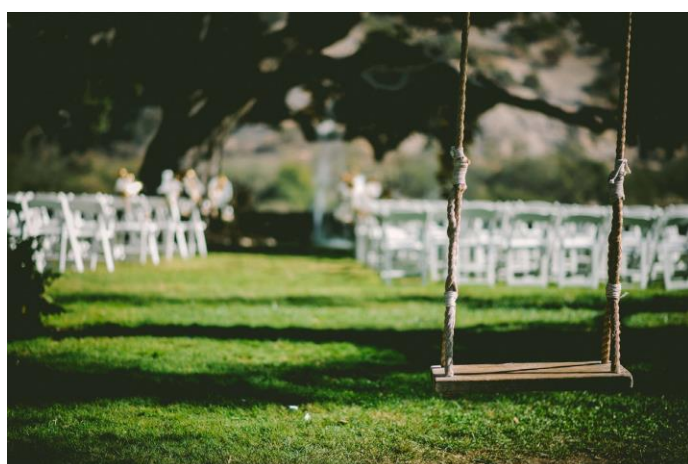


Whole Health

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I can't wait to tell you about...

our conference on 'dying well'



Everyone will face death, but to live well right to the end and then to die well, is something most of us hope for. Australia's ageing population means that the number of people who will die each year will double over the next 25 years.⁽¹⁾ In 2014 the Grattan Institute commissioned a study on the topic of dying well and found 70% of Australians want to die at home supported by family, friends and effective support services, but only 14% achieve that wish.⁽²⁾ Most people have clear preferences for the care they want to receive at the end of their life, yet they have not articulated those preferences to anyone.⁽³⁾ Today around 70% of deaths

are expected, so people know they are likely to die in the relatively near future.⁽⁴⁾ This gives people the time to plan how they want to live right to the end of their life and how they want to die, which means their wishes are more likely to occur. However, Australians are reluctant to have open conversations that result in effective end-of-life care plans.⁽⁵⁾ Faith community nurses are well placed to help people have those conversations and assist them to document their preferences, which will help them become more likely to experience a 'good death'.

A good death meets the dying person's physical, psychological, social and spiritual needs.⁽⁶⁾ However, our failure to talk about and plan for death, is one of the most significant obstacles to improving the quality of living to the end of life. Open discussions about dying are sensitive and may be difficult, therefore they may be ignored. AFCNA is partnering with Baptist Care SA to bring together a series of outstanding speakers who will share from their professional, ministry and lived experiences about dying, so it becomes easier for us to have hopeful conversations and make plans that assist people to die well. I hope you will join us at this important conference so you become more informed and can then help others in your community to die well. The AFCNA Board is really looking forward to seeing many of you at conference again this year. (references overleaf)



Anne van Loon RN PhD
Chairperson AFCNA 2017

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- 1 Swerissen, H and Duckett, S., 2014, Dying Well. Grattan Institute p2 <https://grattan.edu.au/wp-content/uploads/2014/09/815-dying-well.pdf>
- 2 Broad, J., Gott, M., Hongsoo, K., Chen, H. and Connolly, M. (2013) 'Where do people die? An international comparison of the percentage of deaths occurring in hospital and residential care settings in 45 populations, using published and available statistics', *International Journal of Public Health*, 58, pp.257-267.
- 3 Swerissen, H and Duckett, S, 2014, *Dying well*, Grattan Institute <https://grattan.edu.au/wp-content/uploads/2014/09/815-dying-well.pdf>
- 4 Foreman, L, Hunt, R, Luke, C, & Roder, D, 2006, 'Factors predictive of preferred place of death in the general populations of South Australia', *Palliative Medicine*, 20(4), pp. 447-453.
- 5 Swerissen, H and Duckett, S, 2014, *Dying well*, Grattan Institute, p. 11, <https://grattan.edu.au/wp-content/uploads/2014/09/815-dying-well.pdf>
- 6 Higginson, I, Sarmento, V, Calazani, I, Benalia, H, & Gomes, B, 2013, 'Dying at home—is it better? A narrative appraisal of the state of the science', *Palliative Medicine*, 27(10), pp. 918-924.

Dying well—what does that mean?

We'd all like to 'die well', but what does that actually mean? It's one of those BIG questions that are not answered simply. What we understand by a 'good death' is influenced by our values, beliefs, culture, faith, life experiences, social supports, and the physical symptoms of our condition. We do know that a good death is more likely when we have open and honest conversations about dying with the people we most care about. For Christians, this may include candid conversations with God, and about God. This can get uncomfortable for people involved in pastoral care if they are unprepared. If people want their dying process to be as 'good' as possible, they need to consider it well before they face it.

Christian responses to a 'difficult' death

A peaceful death is not an absolute certainty for anyone, Christian or not. Neither is a difficult death a sign that the person's faith is weak and failing. Tragic and premature death is never easy to term 'good'. Dying can be slow, long, challenging—anything but 'good'. At these times, we really need people to walk alongside us who can provide God's comfort and hope at a time when we can feel very alone. Yet over many years of nursing and pastoral care I have seen Christians avoid discussing dying, sidestep being around the dying person, and move away at the time the person most needs comforting presence and gentle understanding. I've heard well-meaning Christians defend, apologise and make excuses for God's perceived silence or absence. I have heard people apportion blame, just as Job's friends did (read Job 4-8 and you will know what I mean) and in so doing they have dismissed the despair and anger the person and their family were experiencing.

As Christians, we often have a head knowledge that death cannot separate us from God, but that is small comfort when the process of dying can make you feel as if God is far away and disengaged, or even worse—has abandoned you. Even Jesus knew that feeling (read Matthew 27:46). There is a place for lament to surface the challenging emotions that the person feels. Reading, singing or hearing music from the Psalms of lament (for examples see Psalm 6, 22, 42, 69, 77) can facilitate the expression of such difficult emotions and help the person move through the experience. The way Christians respond to the dying person greatly impacts the possibility of experiencing a 'good' death.

What is a 'good' death?

A good death gives the person choices, privacy and dignity (Smith 2000). It provides a clear understanding of what can be expected, providing access to information and experts who can assist in decision making. People want control over their options—especially regarding pain management, symptom control, the environment in which they will die, and the people who they want to connect with before they die. They want support that addresses their physical, personal, social and spiritual needs (Smith 2000).

Preparing for the journey

If we consider life to be a journey then death can be viewed as the end point, but for those who believe in Jesus Christ, death brings the transition to life eternal with their Saviour, Jesus. Death is not to be feared, however, the process of dying is something about which many of us remain concerned. We commonly prepare for any journey we take in order to have the smoothest and best possible experience. Not everything is in our control, but the more we understand our destination and our mode of travel, the more likely it is that we will have a good experience. Similarly, dying well is more likely to occur when we prepare for the dying phase of our life's journey. It does not mean we are giving up on choosing life, nor does it mean we have lost hope. Rather, it is a way of acknowledging the facts and preparing the way in a compassionate and empathic manner.

You are encouraged to join us at the conference in Adelaide to hear the talented speakers who will guide us through this delicate and important time of learning and discussion. We will also conduct three elective workshops to help us find rest and comfort for our soul via journaling, art, or relaxation.



Dr Lawrie Palmer (specialist in Palliative Care and current Medical Head of Palliative Care for the Northern Adelaide Palliative Service and a Senior Clinical Lecturer at The University of Adelaide Medical School) brings a wealth of knowledge to the discussion around the role of palliative care and dying well.



Not everyone has a 'good death' and this can lead to significant suffering. We will hear from Rev Dr Russell Bartlett, a teacher, Baptist pastor and coordinator of the Graduate Diploma in Spiritual Direction at Tabor College, Adelaide, about what Christian theology has to say regarding the challenges of suffering.



We are also fortunate to have Niki Vasilakis, a celebrated classical violinist who has enjoyed a career that spans the globe, join us. Niki has been a 'Young South Australian of the Year'. Her faith is an integral part of her life and expressed in music. She will share the story of her latest recording, SACRED with us showing "there is power in prayer-filled, faith-filled music to answer prayers, bring comfort and deep peace to those desperately in need of it".

Dates: 19-20 June, 2017

Venue: Nunyara Conference Centre, 5 Burnell Drive, Belair, South Australia

Cost: \$200 for two days; \$120 for a single day; or \$250 with accommodation on Mon night. (accommodation on the Sunday night can be provided for an additional \$70)

This conference will enable you to work through some of the key aspects of dying so you can facilitate a good death for those in your church family or your workplace

For brochure with full program of speakers [click here](#)

To register via Eventbrite [click here](#)

For more information: contact Anne van Loon Mob: 0409 921 337, Ph: (08) 8273 7100 (Mon-Wed), Email: afcna@afcna.org.au or avanloon@baptistcaresa.org.au

Anne van Loon RN PhD
Chairperson AFCNA 2017

References

Smith, R, 2000, 'A good death : An important aim for health services and for us all', *British Medical Journal*, 320(7228), 129–130, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1128725/>

Conference program

Day 1: Monday, 19 June

- 8:30 am Registration
- 9:00 am Acknowledgement of Country and Welcome
- 9:30 am **Dying well—what does it mean?** The role of Palliative Care. Dr Lawrie Palmer, Medical Head of Unit, Palliative Care, Northern Adelaide Palliative Service
- 11:00 am Morning Tea
- 11:30 am **Developing a church-based community hospice to help people die well.** Anne Ranse: Archdeacon and Faith Community Nurse, Holy Covenant Anglican Church, Canberra
- 12:30 pm Lunch
- 1:30 pm **What can we do to help a person to die well?** Jenny Richards, Social Worker, Daw Park Hospice
- 2:30 pm **The conception of Compassionate Nurses: one on one care at the end of life so people die well in their own home.** Chris Wrightson, Director of 'Compassionate Nurses' in New South Wales
- 3:30 pm Afternoon Tea
- 4:00 pm **Self-care electives**
 - Elective 1: **Journaling for the Soul**, Vicky Legge, Training Consultant, Baptist Care
 - Elective 2: **Relaxation for the Soul**, Marilyn Packer, SA Baptist Women's Facilitator
 - Elective 3: **Art for the Soul**, Libby Bennett, Teacher and Artist

Day 2: Tuesday, 20 June

- 9:15 am Welcome
- 9:30 am **Dying Well: how Christian theology deals with the problem of suffering.** Rev Dr Russell Bartlett, Lecturer and Spiritual Director, Tabor Adelaide
- 10:30 am Morning Tea
- 11:00 am **Dying Well: a challenge to Christian compassion.** Rev Robin Carter, Associate Pastor, Aldgate/Littlehampton Baptist Church
- 11:45 am **Grief wounds! Its challenges and potential for growth.** Rev Dr Gillies Ambler, Course Coordinator, St Barnabas College, Charles Sturt University
- 12:30 pm Lunch
- 1:15 pm **Sacred Music to help people die well.** Niki Vasilakis, an internationally renowned violinist will play her violin for us and share her story
- 2:00 pm **Is there a place for rituals for the dying?** Rev Kerry Davies, Pastor, Norton Summit Baptist Church
- 2:45 pm **'My Choices' an A-Z of personal choices and practical preparations at the end of life.** Vicky Legge, Ineke Hillege and Dr Anne van Loon, Project Team, Baptist Care (SA)
- 3:30 pm **Conference concludes**

Seven ways to help a person die well

I once nursed a young woman who had a stroke causing 'locked in syndrome' which is the complete paralysis of voluntary muscles. She was dying very slowly and doctors had discussed her prognosis with her. Her husband came into the hospital every day and sat with her. He found it difficult to speak to her. He knew she could hear and understand, but her inability to respond to him made communication challenging. Each night he left the unit stooped and weighted by the burden of grief. I would go in to see his wife and she would be distraught, crying without tears (due to the locked in syndrome). Her end of life journey was distressing to watch. This experience demonstrated to me that a good death is not just about pain relief and symptom control. There are things we can do that facilitate a person's good death. Here are seven things I have learned:

- 1 Do talk about the diagnosis.** Talk with the person about the life-limiting diagnosis even if it is uncomfortable. We may be so scared of saying 'the wrong thing' that we end up saying nothing. Professor Robinson (2013) a respiratory consultant physician at Sir Charles Gairdner Hospital in Perth, notes that family and friends of newly diagnosed cancer patients often provide information about "new" and "alternative" treatments in an effort to be positive and hopeful. He notes this can bring short-term comfort, but it may also increase anxiety and a sense of failure when the person's health continues to deteriorate.



2. **Provide appropriate and wanted support.** I have heard the comment “Let me know if there is anything I can do to help” so many times, and while the sentiment is well intentioned, it seldom results in supportive action for the dying person. Not many people will actually ring you and ask for assistance. It is more useful to say “I would really like to support you. How can I be most helpful to you at this time?” It may even be appropriate to take the initiative and suggest something you could do that might be appropriate. If it is not invading the person/family’s privacy, you can go ahead and proactively provide an act of kindness, for example shopping, house-help, mending, gardening, transport, meals, relieve the family carer, pay for the carer to have a massage, etc. Finally, if you say you will do something, make sure you do it, and ensure that it doesn’t add to the family’s pressures.
3. **Keep your conversations broad.** Do talk about the diagnosis and the prognosis, but remember not to focus entirely on the person’s health condition. This is true for all people living with chronic conditions and deteriorating health. The person is more than aware of their diagnosis and we want them to live well until they die, so talk about family, current affairs, work, clubs, sport—anything you would normally have spoken about. Remember the good times you have had together and the adventures you have shared.
4. **Thank the person for who they are.** As death becomes imminent it is helpful to thank the person for the things they have done for you, your church and your community. Saying thank you lets the person know that their life matters to you and others. Tell them about the things for which you are grateful and the personal qualities you admire in them. It can help to have similar discussions with the family, so they have the pleasure of reminiscing about their loved one’s life journey. It will help them to see that others have also experienced good things with their family member.
5. **Encourage the person to write letters of love.** Professor Robinson (2013) gives every patient diagnosed with cancer in his care this advice “Plan for the worst but hope for the best.” He encourages people to do the things they want to do, such as visit special places and people.

An approach like this enables people to do things like write a memoir, letters to their children and grandchildren to open on their 21st birthday, explaining their love for their grandchild. Doing this will bring tears of sadness to the person as they write their letter, but it helps to achieve a good death.

If the person cannot write for any reason, you may scribe it for them while they dictate the content. Alternatively, they may speak their letter as a voice or video recording. My father spoke his final goodbyes to us on audio-tape and it was a treasured gift that helped me cope with my grief.

Encourage the person to write the letters while they can, because life-limiting disease can cause fatigue, and as it progresses the person may become affected by medication and/or physical symptoms that render them unable to do this.

Letters are a gift that enables a person to die well. They can also provide the grieving family and close friends with hope and direction after the person dies. Robinson (2013) says “...in some curious way, the lives of the family of the person who has died, are enriched by having had that intensely personal and open, caring experience of an open expression of love”.

6. **Keep up your connections.** Over years of nursing and pastoral care I have seen the dying person get a rush of people visiting them and their family in the few weeks after diagnosis/illness. However, as illness proceeds the supportive connections drop off, until few people connect at all. Be willing and available to spend time with the person and walk alongside the family for the long haul.

I have found it helpful to set a reminder in my diary because my life gets busy, but for the person who is housebound the days can be long. Setting a reminder helps me to make sure I don’t forget the person in my own busy family/ministry/work schedule.

I also find that at the end of life it is better to keep your visits frequent but short (unless you feel an issue requires more time). Most people at the end of life only have enough energy for loved ones and immediate family. (If they don’t have family, ensure your presence increases.) Know when it is time to move to very short visits and increase your care focus to the family via text message and phone call support.

7. **Share conversations about faith.** Listen for cues about what they want to talk about regarding faith. Keep encouraging them to draw strength from their faith. I have a list of Bible verses in my diary and in my phone that I find encouraging and I use them when visiting people. The most important thing is not to push anyone into talking if they are not ready. Just make sure they know you are willing to listen if and when the time is right.

I always pray before I go in to visit, asking for the Holy Spirit's leading and wisdom. I offer to pray with the person and I have never had any person refuse the offer. I ask if there are specific things for which they want prayer. I use the time of prayer to thank God for the person and their family, to reiterate God's promises and then ask for the things we have discussed.

At our AFCNA /Baptist Care SA conference Anne Ranse, a Faith Community Nurse and Archdeacon at Holy Covenant Anglican Church in Canberra, will share how she developed a church-based community hospice to help people die well. Chris Wrightson, the Director of 'Compassionate Nurses' in New South Wales will share how she commenced her community nursing practice of one on one care provision at the end of life that enables people to die well in their own home. Jenny Richards, a social worker at Daw Park Hospice will focus on the practicalities of helping a person to die well at the end stages of life.

Anne van Loon RN PhD
Chairperson AFCNA 2017

Reference

Robinson B, 2013, 'Dying Well', *The Australian*, 27 September 2013,
<http://www.theaustralian.com.au/news/inquirer/dying-well/news-story/0952cc4d92360489522e928f89b66e26>



Anne Ranse



Chris Wrightson



Jenny Richards

Professional development

Saline Process course—27 May 2017

Christian Medical and Dental Fellowship Australia (CMDFA) and Nurses Christian Fellowship (NCF) present this course on Saturday, 27 May 2017, 9-5 pm at the auditorium Robert Menzies College, 136 Herring Road, Macquarie Park, Sydney. Cost: \$60 (Students \$40) includes materials & a light lunch

The Saline Process is a practical course that helps to equip and encourage health care workers to fulfil Jesus' call to be salt and light (Matthew 5: 13-16). By use of presentations, discussions, case studies, and role plays, participants learn eight tools that can be put into practice with their patients and colleagues, always applying the ethical principles of permission, sensitivity, and respect.

Register via the CMDFA Website at: <https://cmdfa.worldsecuresystems.com/BookingRetrieve.aspx?ID=67540>

NZFCNA Conference—8-9 September 2017

New Zealand Faith Community Nurses Association (NZFCNA) Annual Conference at Selwyn Heights Retirement Village, 42 Herd Road, Hillsborough, AUCKLAND

Keynote speaker: Rev Dr Helen Wordsworth RN, RM, RHV (tutor), RNT, MTh, DMin, QN.

Helen is the founder and director of Parish Nursing Ministries UK, with particular responsibility for church relationships, advocacy, education, international links and European development. Helen is also the newly appointed International liaison for FCN for the Westberg Institute. She will be speaking on applying Christ's call to faith community nursing in 2017.

Lutheran Parish Nurses International study tour

LPNI 2017 study tour to England begins in London 1-8 August. Itineraries with registration forms are available from robert.wiebusch@lca.org.au. It will be an exciting time to see what is happening in UK with parish nursing there.

Did you know?



When my parents migrated to Australia in 1958 my mother travelled by train into the city centre to a 'continental deli' to buy coffee beans so my father could have his much-enjoyed brewed coffee each morning. Coffee was unavailable in suburban supermarkets!

Since that time coffee has become increasingly popular and work places across Australia now supply it as a beverage for their workers. I certainly join the queue each morning to take my turn at our coffee machine, but I have noticed many colleagues walk down the road to buy a "nice coffee". In 2013 Choice magazine estimated that more than one billion cups of coffee were sold by cafes across Australia each year (Clemens 2013). That was a 65% increase in consumption within a decade, demonstrating Aussies really love their coffee.

Caffeine is a highly addictive substance present in coffee, tea, chocolate, cola and energy drinks. It acts as a diuretic, metabolism booster and stimulant, and is shown to have benefits in lowering the risk of developing Parkinson's disease and gallstones (Clemens 2013). Caffeine improves exercise capacity and endurance, alertness and cognitive performance. However, it is also linked to insomnia, tremors, anxiety, visual disturbance, headaches, hypertension, reduced fertility in men and pregnancy complications (Clemens 2013). Excessive caffeine also affects calcium absorption, linking it to heart and autoimmune diseases.

So how much caffeine can you safely consume? The Mayo Clinic (2017) says "up to 400 milligrams (mg) of caffeine per day appears to be safe for most healthy adults". Keep in mind the actual caffeine content in various coffees and other beverages is widely varied. Typically the caffeine quantities in freshly brewed coffee is between 80-140mg (but they have been tested at up to 300mg in a cup!) Instant coffee is around 100mg, a cup of tea is estimated at 50-70mg, a 250 ml can of Red Bull is 80mg, a can of Mother (500ml can) is 160mg; a can of Coca-Cola is 32-40mg, and a chocolate bar is around 10mg.

It is amazing how quickly 400mg adds up. Find out how much caffeine you consume daily through this on-line caffeine calculator. You may be surprised! <https://www.easycalculation.com/health/caffeine-calculator.php>

References:

Mayo Clinic, 2017, *Caffeine: How much is too much?*, March 8, 2017, <http://www.mayoclinic.org/healthy-lifestyle/nutrition-and-healthy-eating/in-depth/caffeine/art-20045678>

Clemens R, 2013, 'How much hidden caffeine?', *Choice*, 20 May 2013, <https://www.choice.com.au/food-and-drink/drinks/tea-and-coffee/articles/whats-your-caffeine-intake>

New resources

Continuous glucose monitoring

From 1 April 2017, the Australian Government is providing free continuous glucose monitoring devices to eligible children and young people under the age of 21 years with type 1 diabetes. This will reduce the burden of daily finger-pricking for children with diabetes. It will provide much needed support for the difficult challenge of managing blood glucose levels and identifying symptoms of hypo glycaemia. Eligible children will be able to access the devices for free through the National Diabetes Services Scheme—saving around \$4000 per year. [Eligibility assessment forms](#) are available to download from the NDSS website.

Publications of interest



Australian Institute of Health and Welfare (2017). *Life expectancy and disability in Australia: expected years living with and without disability*. <http://www.aihw.gov.au/publication-detail/?id=60129559120>



National Institute for Health Research (UK). *Nurses and pharmacists can prescribe as effectively as doctors*. <https://discover.dc.nihr.ac.uk/portal/article/4000615/nurses-and-pharmacists-can-prescribe-as-effectively-as-doctors>



Nursing and the Mission of the Church by Rev Dr Helen Wordsworth

Most churches see healing ministry as an important aspect of the gospel, but few recognise the potential for making health care provision a key part of their missional activities. Faith community nursing offers a means for local churches to serve their communities through the work of a registered nursing professional. It also provides the church with a bridge into the lives of those who need the healing that Christ can bring, helping to bring the fullness of life to many more people. Book available from [Groove Books Limited](#).

FCN snippets

New leadership for Lutheran Pastoral Care Nurses



The Australian Faith Community Nurses Association (AFCNA) would like to acknowledge Lynette Wiebsuch's diligent and dedicated service and her significant input into the development of the faith community nurses (FCN) role in Australia over the past 21 years. Lynette has stepped down as the Parish Nurse Coordinator of the Lutheran Church of Australia (LCA) after 21 years. Sadly, illness has meant she is unable to continue in her role, but happily, the mantle is being handed on to another worthy FCN—Angela Uhrhane.

Lynette was one of the first group of contemporary Australian FCNs who commenced in the pilot group that began FCN practice in their faith communities in 1976. She was the first Australian Lutheran parish nurse ministering to the congregation and the community of Mt Barker, South Australia, alongside her husband Pastor Robert (Bob)

Wiebusch, who has been an ardent supporter and advocate for the FCN role within the Lutheran church.

Lynette also served on the inaugural AFCNA Board and continued to serve as a Board member for many years including in the role of Chairperson where she provided vision, direction for the FCN role in Australia over many years. Bob also supported AFCNA's mission in his role as volunteer editor of *WholeHealth* over many years.

Together Bob and Lynette co-authored a Lutheran *Introduction to Parish/Pastoral Care Nursing* which they co-presented across Australia. They adapted and presented the course in Goroka, Papua New Guinea and prepared a distance education version of the course which is still being used by Lutheran pastoral care nurses today.

I had the privilege of teaching Lynette, who was one of the first three graduates of the Australian Lutheran College's (formerly Luther Seminary) Graduate Diploma of Theology (Faith Community Nursing) award. Lynette has been hardworking and focused, enabling the opportunity for 17 LCA parishes—comprising 24 congregations, one Lutheran college, and two Lutheran aged care facilities to be able to experience the blessing of Pastoral Care Nursing. Moving the FCN role forward in Australia has had significant challenges, but Lynette has worked with unstinting dedication achieving more FCN roles than any other denomination in Australia with her unwavering dedication to promote God's call to the mission and ministry of the FCN.

Thankyou Lynette for all you have done for FCNs in this country. May God continue to be glorified and may the ministry you commenced in LCA grow and flourish. Well done good and faithful servant.



Welcome Angela Uhrhane to the role of coordinator of pastoral care nursing in the Lutheran church of Australia. Angela has been serving as a Parish Nurse at *St John's* LCA in Wodonga but recently relinquished the parish nurse role to focus more on her Pastoral Care Nurse role at the Lutheran Aged Care home in Albury NSW. Angela has been active in her FCN role for many years and will be a wonderful addition to the LCA FCN team.

May God bless you in your work and ministry role with LCA. AFCNA looks forward to our ongoing mutual support of the work done by LCA pastoral care nursing networks across Australia and the world.

New leadership for International FCNs

Maureen Daniels has retired from her role as Faith Community Nurse specialist and leader of the World Forum for Parish Nursing at the Westberg Institute for Faith Community Nursing based at the Church Health Centre (CHC) in Memphis, Tennessee, USA. Maureen has been instrumental in commencing the World Forum for FCNs and has completed FCN training in many countries, most recently in Africa and Madagascar. She always undertook her role with great sensitivity offering encouragement and understanding of the many issues confronting FCNs worldwide. AFCNA thanks you Maureen and wishes you every blessing and improved health in your retirement.



We are excited to see that the international FCN support will continue under the capable direction of Rev. Dr Helen Wordsworth, a Baptist pastor and founding director of Parish Nursing Ministries UK. Helen will be visiting New Zealand for their conference in September 2017 and we hope she will continue her flight into Australia while she is in our part of the world. We hope to see Helen somewhere around 7-14 October. We will keep you posted about our plans, but keep the week free in your diary.



Advocating for women and children living with violence

In the last week of March, 43 Baptist leaders across Australia converged on Canberra to lobby our politicians in three key areas focused on reducing violence against women nationally and internationally.

Jesus commands us to "love our neighbours as ourselves" and this obligates us to apply the same concern for their rights and interests as we would to our own. To that end, we lobbied politicians in these areas:



An Australian Baptist Church's delegation meet with Nicole Flint (Member for Boothby SA)

1. **Provide safe housing and legal services to women and children leaving domestic violence:** Every week in Australia at least one woman is killed by an intimate partner. Many more experience varying levels of abuse, and children within these families are at great risk. We lobbied for improvements in the availability of safe, affordable and appropriate housing, and for safer experiences in the legal system, because the women and children seeking justice really need this. (Please see the December 2016 issue of *WholeHealth* for more on the topic of domestic violence.)
2. **Increase Australia's refugee intake focusing on vulnerable women and children:** At the moment there are 21 million refugees and 3 million asylum seekers in the world many of whom are women and children. They are fleeing local violence, discrimination and death, only to experience more violence as they seek safe refuge for themselves and their children. We requested that our politicians increase Australia's humanitarian migration intake and prioritise women and children in that process.
3. **Australia should legislate to end modern slavery:** There are an estimated 45.8 million people worldwide being exploited as slaves. They are exploited in private sector activities like clothing manufacturing, construction and agriculture. For example, children in Tamil Nadu as young as 5-12 years of age are bonded to work 12 hours a day, six and a half or seven days a week handling silk and cotton so we can buy cheap clothes!

We lobbied our politicians to support legislation to ensure that 'modern slavery' is exposed and penalized. We requested support to ensure goods in Australian supply chains are not the direct or indirect result of inappropriate procurement practices. We encouraged our government to expose unethical sourcing of products and demand responsibility from Australian business to ensure their supply chain is sourced ethically and workers are paid a fair living wage.

You can make a difference

There are things that you, your family, and your church can do about your purchasing patterns that can improve the plight of children and low paid workers globally. We can make companies demonstrate their supply chain is not sourced by exploited and trafficked laborers just so that we can purchase cheap goods. Let's be the change that we want to see happen in our world. It does not cost much more to buy an ethically sourced product, and you can see how and where to do that by reading these ethical purchasing guides:



Shop Ethical <http://www.ethical.org.au/3.4.2/> and an app you can purchase for \$5.99 that can help you make ethical choices <https://itunes.apple.com/au/app/shop-ethical/id502190240?mt=8&ign-mpt=uo%3D4%26amp%3Buo%3D4>

World Vision produce *A Church's guide to Ethical Purchasing* https://web.archive.org/web/20130504030739/http://www.worldvision.com.au/Libraries/DTL_fact_sheets/WVA_2012_Church_s_Guide_to_Ethical_Purchasing.pdf

Fair trade has resources at <http://www.fta.org.au/>

Baptist World Aid produce *Behind the Barcode* resources so you can take personal action <https://baptistworldaid.org.au/resources/2017-ethical-fashion-guide/>.

A Just cause provide resources on how to advocate with your local politicians from <https://ajustcause.com.au/refugee/>.

As Isaiah 1:17 says "Learn to do good; seek justice, correct oppression; bring justice to the fatherless, plead the widow's cause."

Anne van Loon, RN PhD

Case study: the bitter/sweet chocolate choice



Palm oil is in many products we all consume including cooking oil, cereals, shampoo, soaps and chocolate. Amnesty International uncovered severe exploitation of labour rights in the palm oil plantations run by Wilmar International. Children as young as eight are doing a lot of the hazardous, hard physical work, and women are forced to work long hours with pay that is well below the minimum wage (as little as US\$2.50 a day).

Wilmar is putting profit before the human right to a fair wage and environmental stewardship. They sell their product to many household brands including Nestlé. Wilmar control more than 43% of the global palm oil trade with a revenue in 2015 of US\$40 billion.

Palm oil is a major ingredient in chocolate so the next time you buy chocolate make sure you choose fair trade (sweet) A grade chocolate and not (bitter) F grade chocolate. In this way, you will positively influence the human rights of children and adults and help promote their right to earn a fair living wage and not be exploited by multi-national companies who are making mega profits.

You can find the full list of companies producing chocolate and how they rate regarding 'fair trade' at the 'Go Ethical' website. <http://guide.ethical.org.au/guide/browse/guide/?type=126>

'Sweet' (A grade) chocolate is fairly sourced and can be purchased at:

Haigh's an Australian owned company produces palm-oil free chocolate which is international UTZ certified demonstrating it is made of ethically and sustainably farmed cocoa beans. The bonus is that this chocolate is scrumptious.

Alter Eco Pacific is a French company that produces organic, fair trade and carbon neutral chocolates and you can buy them at Oxfam stores and select health food stores and some Coles and Aldi stores.

Chocolatier are Australian owned, and produce a range of certified fair trade chocolates so check the label for 'fair trade' or 'UTZ certification'. They are available in supermarkets.

'Bitter' (F grade) chocolates are produced from unethically sourced raw materials

Mars Australia a USA owned company making well-known brands such as Snickers, Twix, M&Ms, Pods, Bounty, Maltesers etc.

Mondelez Australia a USA owned company making brands such as Boost, Cadbury, Cote D'or, Freddos, Roses, Picnic, Red Tulip, Toblerone, etc.

Nestlé Australia a Swiss owned mega-company making the brands Crunch, Violet Crumble, Kit Kat, Rolos, Smarties, Club, and thousands of other brands across the world.

Guylian a Japanese owned company who make chocolate

Unilever makes those delicious Magnum ice creams, which are largely palm oil, sugar and frozen cream. They source their palm oil from Wilmar plantations. Even though they claim their products use 'sustainable palm oil' they do not mention that this oil is produced using child labour and forced labour. It is bitterly disappointing that big multinational companies cannot do more about ensuring their profit does not come at the human rights of people in the developing world.

So make a fair choice in your purchasing. We are seeing companies such as Coles, Woolworths and Aldi checking their supply chains so they can source ethically. Public purchasing pressure works.

We *can* live justly as God tells us to in Micah 6:8.

Prayer points

- That Jesus Christ would be front and centre of AFCNA's planning and delivery of services across Australia
- Please pray for AFCNA/ Baptist Care SA conference, for attendance, speakers and organisation committee, that it will be time of learning and growth
- The AFCNA Board and its vision, leadership and growth in membership
- FCNs in churches and faith communities across Australia would have openings and capacity to minister effectively to people
- Australian churches would take up the FCN role in their church's pastoral health and care ministries and outreach ministries
- The new appointment of Rev Dr Helen Wordsworth and her work with international FCN movements
- For FCN colleagues across the world, that their ministry would have traction, ethical action and bring God glory
- For the Westberg Institute as it seeks to grow and develop the FCN ministry in USA and globally.

Membership reminder

AFCNA MEMBERSHIP 1 JULY 2017 – 30 JUNE 2018

Your 2017/18 AFCNA membership was due 1 July 2017, so please make an effort to renew early and get others to join. It's only \$30 again this year and your membership allows AFCNA to keep you networked with newsletters, conferences, develop resources including our new website which was recently upgraded www.afcna.org.au. Your fees enable us to provide scholarships to support FCNs, and keep an ecumenical Christian presence in the profession of nursing via CoNNMO membership.

Your membership is vital. Please renew your membership and invite others to join us as we seek to develop pastoral health and care ministry via faith community nurses.

Australian Faith Community Nurses Association MEMBERSHIP 2017/18

Name Address

..... Postcode Phone (.....).....

Mobile..... Email

1. I am happy to be included in AFCNA networking via the AFCNA data base Yes ☐ No ☐ (privacy assured)

2. Practising FCN/Health Ministry Yes ☐ No ☐

3. Current AHPRA Registration Yes ☐ No ☐

4. I consent to my details being shared with AFCNA members' prayer network. Yes ☐ No ☐

5. Newsletter: email or Australia Post (please circle preference)

Signed: _____

Full membership (\$30.00/year) ☐ **Concession** (\$20.00/year) ☐ **Donation:** AFCNA General Fund ☐

Electronic transfer: Australian Faith Community Nurses Association Incorporated BSB: 704 - 922; Account No. 100012768 Please insert your name as the reference code

Make cheques payable to: Australian Faith Community Nurses Association

Mail to: Treasurer, Australian Faith Community Nurses Association, PO Box 2707, Kent Town, SA 5071



Give me 5

We are asking everyone to take up the 'give me 5' challenge.

It's simple—during 2017...

- 5 newsletters** Give away 5 copies of the AFCNA newsletter each time it arrives in your inbox. There is a PDF link to the newsletter on our webpage (www.afcna.org.au). You can also print five copies and prayerfully place them into the hands of 5 people or in 5 places such as your church, café, hairdresser, GP waiting room, workplace, library, hospital, university...
- 5 members** AFCNA is asking everyone to invite five people to become members during 2017. You can place the newsletter and a membership form in the hands of another potential member that God lays on your heart.
- 5 minutes** Then take 5 minutes each week to pray for AFCNA, the 5 newsletters, the 5 potential AFCNA members and watch God mobilise people by his Holy Spirit to become faith in action, love in expression and hope in motion in their community.

Please submit your photos and stories for *WholeHealth* to afcna@afcna.org.au or send to chairperson annevanloon@internode.on.net.

Ph 08 8278 8274. Deadline for next issue: 1 August 2017

Your snippets and stories are essential for the content of the newsletter to be both informative and share the joys and opportunities of the FCN role.

Disclaimer: In no event will AFCNA be liable to anyone for any decision made or action taken by anyone in reliance on information in this newsletter.

OUR AIMS

- Provide education, resources and networking for nurses working in faith communities
- Provide resources, education and consultancy to faith communities to enable viable health & care ministry
- Liaise with government and other organisations to further the FCN ministry
- Enable FCNs to meet their professional practice requirements

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