

# Life NEWS

PROMOTING THE SANCTITY OF LIFE

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## *The Gospel and Life Issues*

DR IAN HAMER

*This article has been adapted from a longer presentation originally given to graduate pastors at the 2014 LFL graduates' dinner.*

Contrary to what many may think, the work of Lutherans for Life is not just about law, it's about the gospel as well. This article seeks to look at some examples of how the Word of God as law and gospel can begin to transform and mould our thinking about life issues.

The word "gospel" will be used in its classic, narrow sense, but I'll also draw on the many metaphors used in scripture for the gospel. Probably the best known metaphor (or image or picture) to express the reality of the gospel is that used by Paul and taken up by the reformers: the court room metaphor that sinners have been "justified" by grace through faith. But the gospel can also be equated with other images, all centred on the cross, such as redemption, victory, adoption, life, light, birth, freedom and so on. Behind each gospel metaphor is a law metaphor. So for example, behind life is death, behind victory is defeat, behind clean is dirty, and so on.

In what way can these gospel metaphors - the gospel itself - colour our approach to the challenges of life issues and bioethics?

Professor Peter Baume was one of the most influential people in secular Australian life for at least two decades. A Federal Minister for Health, after leaving politics he became Professor of Community Medicine at the University of NSW, then Chancellor of the ANU. In 1996, in a public speech in support of euthanasia, he said this:

"A second point of view, held by some people (such as me) is that personal autonomy - from the Greek roots "autos": self and "nomos": rule or law - i.e. self-rule - is of supreme value. Our view is derived from Immanuel Kant who held that the moral agent - the individual person - is his or her own law-giver ..."

Professor Baume's statement identifies a central issue of far reaching pastoral consequence, not only in the euthanasia debate, but also in most debates pertaining to bioethics - autonomy - which goes hand in hand with a pro-choice position and also the post-modern notion that each individual is arbiter of his or her truth.

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### *This Issue\**

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# Editorial

KIMBERLEY PFEIFFER

In this first issue of Life News for 2015 you will find some reflections on last year's LFL conference at St Paul's Nundah and an article by one of our speakers, Vanessa Kohrt. Vanessa spent many years living in America with her husband, Pastor Darrin Kohrt, who is currently serving in Loxton, SA. We also welcome articles by two general practitioners, Dr Ian Hamer and Pastor Christian Fandrich, who are both equipped to apply Lutheran theology to life issues in medicine.

It is also in sadness that we remember the passing of Prof Nicholas Tonti-Filippini late last year. Dr Nick was my supervisor in Bioethics studies and I find myself constantly reflecting on the privilege I had to work under his guidance during his final time. His chronic illness and the suffering it brought him was both sobering and clear in the bioethics he promoted. The

stories of his time on Australian ethics and ecumenical groups helped me see how Christ serves us through people like him. Dr Nick was not only a dedicated bioethicist, he was also a generous teacher who gave detailed feedback on my papers even at times from his hospital bed. I can only trust that he is now enjoying the heavenly banquet, free from pain and fear of death.

Life News has been the newsletter of Lutherans for Life since its inception. Please see the letter from LFL President Christian Fandrich on the back page about some changes LFL will soon undergo. I encourage you during the coming months to write to the LFL committee to raise concerns and make suggestions about ways LFL can continue to promote the sanctity of life in the LCA.



## *Vale Nicholas Tonti-Filippini*

DR ROB POLLNITZ

On 7 November 2015 we had sad news from Melbourne of the death of Prof Tonti-Filippini, Associate Dean and Head of Bioethics at the John Paul II Institute For Marriage and Family, Melbourne, and arguably the most renowned Christian bioethicist in Australia.

Nicholas lived to be 58, despite battling with chronic auto-immune disease from the age of 20. He had kidney failure and needed haemodialysis three times weekly. He had calcified coronary arteries and needed over a dozen coronary stents. And through all of this he kept working, teaching and writing books and articles, making sure the well-informed Christian voice was heard in the public debate. He was a double Knight, one from the Vatican and one from the Order of Malta. He was married to Dr Mary Walsh and they had 4 children.

Nicholas was a good friend to the LCA, speaking at many pro-life meetings, and was ecumenical enough to invite me and other Protestants to the yearly Catholic Colloquium on bioethics in Melbourne, which I hope and believe will continue in his honour. The Catholic website says they "trust Christ will bring him into the light of his presence." It is good to be a Lutheran who firmly believes that Nicholas is already there!

## *LFL Conference 2014*

PR JOSHUA PFEIFFER

On Saturday November 1<sup>st</sup> about 40 folk from greater Brisbane and beyond came together at St Paul's Lutheran Church, Nundah, for the annual Lutherans for Life conference. It was particularly encouraging to see both the long-time LFL faithful in the same crowd as people for whom this was their first involvement with LFL. The theme this year was 'The big questions'. We began by reflecting on how often Jesus himself engaged with people through asking questions and how this could inform our own approach in discussing life issues. We then proceeded to explore together four of the big questions when it comes to the sanctity of the human life. We titled these talks as follows, *Marriage: isn't love all that matters?*, *Reproductive technology: are there any limits?*, *Euthanasia: can Christians ever support it?*, *Abortion: is it always wrong?*. Each of our topics was addressed by a husband and wife team and they all gave us much food for thought. Over the course of the presentations we experienced music, multi-media, Bible study, discussion and more. The day concluded with our business meeting at which Christian Fandrich was re-elected as LFL president and the new council was installed by Bishop Noel Noack.

# *Courage, Control and Culture:*

## *Brittany Maynard*

VANESSA KOHRT

At our recent 'Lutherans for Life' conference, we pondered the question, 'Euthanasia: Can Christians ever support it?' One only need have minimal contact with the media to see what a hot topic this is, and as timing would have it, the tragic case of Brittany Maynard had been especially highlighted in the recent news. Even more tragically coincidental – the date she had planned for her 'dignified' death, was indeed the same day as our conference. (For those of you who don't know, Brittany was a young, married American who was diagnosed with terminal brain cancer and moved to Oregon to take advantage of their 'Death with Dignity' Law. She took her own life on November 1<sup>st</sup> using medication.)

The Lutheran Church of Australia does have an official statement on this issue, and you can find the relevant document on its website, [www.lca.org.au](http://www.lca.org.au) on the page 'Doctrinal Statements & Theological Opinions'. The document is entitled, 'Euthanasia, or Mercy Killing'.

The document rightly begins with a definition. In my experience talking with others, there is a lot of confusion about the meaning of Euthanasia. But as it points out, Euthanasia is derived from two Greek words, 'eu' and 'thanatos' and has 'three primary meanings...a) a gentle and easy death; b) the means of bringing about a gentle and easy death; and c) the action of inducing a gentle and easy death'. This is in contrast to what some people think it includes such as withdrawing a "clinically dead" person from a life support machine, or refusing certain controversial treatment or medication a patient may believe will not increase life expectancy or quality of life.

So can Christians ever support it? As people of God in the Lutheran Church of Australia, our official statement says: 'The church rejects the practice of mercy killing or euthanasia in all its forms, because such killing is contrary to the word and law of God. The church's opposition to past, present, and future proposals for euthanasia legislation is based, above all, on ethical considerations concerning the life and the death of human beings. The 'right to life' of every person must be protected by law. The 'right to die' concept is completely foreign to sound biblical ethical principles.'

The church has believed in the past, that only God, the author of life, has the right to take life away, and it was never His intent in the beginning.

*Death is not natural.* We were not created to die. With the unprecedented influence of the media, we are being tempted more and more into seeing death as a solution, instead of the serious problem and intrusion that it is.

So what about poor people like Brittany? How can we not have the utmost sympathy for someone in such a horrible situation? Without our hope in Christ, her argument seems rational and I would be tempted to make the same choice, I am sure. Out of Christian compassion, many people did respond to her publicised video including household names of people who do understand suffering, like Joni Eareckson Tada. Maggie Karner, the Director of Life and Health Ministries for the Lutheran Church-Missouri Synod is herself dying from the same type of brain cancer. She made a heartfelt plea to Brittany to fight for life, to not allow the cancer to take any more time from her loved ones that it would already. She also included her personal observations at the time of her own father dying, the blessings that came from taking care of him, and the bonding that was strengthened as they spoke of things together he had never shared before. She asked her not to take away the opportunity for her loved ones to take care of her. This is a profound reality that is so easy to lose sight of, that Christ is revealed to us in the suffering of others (cf Matt 25:40).

Brittany's case has certainly brought euthanasia into the limelight as she was a part of a demographic most people don't think of when 'dying with dignity' comes to mind. She was young, vibrant and active and surrounded by loved ones and evidently captured the thoughts of all of us who sympathise with such a heart breaking situation. The fact that she became so much of a celebrity when others in the same situation did not, is intriguing. Wesley J. Smith, in his recent article for 'First Things' ([www.firstthings.com](http://www.firstthings.com)) - '*Of Michael Landon and Brittany Maynard, the changing meaning of courage in the face of*



pending death' attributes it partly to 'the well-planned PR campaign orchestrated by the George Soros-funded assisted-suicide advocacy group Compassion and Choices (formerly known as the Hemlock Society)' In this article he notes the 180° turn the media has made since the death of the famous actor Michael Landon, who died from pancreatic cancer and was determined to fight it to the end, '...it is striking how the reporting about Maynard's decision to die resembles the reporting about Landon's courage twenty-three years ago. For example, *People Magazine*, which once applauded Landon for fighting to the end, now has the mirror-opposite take about Maynard. It even made her a cover story...'

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It is beyond the scope of this article to deal fully with the issue of autonomy. But, consider the notion that autonomy is addressed directly by the gospel metaphor of life and, in particular, the image that Christian baptism involves a uniting of the believer with Christ's death and resurrection.

Reflect on the impact of St. Paul's statement: "I have been crucified with Christ, it is no longer I who live, but Christ lives in me. The life I now live I live by faith in the Son of God" (Gal. 2: 20). The Lutheran theologian, Edmund Schlink writes:

"through baptism God enters deeply into human life: a separation between the life before and the life after takes place. Man's autonomy, which was in reality his enslavement through guilt and ruin, has come to an end."

Helmut Thielicke turns to the parable of the prodigal son as a means of illustration (Luke 15: 11ff). The prodigal's sojourn into the far country is an attempt to find self without the father - without God. The self, detached from sonship, leads only to bondage in sin. The son actually finds himself only when he returns to the father. In this sense what the son thought of as autonomy is actually a form of self alienation and death.

Dr Rob Pollnitz, long-time stalwart of LFL, some time ago made a perceptive comment about the practical consequences of following an autonomous ethic in modern day society:

" ...I cannot help thinking that the same people in Australia who are pushing for euthanasia are largely the same people who twenty years ago were pushing for the legalisation of abortion. Back in 1969 the "pro-choice" advocates promised us a better society when abortion became legal - every child a wanted child, healthier mothers and happier families. Twenty

But perhaps, Christians should be most concerned about the last observation in his article, 'The words of Canadian journalist Andrew Coyne keep ricocheting around my brain: "A society that believes in nothing can offer no argument even against death. A culture that has lost its faith in life cannot comprehend why it should be endured."' And a culture that likes to have everything on its own terms and is seemingly in control, belies the fear underneath. There is only one Antidote to fear, and may Christ, our Antidote, empower us to lovingly do whatever it takes to care for those at the end of their lives, so that they too wish to hold onto it with everything they have.

.....  
years on, when I open my medical journals, I read of more child abuse, more pelvic disorders and grief syndromes, more separation and divorce..."

What happened to the prodigal son at an individual level is reflected on a societal level when submission to God's will is replaced by individual self-rule: the result is self-alienation and self-inflicted ruin.

It is this autonomy that is put to death in baptism. But, we have also been united to Christ in His resurrection (Rom. 6:5 and Col. 2: 20). The death experienced in baptism is followed by our being raised to new life. Not only has the old, self-centred and self-ruled life come to an end, but a new life of liberation from self, sin, and guilt has begun.

The new-life to which we have been raised is radically different to the autonomous, individualistic, do-it-my-way existence experienced before. It is a life immersed in the life-giving Word of God, a life controlled by the Holy Spirit, a life turned outward from self to neighbour.

The way of holiness is therefore the way of the cross. The ongoing life of the Christian is a constant dying and rising with Christ, a daily baptism.

And the phrase in the Lord's prayer, "Your will be done", is also a reminder that we don't exist to do our will here on earth, but daily to submit our wills to that of the One we follow.

This is the basis of Christian life in the world, the foundation of Christian ethics. It is a position diametrically opposed to that of the world. It is, unfortunately, not a position understood by many Lutherans today.

The gospel metaphors are not only applicable to principles of secular ethics. They also provide the key to unlocking a pastoral approach to hurting people.



The following are three brief examples from my own experience as a GP.

Suzanne Rubin, a child resulting from AID - artificial insemination by donor - now a young lady, in describing her search for her genetic father, says this:

" ... It's an obsession. I must find my father even if it is only to discover what kind of man sells his sperm and ultimately his own flesh and blood for \$25, then walks away without any thought of the life he may have created. How is a child produced in this way supposed to feel about a father who sold the essence of his life so cheaply and is a total stranger?"

The problem facing Suzanne, and children in similar circumstances, is one of identity. Their attempts to trace their natural parents are often thwarted and support groups have been formed to provide emotional and psychological assistance.

The imagery that we have been adopted as sons and daughters of God Himself is an expression of the Gospel which has the power to bring comfort and peace to these children as they grow up (John 1: 12, Rom 8: 15-23, Gal 4: 5 ff and Ephs 1: 5).

A man we'll call "James" was a patient of mine here in Adelaide who I got to know over a period of fifteen years. He was a homosexual who, with time, as he got to know and trust me, "outed" himself first and then, bit by bit, told me about some of the practices he engaged in, mainly with a bisexual married man who visited his home once a week. I listened and learned.

Eventually, James developed a nasty head and neck cancer which ate away at the side of his face until he had a defect the size of an orange. He required palliative care and eventually died.

During the last 3 - 6 months of his life he began a discussion with me, knowing I am a Christian. He was incredibly open. He didn't require an expression of the law. He experienced guilt about his life-style, a feeling of degradation and being dirty, loneliness, conflict with his family and a deep seated fear of dying. Every week he asked me to pray for him in church on Sundays.

We spoke many times - using the gospel metaphors as the frame-work for our discussions - we talked about the great exchange on the cross,

of being declared innocent rather than guilty, of forgiveness, of cleansing, of reconciliation, of the love of God driving out fear.

At the end he seemed to only sort of make it. He could almost believe that I could pray on his behalf requesting these things. But his sense of unworthiness was so profound that he remained unconvinced that God would receive his own pleas for acceptance, and declined the offer to involve a pastor.

"Christina" was a 19 year old lady who presented to me with a sore throat. She had tonsillitis which was easily treated with a course of penicillin.

While seeing her, I noticed that another doctor in the practice had written in the file the letters TOP... a sort of medical code for "termination of pregnancy", a euphemism for abortion.

I noticed this and asked her whether everything had gone well or not? Her response was moving to watch: she broke down and wept.

She stated that I was the first person who had spoken to her about the abortion since the day it happened. For three years she had experienced episodes of extreme unhappiness and crying, sleepless nights because of intrusive night-mares, withdrawal from social situations and guilt about what she had done.

She wore a crucifix around her neck. We spoke at length on a number of occasions about it's meaning.

She responded to the truth that the only solution to a sin in which the blood of off-spring was shed lay in the power of the blood shed by another off-spring - the sacrificial lamb of God, Jesus Christ

Himself - who was tormented in her place and that of her unborn child on the cross.

Again, we used gospel metaphors of forgiveness, cleansing, peace and reconciliation to convey the reality of God's love for her.

It turned out she had a Greek orthodox background, and I finished what I could do with the suggestion that she go to the priest for private confession, absolution, and the Lord's Supper.

Amidst the many pro-life organisations, Lutherans for Life may well ask itself from time to time what unique contribution it can make. Perhaps it is in applying not only the law to life issues, but also the Gospel?



# *To Test or Not to Test: What is your question?*

PASTOR (AND GP) CHRISTIAN FANDRICH



A motto in medicine is “Don’t do a test if you don’t want to know the answer”. It seems like sound advice. But in this age of *information*, where the acquisition of more information is considered to be always a good thing, it’s advice that often goes unheeded.

It is popularly thought that doctors can find the answer to any problem by doing a test, whether a blood test, X-ray or scan. However, the reality is that medical tests play a much smaller role than most people think. There are several reasons for this.

Firstly, test results are not always accurate. Many blood tests have a “normal” reference range which includes 95% of the normal healthy population. Hence, 5% of the population, who are healthy, will sit just outside of that range. The more tests that are done on a single person, the more likely an “abnormal” test result will be found in someone who is actually healthy.<sup>1</sup> Doctors performing screening blood tests to “make sure everything is alright” in otherwise healthy people usually brings about more problems than benefits. The discovery of a mild abnormality found on a blood test can cause the patient and doctor unnecessary concern and anxiety.

Secondly, the right test needs to be done. Many tests are done inappropriately in the hope of finding something “wrong” to explain why someone is sick. Tests need to be chosen judiciously by a doctor, making sure the right test is done, for the right reason, and not just for the sake of gathering information. Sometimes no medical tests are required. Many medical conditions are not diagnosed by a “positive” test result, but rather by “old fashioned” history and physical examination. Despite the immense technological advancement in recent times, taking a good medical history (listening to the patient and asking questions) and doing a thorough and appropriate physical examination, still remain the foundation for a sound diagnosis. Tests are best done when they are used to confirm or exclude an initial diagnosis.

Thirdly and finally, often performing a test won’t make any difference to the way the patient should be managed. Even if a medical test is accurate, the doctor and patient need to ask, “Will doing this test, and knowing the answer be helpful?” Knowing something is not always helpful, or not as helpful as you might think, especially when you can’t do anything about it. Martin Luther’s apocryphal quote, “If I knew that tomorrow was the end of the world, I would plant an apple tree today” inspires a certain type of stoicism. But I don’t think its sentiment always rings true in real life. Sometimes knowing something is harmful, especially when you can’t do anything about it.

This is true in palliative care. The doctor needs to ask, “Will doing this test really make a difference?” In the care of the dying patient, the focus is on caring for the patient and not on cure. One could do repeated scans of a growing cancer, but if nothing can be done about it, why do the test? Tests can be intrusive, uncomfortable, painful or a waste of precious time for a dying patient, and a waste of health dollars, for no benefit.

At the other end of life, prenatal screening and diagnostic tests for congenital abnormalities and genetic conditions are becoming routine. Increasingly, women are advised to have these tests done in early pregnancy as a matter of routine “to make sure everything is alright with the baby”. The premise being, the more we know about the pregnancy, the better. But is it always better, and what do they mean by “better”? The reality is that the main reason for doing these tests is to give pregnant women the option of terminating the pregnancy. Sadly, in modern Australia, the default medical position is to abort an “abnormal” pregnancy. Certainly, there are some conditions for which certain treatments and operations may improve the health of mother and baby during pregnancy and after the baby has been delivered.<sup>2</sup>

However, the reality is that for most congenital conditions for which we test, the medical world has no real treatment to offer other than "terminating pregnancy". True, knowing that your unborn baby has a serious congenital abnormality may help you better prepare for his or her birth, however my concern is that many parents are not counselled appropriately prior to tests. The most common of these prenatal screening tests is for Down Syndrome.<sup>3</sup> It involves a nuchal translucency ultrasound scan and blood test. This test is not a diagnosis but rather gives an indication of a baby's risk of having Down Syndrome. If the risk is high then the doctor would advise a definitive diagnostic test, either an amniocentesis or chorionic villous sampling. However, both are invasive tests, and carry a risk of causing a miscarriage.<sup>4</sup> Given that that Down Syndrome is not a condition to be "cured" you have to ask before embarking on all these tests, why do them? If all human life is a gift from God, not to be despised or rejected, why do a test that will not change the final outcome of your pregnancy? I suspect, in all honesty, many parents would prefer not to know before the birth, nor be given the Clayton's choice of terminating the pregnancy.

We humans are finite beings created by God. We are not gods, and when we attempt to be like God, by knowing everything, we do so at our peril (Genesis 3:5-7). Contrary to the modern world's view, there are some things we are not meant to know or experience for our own benefit. God hides a growing baby in a mother's womb for good reason (Psalm 139:14-16). Having more knowledge and information does not equate with being wiser or better off. Wisdom is not just about having knowledge, but knowing what to do with that knowledge. Sometimes it is much wiser and better not to know something (Proverbs 1:7).

For us Christians, the good news is that we don't have to know everything. God already knows us! God hides a lot of things from us and our lives are now hidden with Christ in God (Colossians 3:3). God often reveals to us His greatest gifts and mysteries, like our precious children, in a hidden way.

1. Kellerman, G & A, Enjeti, 'Avoiding unnecessary tests', *Common Sense Pathology* May 2008.
2. For example, for intrauterine hydrocephalus (excessive fluid in the baby's brain).
3. See the Down Syndrome Australia's information sheet on prenatal testing at [www.downsyndrome.org.au/documents/DSA\\_prenatal\\_resource\\_201408.pdf](http://www.downsyndrome.org.au/documents/DSA_prenatal_resource_201408.pdf)
4. For amniocentesis the miscarriage rate is about 1%.

# Snippets

DR ROB POLLNITZ

## Adoption Rethink

Adoption rates in Australia have reached an all-time low with only 317 adoptions throughout Australia during 2013-14, down 9 per cent from the previous year and down 76 per cent from 1989-90. At the same time there are nearly 40,000 children living in out of home care, and 68 per cent of these have been there for two or more years after being removed from their parents following abuse or neglect. There are long-term damaging consequences when children are left to flounder through the foster care system, often for years, while waiting for the courts to resolve their future. To quote WFA - "We can do better than this. We need an adoption rethink now." In December WFA released a detailed report of 112 pages to promote adoption reform - see [womensforumaustralia.org](http://womensforumaustralia.org)

## 25th Anniversary of the UN Convention on the Rights of the Child

On 20 November 1989 the United Nations General Assembly adopted this Convention, which states that - "The child, by reason of his physical and mental immaturity, needs special safeguards and care, including legal protection, before as well as after birth."

This provision is widely ignored, with the pro-abortion lobby at the UN and elsewhere seeking to promote abortion as a reproductive right. ([spuc.org.uk](http://spuc.org.uk))

In Australia we see the same promotion of the progressive view that abortion throughout the nine months of pregnancy is simply a routine medical procedure, and the wish to shut down any contrary view. More than half the candidates at the recent Victorian election said they would support new law to stop any witness outside abortion clinics, even peaceful silent pro-life protest within 150 metres. The new Labor government has no interest in amending Section 8 which forbids doctors and other health professionals from giving advice against abortion. "The message is that any reservations about abortion will not be tolerated in the public domain." ([family.org.au](http://family.org.au), Dec 2014)

Fortunately we continue to have pro-life 24/7 pregnancy support counselling services throughout Australia - taking SA as an example, see [birthline.org.au](http://birthline.org.au)





*Dear readers,*

Some of you may know that Lutherans For Life ("LFL") was formed back in the 1980s under the leadership of Pastor Daniel Overduin.

Since then, the national committee of LFL (in its various forms) has continued to work within the governance structure it inherited from its predecessors.

*This structure served LFL well for many years, but the current committee has come to believe it's time for some changes.*

*I write to inform you that we have decided to take time out from LFL's usual activities, including the publication of Life News, to review the organisation's internal governance.*

*Many of the changes we anticipate making may not be obvious to you as they largely relate to the selection and governance of our committee of volunteers.*

*However, we will also take this opportunity to consider how LFL can best serve the church in its current context, including online, and how we can best be accountable to the church and our supporters.*

*This pause in activities coincides with the editor of Life News, Kimberley Pfeiffer, going on maternity leave. Thank you, Kim, for the generous spirit with which you have taken on this task. May God be with you and your family in the coming months as you welcome another child into your hearts and home.*

If any readers would like to have any input in the proposed review, please email us at **[lutheransforlife@gmail.com](mailto:lutheransforlife@gmail.com)** with your questions, concerns or ideas.

We give thanks to God for your ongoing interest and support. We will be in touch again in due course. Please keep the LFL committee in your prayers as it undertakes this process, with the help of the wider church.

In Christ,

Pastor Christian Fandrich  
(LFL President)

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## LUTHERANS FOR LIFE BRANCHES

### **Riverland: Est. September 1989**

Serving the Riverland area of South Australia  
Contact: Mrs Lois Rathjen  
08 8584 5706

### **New Zealand: Est. June 1991**

Contact: Dr Petrus Simons  
04 476 9398

### **Sunshine Coast: Est. August 1992**

Serving the Sunshine Coast area of Queensland  
Contact: Mr Norm Auricht  
07 5443 6849

### **Darling Downs: Est. October 2005**

Serving the Darling Downs area of Queensland  
Contact: Mrs Joy Wurst  
07 4613 4189