



Whole Health

*Newsletter of the
Australian Faith Community Nurses Association Inc*

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Looking forward

I can't believe we have reached that time of the year when our thoughts turn to summer holidays, cricket, tennis and sports I have difficulty in following and, most importantly, celebrating the birth of our Lord and Saviour. I love Christmas, the preparations, celebrating with family and friends, get togethers, and finding the perfect gift.

It's also a time when we reflect on the year we've had. Maybe you've already begun to reminisce and think about what you've achieved over the year. During October and November 2010 the AFCNA board was considering its future and that of the organisation. How would we keep going? Did we have enough energy for another 12 months? Could we see a way forward?

As the year drew to a close AFCNA planned a weekend retreat at Nunyara Conference Centre in the Adelaide Hills. In early March 2011 we would meet together to seek God's leading for ourselves and AFCNA as a whole. What an amazing start to the year! In his perfect timing God has rekindled our hearts and vision for health ministry; we are still here and will keep growing.

Through prayer, openness and a preparedness to change, AFCNA has birthed revised mission and vision statements and renewed the organisation's purpose in promoting and supporting health ministry, Faith Community Nurses and Christian Health Care Professionals. We are still a small, conscientious group, but we are bound by a single passion: to serve Christ through the gifting he has bestowed on each of us. We continue today because in serving Christ and his people we are renewed and blessed. We have energy for

the future because in him we are made whole and refreshed. We have a vision of the future because our hope and trust is in Christ.

We are not Christians simply to receive, and we do not give to God just so he will give something to us. God cannot be bribed. Consider the consequences if God only gave to those with a generous spirit, and only loved those who loved him! It would be a hard and uncomfortable performance-based relationship. Our Heavenly Father does not behave that way. His attitude is characterised by love, grace and generosity. If it were any other way we would be in a very poor state. God surprises us; he gives when we least expect it and forgives when we don't deserve it.

Charles Ringma puts it this way:

His graciousness changes the quality of our lives. Having been treated this way by God, we cannot but do the same to others. Do the extra for your most unresponsive and difficult child! At Christmas time, give to those who cannot possibly give back to you! Invite to your home those who may have little to give in return! Let us love even when we have been hurt, give when we have not received, and forgive even when forgiveness has not been sought. If God can surprise us, we can try to do the same for others.

Have you found the perfect gift? I encourage you to give love as Christ gives love and you will not only find the perfect gift for others but will receive it too! I pray you will experience a deep and refreshing gift of God's love this Christmas and that it will remain with you always. Please continue to pray for AFCNA, health ministry and the international family that is our faith community nursing family. Wishing you all a blessed Christmas and Spirit filled 2012.

Heather Banham, AFCNA Chairperson



What's in a name?

When AFCNA was first formed, the term, 'Faith Community Nurse', was the one that was chosen. In Finland the term 'Diaconal Nurse' is used, but the more widely used term worldwide is 'Parish Nurse'. This was the term preferred by Dr Granger Westberg.

As I recall it, one of the main reasons for choosing 'Faith Community Nurse' was that in a number of denominations the concept of 'parish' is not used, and (presumably) not understood. Perhaps some at the time may also have had a vision of an inter-faith organisation emerging — but it didn't take long for folk to realise that the distinctives of the Christian gospel would make it very difficult — if not impossible — for an inter-faith body to function effectively. Of course this is not to say that there could not be some areas where Christians could join hands with folk in other religions.

What has happened is that in churches such as the Anglican, Catholic and Lutheran, the term most favoured is 'Parish Nurse'. In some other churches, the term 'Pastoral Nurse' is the one used. Now, in some areas, the term 'Pastoral Care Nurse' is being used to emphasise the wholistic nature of the role. It is also a recognition of the reality that many churches are looking for supplementary staff to carry out a pastoral care role.

Names and titles are important, and it's important that roles be appropriately described.

Names and roles are also important to God. At the time when he chose to send his eternal Son into our world, the name he specifically directed should be given to the Child of Bethlehem was 'Jesus' because, as Joseph was told in that heavenly vision, 'he will save his people from their sins' (Matthew 1:21).

Matthew also records the other name chosen for that Child — Immanuel (God is with us) — in fulfilment of an ancient prophecy (Matthew 1:23).

Jesus-Immanuel is still our Saviour, and in him, God is still with us in this 21st century — also for those who are serving as Faith Community/Parish/Pastoral Care Nurses. This is particularly comforting when things may not seem to be going as well as you would like.

A happy Christmas and a blessed New Year to all readers!

— Robert J Wiebusch

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Disclaimer

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





**Respecting
Patient Choices**
Advance Care Planning

Advance Care Planning: you have a choice!

‘What is Advance Care Planning?’ you may be asking. Advance care planning is a series of steps people take to help them make **Plans** for their medical **Care** in **Advance**. Advance care planning aims to keep the individual involved in their medical decisions, both now and in the future, whether they are healthy or have an illness.

Advance care planning is especially important when people become unwell and can no longer speak for themselves. Having created a plan in advance, their doctors and family can understand how they would like to be cared for.

Decision-making about medical treatment for the patient who has lost competence is among the great challenges of modern medicine.

In acute-care hospitals, there is an enormous array of life-sustaining treatments that apply as a matter of default. In these situations, clinicians are faced with serious dilemmas and may not be acting in the patients’ best interests or in accordance with their wishes. The treatment administered may even contravene the patients’ deeply held values and beliefs.

Once started, it is difficult to know if and when to stop a life-sustaining treatment in an incompetent patient and the patients’ loved ones are usually called upon to help make these decisions. This can generate significant stress, guilt and family conflict at a time of grieving. Knowing the patients’ values, beliefs and wishes regarding medical treatment can avert these dilemmas and problems.

Why do we need advance care planning?

- Advance care planning is a process that empowers patients to prepare for their end of life by taking control of their decisions in advance
- The absence of a written Advance Care Plan can cause serious treatment dilem-

mas for health professionals and distress for family members

The Respecting Patient Choices® Program (RPCP) was introduced and adapted to Australia (under licence) in 2002 by the Austin Hospital in Victoria. The program commenced in SA at the Queen Elizabeth Hospital in 2004.

The South Australian Department of Health has endorsed the program and expanded it across SA public hospitals, primary care services and residential care facilities. Each state and territory in Australia can access the RPCP and resources by visiting the website.

The aims of advance care planning through RPCP are:

- quality end-of-life care and a good death;
- clinical care consistent with the patient’s preferences when capacity is lost;
- improved decision-making processes;
- improved patient well-being by reducing frequency of over or under treatment;
- reduced patient concern regarding the possible burden placed on family and others.

The program’s philosophy supports respect for a person’s autonomy and dignity and does not support euthanasia or assisted suicide.

An Advance Care Plan:

- is a legal document enables the recording of a person’s wishes about medical care and treatment, should decisions be required toward the end of a person’s life if they can no longer communicate those wishes;
- is not about requesting euthanasia;
- will only take effect in the terminal stage of an illness when the person is no longer competent to make their own decisions.

RPCP systematically encourages people to think about the kind of care they would want and to have discussions while they can, ➤



➤ with family, friends and their clinicians. Choices about medical treatment can be documented and kept available to be followed if needed in the future.

This ensures:

- Clinicians can be confident they are treating patients the way they want to be treated.
- Patients can be reassured they will get the kind of treatment they desire.
- Family and friends can be more confident their loved ones get their choices fulfilled.
- Nurses and allied staff can better advocate for patients' wishes as part of the team.

Advance Care Planning in South Australia is being promoted by RPCP. An Advance Care Plan gives people the opportunity to record, ahead of time, their choices and **only** comes into effect if they are no longer considered legally capable of making their own decisions about their medical treatment.

The various ways to record choices in an Advance Care Plan are:

- Appointing a Medical Power of Attorney, called your Medical Agent (MA)
- Completing an Anticipatory Direction
- Appointing an Enduring Power of Guardianship, called your Enduring Guardian (EG)
- Documenting your wishes in the Statement of Choices
- Good Palliative Care Plan

The first three are types of legal advance directives. The fourth and fifth are not legal documents, but a record of a person's wishes that can be included in their medical file.

Before completing the Advance Care Plan it is important to discuss goals, values and beliefs and the content of this plan with the person whom the person wishes to appoint as their MA or EG. It is important to involve the representative and discuss the Advance Care Plan to fully understand and respect their choices.

FCNs have the opportunity to share with people at many levels and will encounter many opportunities to assist members of the

community to develop person advance care plans. If you would like to assist your faith community in completing Advance Care Plans, please consider undertaking the RPC facilitator training. As an accredited RPC facilitator you will not only add another aspect to your portfolio, but also take part in a most rewarding care opportunity.

RPCP training includes *Facilitators Training*, which is available online as e-learning modules, followed by a one-day workshop. The training is accredited by the Royal College of Nursing Australia and attracts 15 CNE points for professional development towards annual registration. *Train the Trainer* modules and workshops are also available once the facilitator workshop has been completed. For more information about the RPCP visit:

- Respecting Choices
www.gundluth.org/eolprograms for Gunderson Lutheran Medical Foundation web page.
- Respecting Patient Choices®
www.respectingpatientchoices.org.au for Australian and State/Territory specific information
- SA Government Web page
www.sa.gov.au/subject/Seniors/Legal+issues/Power+of+attorney+and+advance+directives
- Palliative Care Knowledge Network, 'Resources for Advance Care Planning',
www.caresearch.com.au/caresearch/ClinicalPractice/PatientConsiderations/AdvanceCarePlanning/ResourcesforAdvanceCarePlanning/tabid/473/Default.aspx
- Catholic Health Australia, 2001, *A guide for health professionals implementing a future health care plan*,
www.cha.org.au/site.php?id=666

Having recently completed my RPCP re-accreditation and the *Train the Trainer* modules, I would encourage all of you to consider it for yourselves. Please feel free to drop me a note if you would like more information.

Heather Banham, AFCNA Chairperson



2011 AFCNA Workshop

August 13, 2011 saw a small and committed group of AFCNA members meet together to hear from some wonderful guest speakers. The focus of the day — *Thinking outside the square* — was designed to help those in health ministry think about and access services and resources outside of their regular circle of support.

Once again, Enfield Baptist church offered us the use of their building and resources. We were treated to beautiful food and looked after wonderfully by a couple of ladies from Wendy Telford's home group. Thanks Bev and Pam! Another very special mention must go to Neil Low, who expertly managed our sound, lighting and production for the day. Thank you everyone for helping us enjoy a wonderful time together.

Our local communities hold fantastic resources and our speakers shared how we as health care workers can tap into them and create our own support networks and referral pathways to provide a greater range of care to those we come in contact with.

Rev. Peter MacDonald, our key note speaker opened the day by encouraging us to share in conversations about some of society's pressing issues: domestic violence; mental health; aboriginal health; refugee and migrant health, just to name a few. He then explored ways of resourcing health ministry through community grants, applications and broadening our networking opportunities.

After our sumptuous morning tea we explored the world of Occupational Therapy and the role of the therapist, which included sourcing equipment and in-home support for people of all ages, abilities and backgrounds. Now well resourced, we journeyed into the realms of various ministry experiences. Scott Berry shared his understanding of working with young adults, which is always an eye-opening subject.

We were then blessed to hear from three of our AFCNA members — Anne Ranse from

Canberra; Millie Davey, from the Adelaide Hills and Theo Tersic from McLaren Vale, south of Adelaide — as they shared their unique ministry experiences. All our speakers were superb. I'm sure each of us went home pondering how we could apply our day's learning.

AGM News

The day finished with the AFCNA Annual General Meeting. Many thanks to Judy King, Jo van Brussel, Theo Tersic, Joan Kirkham, Liz Elder, Anne van Loon, Millie Davey, Anne Ranse, Unity Hunt, and Wendy Telford for blessing us with a quorum. Jo delivered a lovingly inspired devotion, setting the scene for a positive and productive AGM.

Approximately three weeks prior to the AGM, all members received a copy of proposed changes to the AFCNA constitution. We are pleased to announce these changes have all been accepted, with a revised constitution now ready for distribution.

Special thanks were given to Unity Hunt for her time as AFCNA secretary and her amazing gifts in administration given so freely.

Pat Watts also received a special mention and was presented with life membership for her many years of service to AFCNA and her various faith communities. We pray you both continue to be blessed as you have blessed all of us.

Other key items discussed looked at the future education AFCNA may provide, including an on-line learning option for health ministry essentials, next year's workshop and annual general meeting and the possibility of another weekend retreat. Please note; we are hoping to have the 2012 workshop and AGM in Melbourne.

If you would like to be a part of this special time, please start planning now for a trip to Melbourne in the Spring of 2012. Remember, the AGM is for all members, and is essen- ➤



➤ tial for the continuation of AFCNA. It only happens once per year and we would love to have more people join us. Can we count on you?

Another exciting suggestion from the AGM centres on collaborating with our partner organisation in New Zealand to host a cross nation conferences with the NZFCNA. This would be a wonderful opportunity to share widely, learn and experience greater unity in ministry. Please pray for the AFCNA board and the wider membership as we investigate and develop these possibilities.

We also discussed contributions to your *WholeHealth* magazine, and would encourage

each of you to put pen to paper or fingers to keyboard and share a little of what you are doing, learning or experiencing. None of us has all the answers but together we can encourage and support each other. If you would like to submit an article please forward it to me at banham@internode.on.net or the AFCNA website address afcna@afcna.org.au

Thankfully we were able to fill most positions of the board; The Director of Development position remains vacant but we trust the Lord will raise up the right person for the role in his time.

Our board for 2011/2012 consists of:

Board Member 2011-2012	Board Position September 2011	Status of Board Term August 2012	Denomination
Heather Banham	Chairperson	2 year term until AGM 2012: Position vacant AGM 2012	Baptist Church
Wendy Telford	Secretary	2 year term remains until AGM 2013 Position vacant AGM 2013	Baptist Church
Judy King	Treasurer/ Database	1 year term remains until AGM 2012 Position vacant 2012 AGM	Anglican Church
Vacant	Director of Development	Position vacant: not filled 2010	
Helen Vaughan	National Mentor	2 year term, until 2013. Position vacant AGM 2013	Baptist Church
Susanna Warner	Member	2 year appointment Position vacant AGM 2012	Australian Christian Church
Jo van Brussel	Member	2 year term remains Position vacant AGM 2013	Lutheran Church
Unity Hunt	Member	1 year term Position vacant AGM 2012	Uniting Church
Liz Elder	Member	2 year term remains Position vacant AGM 2013	Anglican Church

Well, there you have an AGM and workshop update in a nutshell. This article may be brief but the day was packed full of fun, friendship and God's blessings.

Thank you to all who attended the AGM and shared their heart and gifts with us.

Heather Banham
Chairperson



Chocolate: a health food

Chocolate is a health food. It is derived from cacao beans. Bean = vegetable.

Sugar is derived either from sugar beets or cane, both vegetables.

The milk/cream is dairy.

So eat more chocolate to meet the dietary requirements for daily vegetable and dairy intake!



Overseas visitors at seminar

Parish Nurses from the United States and Diaconal Nurses from Finland were among the more than 40 people who participated in this year's Lutheran Parish Nurse seminar, held over two days in September.

The overseas folk were in Adelaide to participate in a week-long study tour organised by the Lutheran church's Parish Nursing Co-ordinator, Lynette Wiebusch, on behalf of Lutheran Parish Nurses International (LPNI). The tour included visits to church leaders and aged-care facilities, as well as an afternoon at Australian Lutheran College learning about that institution's approach to education for lay people. It was the second study tour organised by LPNI. The first tour last year was to Bethlehem and Jerusalem.



LPNI tourists at Port Adelaide

Theme for the seminar was *Telling the story*. Studies presented by Pastors Fraser Pearce and David Christian, and Dr Marcia Schnorr

explained the biblical 'story' that underlies the church's mission, and various ways in which this 'story' can be told. 'Parish Nursing is side-door evangelism', Dr Schnorr said.

An afternoon panel discussion stressed the importance of listening to the stories that various people have to tell.

Pastoral Care Nurse, Angela Uhrhane, serves at the Lutheran aged-care facility in Albury, NSW. She spoke about listening to elderly people, even if you hear the same stories again and again.

Pastor Bryce Clarke, who is pastor of a multi-cultural congregation at Ferryden Park in suburban Adelaide, spoke about the traumatic stories many refugees have to tell. He was accompanied by Sudanese refugee, Ajulu John.

Shirley Schubert, a school counsellor at Cornerstone College in Mt Barker, spoke about the importance of listening to the stories of teen-age students.

All panellists agreed that listening carefully to what people have to say is vitally important for providing wholistic care.

In a session following Sunday morning worship at Bethlehem Lutheran church, participants told the story of what is happening in the Parish Nurse ministry in their respective countries. Sue Neff described the development of Parish Nursing in Bethlehem.

At home and abroad



The Church Health Centre (CHC) in Memphis, Tennessee, USA, is now managing the assets, programs and services of the International Parish Nurse Resource Centre (including sponsorship of the Westberg Symposium). This follows the decision by the Board for Deaconess Parish Nurse Ministries to discontinue support for the centre in St Louis, US for financial reasons. The Executive Director of CHC, the Rev Scott Morris, is a Uniting Church minister and a doctor.

For the final day of term 3 at Faith Lutheran Secondary School, Plainland, Qld, Shirley Klinge, together with the school's Spiritual Captain, organised a *Journey through Prayer*. From 7.00am on they arranged 10-minute time slots when people could go to a 'quiet area' where candles, cross, devotion material and soft music created a worshipful atmosphere. People were invited to write prayers which were placed on the altar during the school's closing service.



Courses at Australian Lutheran College

Enrol NOW for 2012

Graduate Diploma of Theology in Faith Community Nursing

Diploma of Theology (Counselling)

Courses are available by flexible education or on campus. For further information:

The Administrator

School of Theological Studies, ALC

104 Jeffcott Street, North Adelaide SA 5006

☎08 8267 7400 Email: alc@alc.edu.au

Website: www.alc.edu.au

Introduction to Pastoral Care Nursing course

9–11 March 2012

(Friday evening–Sunday afternoon)

Trinity Lutheran Church

Pasadena, SA

Sponsored by the

Lutheran Nurses Association of Australia

For more info: lynette.wiebusch@lca.org.au



Book worth reading

How I Survive the Depression Thing

Beth Barrett; Self-published

www.bethlouisebarrett.com

Based on more than 20 years of struggling with clinical depression, anxiety and social phobias, the author offers 20 tips for sufferers.

Celebrating DisAbility



Each year 3 December is set aside as the International Day of People with a DisAbility — Celebration of Ability. Community organisations celebrate the varied and valuable contribution people with disability make to society.

The day also provides an opportunity to increase community awareness of disability issues.

Prayer Corner



O God, waken in me
gratitude for my life,
love for every living thing,
joy in what is human
and holy, praise for you.

Please pray for

- * AFCNA board members.
- * Victims of natural disasters around the world.
- * People who have served AFCNA in the past as board members, thanking God for their dedication and service.

I Say ...

‘Distractions come easily in this life.

Staying focused is not easy. But learning to focus upon who we are, who is around us, and what God might be asking us to do affords the consummate joy of faithful living.’

— Brian Bauknight
in *On a Wing and a Prayer*

In a word



‘All this happened to make what the Lord had said through the prophet come true, “A virgin will become pregnant and have a son, and he will be called Immanuel” (which means “God is with us”).’

Matthew 1:22, 23

Membership renewal

The AFCNA financial year is from 30 June to 1 July.

If you have not renewed your membership for the current year, please send your renewal to the treasurer, Judy King, as soon as possible.