

# LifeNEWS

PROMOTING THE SANCTITY OF LIFE



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## *I want to burden my loved ones*

GILBERT MEILAENDER

Recently I was a speaker and panel member at a small educational workshop on “advance directives” sponsored by the ethics committee of our local hospital. The workshop was an opportunity to provide information about, and discuss the relative

merits of, living wills and durable powers of attorney as different ways of trying to deal in advance with medical decisions that might have to be made for us after we have become incompetent. This is not the first such workshop for me, and I suppose it may not be the last. And I was struck, as I have been before, with the recurrence of a certain theme.

Many people come to such a workshop already quite knowledgeable about the topic to be discussed. They come less for information than for the opportunity to talk. Some earnestly desire the chance to converse about a troubling issue; a few just want to express themselves. In either case, however, it is remarkable how often they may say something like the following: “I’m afraid that if my children have to make decisions about my care, they won’t be able to handle the pressure. They’ll just argue with each other, and they’ll feel guilty, wondering whether they’re really doing what I would want. I don’t want to be a burden to them, and I will do whatever I can in advance to see that I’m not.” And after someone has spoken words to this effect, there will be a chorus of assent from the people who, evidently, share the speaker’s view.

Now, of course, we can in many ways understand and appreciate such a perspective. None of us wishes to imagine his children arguing together about who really knows best how he should be treated (or not treated). We hate to think that our

children’s last thoughts of us would be interwoven with anger at each other, guilt for their uncertainty about how best to care for us, or even (perhaps) a secret wish that we’d get on with the dying and relieve them of this burden.

Nonetheless, as the workshop wore on, I found myself giving it only a part of my attention, because I couldn’t help musing on this recurring theme. Understandable as it surely is in many respects, there is, I am convinced, something wrong with it. I don’t know how to make the point other than a little too crassly—other than by saying that I want to be a burden to my loved ones. But, rightly understood, I think I do.

The first thought that occurred to me in my musings was not, I admit, the noblest: I have sweated in the hot sun teaching four children to catch and hit a ball, to swing a tennis racket and shoot a free throw. I have built blocks and played games I detest with and for my children. I have watched countless basketball games made up largely of bad passes, traveling violations, and shots that missed both rim and backboard. I have sat through years of piano recitals, band concerts, school programs—often on

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# Editorial

KIMBERLEY PFEIFFER

As I reflect this advent season on what has been 2016 I find myself noticing how difficult it is in these times to communicate - to listen, understand, speak and be understood. Words themselves are being emptied of all meaning, they are being misinterpreted, manipulated and seem far from being tested as a litmus for truth. This year, the Oxford English Dictionary named the word of the year: *post-truth*. It means that objective facts now have less influence in shaping public opinion as does the appeal to the emotion and personal belief. This concept should be no surprise given that the post-modernist project threw out objective truth quite some time ago. Yet for us as Christians, *truth* is important - it is the logos and life that guides our consciences and sustains our bodies. Christ, the true Word, illuminates our mere human words and gives them meaning when we submit to Him in our speech and in our listening. Though, because of our weakness, we cannot fully grasp or understand truth perfectly, we can prayerfully endeavour to testify to that truth. Thank you to those who spoke to their parliamentary members regarding the two SA euthanasia bills, the 15th bill of this kind defeated in SA. It was a very confusing course of events with the first bill withdrawn only to be replaced with another a few weeks later and voted on in the early hours of the morning. It seems that we can be

expecting similar bills in WA and Victoria in coming months.

Lutherans for Life

is about promoting the sanctity of human life, our fundamental gift from God. We exist just to say "yes" to you! Your life is precious and so are those in the relationships woven around you. We all need to be reminded of this. These are times when a woman says "no" to her unborn child who cannot exist without her, a frail father who thinks that his illness and the care he needs is too much for his children to bear, too much for society to bear. Life throws us things that seem unfair and too much to carry. But we are reminded that Christ has already borne our brokenness and carried our burdens to the cross. Therefore we need not fear sharing in life's burdens with those around us for Christ's love is perfected even in our strained and battered relationships.

The above painting is a Correggio (1530) piece called the "Adoration of the Shepherds". I was taken by the light emitting from the Christ child as it illuminates the faces of those there to adore him that dark night. I find peace in the gentle gaze of Mary and the the rejoicing of the angels and the shepherds. May Christ's love for you illuminate the true joy that is beyond human understanding your every relationship this Christmas.



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# *Euthanasia Update - 2016*

DR ROB POLLNITZ

The McFetridge Death with Dignity bill was narrowly defeated in the SA Parliament on the 17<sup>th</sup> November 2016, after a marathon sitting ending at 4 am. The vote was tied 23-23 and the Speaker, Michael Atkinson, then used his casting vote to defeat the bill. This was the 15<sup>th</sup> attempt in SA to pass a bill to permit lethal doses on request.

The McFetridge bill allowed the unsupervised suicide of a person with a terminal illness (though 'terminal' is not defined), if the person claimed to have intolerable suffering and if they refused other treatment. The claim of intolerable suffering was to be accepted without question. The doctor was to issue a false death certificate saying the death was due to illness and not to the lethal dose. Any life insurance was to be paid, no matter how recent the policy. We spend so much time as a society working to prevent suicide, and yet we nearly had a law that the Australian Medical Association (AMA SA) described as "state-sanctioned suicide."

On the 24<sup>th</sup> November our national AMA released its new policy on assisted suicide and euthanasia. They maintain their opposition – "The AMA believes that doctors should not be involved in interventions that have as their primary intention the ending of a patient's life. This does not include the discontinuation of treatments that are of no medical benefit to a dying patient." They confirm that all dying patients have the right to receive relief from pain and suffering even where this may shorten their life, and they direct doctors that – "A patient's request to deliberately hasten their death by providing either euthanasia or physician assisted suicide should be fully explored by their doctor. Such a request may be associated with conditions such as depression or other mental disorders, dementia, reduced decision-making capacity and/or poorly controlled clinical symptoms. Understanding and addressing the reasons for such a request will allow the doctor to adjust the patient's clinical management accordingly or seek specialist assistance."

This month also we have seen the European news service Atlantico report a 41 per cent increase in euthanasia deaths in Belgium over 4 years. In the 2014-15 year there were nearly 4,000 such deaths reported, including people with depression and dementia and those who simply felt weary of life. There has been a report from the Euthanasia Prevention Coalition in Canada of a woman in a retirement home distressed with a likely urinary tract

infection and requesting euthanasia. The UTI was not treated and the 10 day waiting period was ignored in giving her a lethal dose, despite protests from her family. A report from Quebec Canada reveals 262 euthanasia deaths in the first 7 months of their new law, about three times the number expected. Since the law relies on doctors to self-report cases, the number of euthanasia deaths may well be much higher.

Other overseas experience indicates that, despite so-called safeguards, any legal window in our law of homicide will be abused. In July 2014 Prof Theo Boer of Holland voiced his concern that the 2002 law in the Netherlands had gone seriously astray. He began as a believer that assisted suicide could be regulated, and served on the review committee. He writes – "I used to be a supporter of the Dutch law. But now, with 12 years of experience, I take a very different view." The Netherlands has seen euthanasia deaths double over 6 years and the 2014 total was over 6,000. Lethal doses are now being given to new groups of people (as in Belgium) and to newborns and children. Mobile euthanasia vans provide for those whose doctors are hesitant. "Don't do it", says Prof Boer. "Once the genie is out of the bottle, it is not likely ever to go back in again."

Senior readers may recall that our abortion laws were introduced "for just a handful of sad hard cases each year" and provide the classic example of how laws that permit the taking of human life leak. The overseas experience above is that laws to permit lethal doses expand to endanger all ages and all classes of persons regardless of alleged safeguards.

My disabled friends and patients tell me they feel threatened by any talk of euthanasia. Already they feel that society often fails to respect them as having equal rights. To quote Tanni Corey-Thompson – "In their eyes, my life is not worth living." A law that promotes a societal view of the weak as "unproductive burdens" will be feared by every Australian living with a disability.

Some people in Australia already tend to devalue our aged and vulnerable people. I recall a pro-euthanasia politician saying – "When you are past your use-by or best-before date, you should be checked out as quickly, cheaply and efficiently as possible." To pass a euthanasia law is to promote elder abuse, to impose on the aged an expectation that they will agree to a lethal dose for the alleged benefit of society.

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Really good palliative care is the answer to requests for lethal doses. My experience is that once patients have their pain and other distressing symptoms relieved, they no longer wish to die. However, Australia does not yet have enough palliative care specialists. Rural and remote and socially disadvantaged Australians can find blocks in accessing first-class palliative care, and we can all encourage our parliamentarians to improve funding for better palliative care.

Our Parliament has an obligation to protect vulnerable people, and euthanasia does the opposite, it places them in danger. In legalising lethal doses we would be accepting medical homicide, and this would be a massive shift in the moral values of our society. Whether we continue to respect human life may well be the most important moral decision we will make in the 21<sup>st</sup> century.

Where to from here? Victoria and Tasmania and New Zealand are all considering euthanasia bills. VIC

Premier Daniel Andrews is expected to respond in December to the Committee report calling for an assisted suicide and euthanasia regime. Labor Health Minister Jill Hennessy appeals to MPs to "Go softly or the law will fail." Tasmanian Labor MP Lara Giddings and Greens leader Cassy O'Connor have tabled a euthanasia bill without waiting for the report of the TAS palliative care inquiry. In New Zealand MP Louisa Wall has tabled her Authorised Dying Bill, which she describes as tight and restrictive and only for those who have a terminal illness. (An interesting notion that one needs an authority to die).

The NZ bill seems unlikely to be considered before their 2017 election. Readers can stay up to date by following the Paul Russell website, [noeuthanasia.org.au](http://noeuthanasia.org.au), and please stay ready to write brief letters to Members of Parliament when needed.

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## *An evening with MP Rachel Carling-Jenkins*

MEG PEARCE

On June 1st I attended an evening presented by '40 days for Life' an organisation that conducts major prayer vigils every year all over the world to pray for a peaceful end to abortion. The evening featured guest speaker Rachel Carling-Jenkins, a Christian Victorian parliamentarian from the Democratic Labor Party.

I went alone and sat in the buzzing Prospect church hall where people greeted each other warmly. A lovely young woman sat next to me and introduced herself. Margeurite. I had heard her name before. She is the woman with a cafe neighbouring Adelaide's major Abortion clinic. Her cafe offers a place for prayerful Christians to meet, and to offer a place of love and warmth and connection should any woman (or anyone else) enter its doors.

After some brief reports from various pro-life groups around Adelaide led by an eccentric host, we listened as Rachel told us a bit about herself. She is new to politics having been involved for about 3 years. Rachel shared how her 20 year career in disability services has strengthened and informed her conviction that all human life is valuable, but it wasn't until a peaceful pro-life march through Melbourne's CBD in 2013 was attacked that she decided to get involved in government to make a difference. And a difference she has already made.

Rachel presented the first piece of pro-life legislation brought before parliament in many decades. Did she say the last was in the 1950s? Now, even though her bill did not succeed, she encouraged her audience that this was not a lost effort. The bill sought to reduce abortion from the current 40 to weeks down to the medically recognised age of infant viability of 24 weeks - hence the title, 'the Infant Viability Act'. There were three parts to her bill: it promoted palliative care to babies born alive after abortion; holistic care for distressed women with unwanted pregnancy (counselling is not currently required in such situations); and, limiting abortion to 24 weeks gestation. This was the first challenge to Victoria's permissive abortion laws in many years.

Here are some further reasons why she framed the situation so positively. Rachel used the opportunity to educate those around her on Victorian laws relating to termination of babies. Many people did not know that Victoria aborts babies until 40 weeks gestation, nor that overseas doctors often have to be flown in to Melbourne to perform the terminations due to an apparent lack of willingness locally - this in itself is telling. Further, many would not have known that babies are being born alive and suffering after terminations, or how these babies are oftentimes neither attended to nor consoled as they die. Another part of her reflections was around the involvement of Christians in politics. Rachel lamented the silence and inactivity of Christians in the political sphere. She encouraged letter writing (recommending paper rather than email), visits to politicians, financial and prayer support for those in office, and also answering the call to become a politician. She concluded by quoting the words of William Wilberforce: "You may choose to look the other way but you can never say again that you did not know" and encouraging the gathering to get involved.

I finished the evening with a new friend (the lovely Marguerite) and with new respect and admiration for our speaker. Rachel's dedication to God's little ones means that many important relationships are being established and that momentum is building for future pro-life actions to expose extreme laws in Victoria. Finally, it was encouraging to know that Christian values and voices are being kept alive in the public sphere.

very busy nights or very hot, humid evenings in late spring. I have stood in a steamy bathroom in the middle of the night with the hot shower running, trying to help a child with croup breathe more easily. I have run beside a bicycle, ready to catch a child who might fall while learning to ride. (This is, by the way, very hard!) I have spent hours finding perfectly decent (cheap) clothing in stores, only to have these choices rejected as somehow not exactly what we had in mind. I have used evenings to type in final form long stories—longer by far than necessary—that my children have written in response to school assignments. I have had to fight for the right to eat at Burger King rather than McDonald's. Why should I not be a bit of a burden to these children in my dying?

This was not, I have already granted, the noblest thought, but it was the first. And, of course, it overlooks a great deal—above all, that I have taken great joy in these children and have not really resented much in the litany of burdens recited above. But still, there is here a serious point to be considered. Is this not in large measure what it means to belong to a family: to burden each other—and to find, almost miraculously, that others are willing, even happy, to carry such burdens? Families would not have the significance they do for us if they did not, in fact, give us a claim upon each other. At least in this sphere of life we do not come together as autonomous individuals freely contracting with each other. We simply find ourselves thrown together and asked to share the burdens of life while learning to care for each other. We may often resent such claims on our time and energies. We did not, after all, consent to them. (Or, at least, if we want to speak of consent, it will have to be something like that old staple of social-contract theorists, tacit consent.)

It is, therefore, understandable that we sometimes chafe under these burdens. If, however, we also go on to reject them, we cease to live in the kind of moral community that deserves to be called a family. Here more than in any other sphere of life we are presented with unwanted and unexpected interruptions to our plans and projects. I do not like such interruptions any more than the next person; indeed, a little less, I rather suspect. But it is still true that morality consists in large part in learning to deal with the unwanted and unexpected interruptions to our plans. I have tried, subject to my limits and weaknesses, to teach that lesson to my children. Perhaps I will teach it best when I am a burden to them in my dying.

This was my first thought. It led to a second. Perhaps it is a good thing, lest we be tempted to injustice, that the dying burden the living. Some years ago Robert Burt wrote a book about medical decision-making for incompetent patients. The book's title was *Taking Care of Strangers*. Burt's point, which carried a double entendre, was essentially this: Patients who are unable to make decisions for themselves are often in a state (e.g., severely demented, comatose) in which they become strangers to us. They make us uneasy, and we react with ambivalence. And to say, "I'll take care of him" about such a patient may be a statement freighted with ambivalence. Burt worries that, no matter how devoted our care, our uneasiness with a loved one who has become a stranger

to us may prompt us to do less than we ought to sustain his life. (Nor, should we note, are physicians immune to such uneasiness.) It is, therefore, essential that we structure the medical decision-making situation in such a way that conversation is forced among the doctor, the medical caregivers, the patient's family, and perhaps still others, such as pastor, priest, or rabbi. Advance directives, designed to eliminate the need for such extended conversation—lest it should burden loved ones—are, from this perspective, somewhat problematic. They may not force us to deal with our own ambivalence in "taking care of" a loved one who is now a burdensome stranger.

This does not mean that advance directives are entirely a bad idea. It does suggest, however, that a durable power of attorney for medical care—in which we simply name a proxy to make decisions in the event of our incompetence—is better than a living will in which we attempt to state the kinds of treatment we would or would not desire under a variety of medical circumstances. At this point in my life, for example, I would surely turn over to my wife my power of attorney. In doing so I simply announce to medical caregivers: "Here is the person with whom you must converse when the day comes that you cannot talk with me about my medical care." I myself do not particularly like the recently fashionable attempts to combine the two forms of advance directives by naming a proxy and giving that proxy as much detail as possible about what we would want done. That move—though, again, it will be seen as an attempt to avoid burdening the loved one who must make such decisions—may not, in any case, accomplish our aim. What it commits us to is an endless, futile search to determine what a now-incompetent person would wish. Still more important, it is one last-ditch attempt to bypass the interdependence of human life, by which we simply do and should constitute a burden to those who love us.

I hope, therefore, that I will have the good sense to empower my wife, while she is able, to make such decisions for me—though I know full well that we do not always agree about what is the best care in end-of-life circumstances. That disagreement doesn't bother me at all. As long as she avoids the futile question, "What would he have wanted?" and contents herself with the (difficult enough) question, "What is best for him now?" I will have no quarrel with her. Moreover, this approach is, I think, less likely to encourage her to make the moral mistake of asking, "Is his life a benefit to him (i.e., a life worth living)?" and more likely to encourage her to ask, "What can we do to benefit the life he still has?" No doubt this will be a burden to her. No doubt she will bear the burden better than I would. No doubt it will be only the last in a long history of burdens she has borne for me. But then, mystery and continuous miracle that it is, she loves me. And because she does, I must of course be a burden to her.

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*Gilbert Meilaender is on the editorial and advisory board of First Things.*

## ***Doctors save 175 babies through abortion pill reversal***

In 2006 Dr Matthew Harrison in the USA received a phone call from a pregnancy support center about a young woman who had taken the RU-486 abortion pill and immediately regretted that decision. He looked at the information on how RU-486 works, by blocking the action of progesterone in supporting the pregnancy, so that the placenta shuts down and separates. He offered the woman twice weekly shots of progesterone in the hope of over-riding the RU-486 and stopping the abortion process. The baby's heart beat remained steady on ultrasound and by 20 weeks the mother's own body was making enough progesterone to support the pregnancy. She delivered a healthy baby at full term. To date, 175 babies have been born alive and well, and 100 more are on the way. The success rate after the first pill is taken is about 53% - the sooner the progesterone is given the more likely is the reversal. The US team have developed a website [AbortionPillReversal.com](http://AbortionPillReversal.com) plus a 24 hour hotline. A similar program is available in Australia through pregnancy support centres such as Birthline, see [birthline.org.au](http://birthline.org.au), 24-hour line 1300 655 156. (liveactionnews)

## ***2013 Abortion figures for SA released***

The paper indicates that in 2013 there were 20,263 births and 4,681 abortions reported, giving an abortion rate of 14.4 per 1000 women aged 15-44 years. The peak abortion numbers were back in 1999 with 5,679 reported and a rate of 17.9. In SA 91% of abortions took place within the first 14 weeks, and 2% after 20 weeks. Foetal reasons were given for 50% of the late abortions. Overall close to 20% of reported pregnancies ended in abortion. ([sahealth.gov.au](http://sahealth.gov.au))

Australian pro-life champion Bill Muehlenberg has published a softcover book of 115 pages, **The Challenge of Abortion**, CultureWatch books 2015, dispelling the myths around abortion in a very readable fashion. Available through Koorong and Kindle.

## ***Catholic hospitals in Belgium seek to opt out of euthanasia***

Euthanasia law in Belgium provides a conscience clause for doctors but does not mention institutions. The new Catholic Primate, Archbishop Jozef De Kesel, believes the church has a right on an institutional level to decide not to provide lethal doses in Catholic hospitals and nursing homes. Right-to-die advocates disagree, claiming that centres receiving state subsidies are obliged to provide all legal medical services. The Catholics provide about a third of the nursing home places in Belgium. One home is being sued for refusing to euthanase a 74-year-old patient, and the case comes to court soon. (Washington Post)

## ***France approves terminal sedation legislation***

The French Parliament has rejected euthanasia laws in 2011 and in June 2015. Now in January 2016 they have passed a law to allow patients to request "deep continuous sedation altering consciousness until death" but only when their condition is likely to lead to a quick death. Life-sustaining treatments including food and fluids may be ceased. The law will also apply to patients unable to consent in consultation with family. Ethicists note that if the person is genuinely nearing death then the palliative sedation may be morally acceptable. However, when the person is not otherwise dying, then the sedation is providing euthanasia by dehydration. (Associated Press)

## ***Australian IVF clinics caught making inflated success claims***

The regulator (ACCC) has chastised some leading IVF clinics for advertising success rates of 90 per cent within two cycles for women in their 30s, skewing the results by including only favourable clients and quoting clinical pregnancies rather than live-baby-take-home rates. Penalties for false, misleading and deceptive conduct include fines of up to \$1 million. (The Age, Bioedge)

## ***Looking for a sperm donor? Swipe right***

The London Sperm Bank has launched a phone app for sperm, providing many details of the donor's life and health, but no immediate details of identity. (Donor-conceived children may seek out their biological father once they reach 18 years of age). Shoppers can decide whether they prefer the PhD graduate or the 6 ft cricketer. Cryos in Denmark and the USA are other sources of sperm for sale. Half of the customers are single women and a third are lesbian couples. Some American donors find they have sired 150 children rather than the ten they were assured was the limit. (The Times UK)

## ***IVF boys more likely to be infertile***

Prof John Aitken of Newcastle University NSW is a researcher into male reproduction, and finds that the need for IVF stems largely from male infertility problems. With 4 per cent of Australian children now born as a result of IVF, he finds there is a negative – “If you have a son from this process it is possible that he too will have the same pathology that you had.”

This applies especially with ICSI, where the sperm is injected directly into the egg, bypassing natural selection where the strongest sperm wins. (The Age)

## ***QLD government passes law to allow singles and same-sex couple to adopt a child***

In a late-night sitting the one-house QLD Parliament has rushed through a bill to allow singles and same-sex couples equal access to adoption. When the vote was tied 43-43 the Speaker, Peter Wellington, used his casting vote to agree with the Government that a child does not need a mother and father. (Brisbane Times)

## ***Fetal alcohol syndrome persists in Fitzroy Valley***

Paediatrician James Fitzpatrick has 14 years of experience as a white doctor, a kartiya, visiting remote Aboriginal communities. In 2008 he met with women elders in Fitzroy Crossing to hear their concerns about alcohol use in pregnancy, with more than half of pregnant women having more than 10 drinks a day up to 3 times a week when welfare money was available. He found one in five children with FASD, the highest rate in the world. A generation of children with intellectual delay and erratic behaviour. Despite a program to reduce alcohol use, new cases of FASD continue to occur. (The Australian)

## ***Radical sex education program in Australian schools not yet defeated***

Despite the removal of Federal funding from 2017, Victoria is planning to expand the so-called Safe Schools program into a Resilience, Rights and Respectful Relationships program. While promoted as being anti-bullying, the program promotes radical LGBT values and teaches that all forms of sexual activity are normal. From pre-school on children are taught that their gender is fluid, and biological males are encouraged to use the girls' toilets/showers/change rooms if they are feeling trans-sexual at any time. Parents are not being properly consulted and are not being enabled to withdraw their children from the program. Similar problems are evident in other states. Safe Schools are also providing “sexual and gender diversity training” to student teachers. Sadly some church groups that receive government funding are deciding to support the SS program. In November the Salvation Army Victoria website expressed its support for the SS initiative but not long after retracted their full support after being inundated with complaints from its members. (Herald Sun, The Australian)

## COULD YOU BE OUR NEXT 'LIFE REP'?

Pictured here is one of our most faithful Lutherans for Life servants, Norm Auricht. Norm has been involved with LFL in various capacities for many years, and currently serves on the Sunshine Coast branch of LFL. Norm is an active member of Immanuel Lutheran Church, Buderim on the Sunshine Coast. The photo above is of Norm distributing photocopied copies of Life News in his congregation (yes, you're welcome to do this!). Norm has done this for many years, and more generally has acted as an advocate in his congregation for the work of LFL.



The LFL committee are keen to know if there are any others of you out there? If so please let us know. And if not, would you like to? We'd love to have a lay person in each congregation who is willing to be a 'Life rep'. This person would become the main contact point for LFL, and especially for Life News. It could be as simple as promoting and distributing extra copies of the newsletter when it arrives in your church's letterbox. It could be that other opportunities arise where you are able to take the role further in promoting the sanctity of human life within your Church community.

If you would be interested in becoming a 'Life rep' for your congregation please contact [lutheransforlife@gmail.com](mailto:lutheransforlife@gmail.com). Pastors, perhaps someone in your congregation comes to mind that you can encourage to fill this role?

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