



Ministering to deaf people

Pastor Michael Prenzler serves both the Pilgrim Lutheran church at Magill in suburban Adelaide, and the Adelaide Deaf Community Church (ADCC). He began his working life in mechanical engineering and worked in Switzerland and the United Kingdom before returning to Australia. In Adelaide he studied deafness part-time for three years, spent some five years working with the ADCC, and since his graduation has been its pastor for two.

He told members and visitors at the July LNAA meeting that deaf people have a distinct culture. 'They are not hearing people who can't hear', he said. 'Many don't mind being deaf. Some have hereditary deafness, some have developed it under stress, while for others it is the result of an accident.' Most deaf children are born into hearing families.

Some people are 'oral deaf'. They lip read and can speak. But many have Auslan as their first language. Auslan is a sign language that is unique to Australia.

People who are born deaf don't miss pleasant sounds, but they can sense vibrations created by music. Deaf people are quite direct in communication, Pastor Prenzler said. In a group you have to sign to them to get attention. Facial expression is an important aspect of communicating for deaf people. Communicating with deaf people takes time, and gathering places need to be well lit. He used a video of the famous 'Footsteps' narrative to illustrate how Auslan works.

Without auditory stimulus, the brain prioritises other senses, Pastor Prenzler said. Visual and spoken language are processed in the same part of the brain. Despite the fundamental differences in input or output modes for signed and spoken languages, there are common patterns of brain activation when deaf and hearing people process language.

In church, sitting is important he said, so all can see the person signing. ADCC members come from all parts of Adelaide, so their worship gatherings at Magill are important.



There are various sign languages around the world. Auslan has been developed from a British form of sign language. It is a flexible language, and has been recognised as a legitimate language since the 1990s. It has no written form.

The deaf church started in 1891, but lapsed in the mid 1900s. It resumed in 1974 under the pastoral leadership of the late Pastor Len Tschärke. In the 1990s it was served by Pastor John Hoopmann, who was himself deaf. It relocated to Magill in 2017, with pastor Prenzler called to serve both *Pilgrim* and the ADCC.

Approximately once a month the ADCC visits another congregation to conduct a service in Auslan. An interpreter is provided so the hearing hosts are able to follow along. These away services give hearing people the opportunity to better understand the joys and challenges experienced by deaf Christians, and to promote fellowship within the body of Christ that bridges cultural and linguistic differences.

Among the challenges facing the ADCC is that it is a small, ageing congregation, with few resources available in Auslan.

Conditions that kill within 24 hours

Earlier this year the *Reader's Digest* published a list of 12 medical conditions that can kill a person in 24 hours or less. While heart attacks and strokes can lead to sudden death, many factors come into play with infectious diseases, that determine if you get sick – and how sick you get.

Stroke

Stroke is one of the world's biggest killers. According to the *Stroke Foundation*, it kills more women than breast cancer and more men than prostate cancer. In the case of an ischemic stroke, clot-busting medications can be given to save life – but typically within three hours.

Malaria

This mosquito-borne illness is found in parts of the world such as South America, Africa, and Asia. A particular malaria parasite, called *P. falciparum*, can be life-threatening. The parasite destroys red blood cells, that have the key role in delivering oxygen to body tissues.

Severe dengue



Dengue is another mosquito-borne infection that causes flu-like symptoms. Symptoms include high fever, severe headache, and joint pain. However, this illness can develop into a complication called 'severe dengue', marked by severe abdominal pain and uncontrollable vomiting, that can be deadly. A patient needs to seek help within 24-48 hours of the onset of these symptoms. There is no medicine to prevent dengue.

Invasive group A streptococcal infection

This infection is also called 'flesh-eating strep infection' or necrotising fasciitis. It is caused by a strain of the bacteria related to strep throat. A break in the skin via a cut can introduce bacteria that cause a rapidly progressive infection. It may start as a red bump, and in a few hours you can almost literally watch it spread. For instance, if it starts on your foot, it would spread up your leg. Treatment involves quick

identification, followed by antibiotics and surgery to remove the affected tissue. As with meningococcal bacteria, those without a spleen may be more at risk.

Sudden cardiac arrest

Hundreds of thousands of people suffer from Sudden Cardiac Arrest each year. Without defibrillation and CPR, less than a quarter survives. Unlike a heart attack, sudden cardiac death is often caused by an arrhythmia. Every minute that passes between its onset and defibrillation reduces the chance of casualty survival by 10 per cent.

Pneumonic plague

This lung-based plague is transmitted by the bite of an infected flea or through contact with another infected person. It occurs most commonly in Africa, and can be fatal in 18-24 hours if not quickly treated with antibiotics,

Meningococemia

Meningococcal bacteria can cause a rare disease called *meningococemia*. This bacterium can circulate in the bloodstream and cause very rapid organ failure and death. It aggressively destroys tissues, causes blood vessels to clot and limbs to die quickly.

Cholera

Ingesting food or water contaminated with the *vibrio cholerae* bacteria can lead to watery diarrhoea and severe dehydration. It can cause shock and kill someone within hours. An oral rehydration solution or IV fluids are necessary to treat this illness.

Diabetic ketoacidosis

This life-threatening complication of diabetes (most often type 1) occurs when levels are so low that the body breaks down fat into ketones, that build up and make blood acidic. A headache, muscle stiffness, nausea, and rapid breathing are the symptoms. Treatment – insulin and fluids – must be given promptly, or cerebral oedema, cardiac arrest, or kidney failure can result.

Hantavirus



This virus kills 38 per cent of those who fall ill. It is acquired through exposure to the urine, droppings, or saliva of infected rodents. The first outbreak involved a man with shortness of breath. He was rushed to hospital but died shortly after. Its flu-like symptoms make it difficult to detect.

Septic shock

A bacterial infection coursing through the blood (sepsis, which is often associated with the bacteria that cause meningitis) can cause blood pressure to plummet, a condition called septic shock. If discovered, patients should head to an ICU, as prompt treatment is key. For every hour after that, the rate of survival decreases by 7.6 percent.

Toxic shock syndrome (TSS)

TSS is a bacterial infection of the bloodstream that spreads toxins to organs. It is often associated with tampon use. In 2017, TSS from *Staphylococcus aureus* was blamed for a 16-year-old Canadian schoolgirl's death. She went on an overnight trip but never woke up in the morning.



Newsbrief

Earlier this year a group of students from Immanuel College in Adelaide flew to Kuala Lumpur in Malaysia to visit the Bethany Home. *Bethany* was established in 1966 by the Evangelical Lutheran Church of Malaysia and Singapore, with the help of Church of Sweden Mission. It is a non-profit organisation that supports children and adults with a variety of disabilities including Epilepsy, Autism, Intellectual Disability, Down Syndrome and Cerebral Palsy. It provides wholistic care, education and training to these people, their families and the community; regardless of ethnicity and religious backgrounds. It seeks to practise Christian values in all services offered.



Immanuel students at Bethany Home

While at *Bethany*, Immanuel's students helped students there during morning exercise, and with gardening, sports activities, hydrotherapy, arts

and crafts. Dwayne Todd, Immanuel's Year 9 Coordinator, said, 'Working at Bethany gives you a new perspective on life and an appreciation of the difficulties that people with disabilities face.'

An eye-surgery medical team is looking for people to help with screening, surgery and post-operative care in Cambodia in the first week in November. For further information, contact nevin.nitschke@lca.org.au

A Macquarie University study has found that one in three people living with dementia in residential aged care is being chemically restrained through antipsychotic drugs for twice the recommended maximum time. The research looked at the electronic health records and medication administration records for 5825 people with dementia aged 65 years and over living in 68 residential aged-care facilities in NSW and ACT between 2014 and 2017. It found that the liberal use of these drugs was aimed at controlling the behaviour of residents through sedation and impairing cognitive function. Risperidone is the most commonly used antipsychotic in the study. It is subsidised by the Australian Medicare Pharmaceutical Benefits Schedule for management of behavioural and psychological symptoms of dementia.

President's Report

This 28th Annual Report has been a difficult one to compile because of the challenges of caring for my frail aged mother at home – which I have detailed in my reports in the *IN TOUCH*. I have felt like a ‘Clayton’s president, that is ‘a President when you don’t have a president!’ After much promise last year, having surveyed members for ideas to progress LNAA, activities this year, by necessity, have focused mainly on core business.

Every year I give thanks for those who work behind the scenes and at the forefront of the association to meet its objectives, primarily to be a support group for Christian nurses and healthcare workers. The main reason attendees come to the meeting is to hear the guest speaker, so firstly I thank these experts for sharing their knowledge allowing evidence of Continuing Professional Development to be issued to work-ing nurses. This year thanks goes to Dr Tania Nelson (LCA Ministry with the Ageing), Jo Matters and Emmy Deheus (Diabetes Update), Peter Bowley (RFDS), Linda Macqueen (Using Social Media) and Evie Proeve-Kitson (Developmental Education). Attendance at meetings ranged 12–20 and averaged 18, which includes visitors who are always welcome.

I cannot praise highly enough my executive team for stepping up and taking on extra duties to support me in my caring duties. Thank you to Megan Materne (Vice-President and *Facebook* moderator), Rose Howard (Secretary), Vicki Minge (Treasurer), Lyn Pech and Di Proeve (Extra Members). A special mention has to be given for Kris Reeve, past President but now a non-executive member, stepping in seamlessly on short notice to keep the ‘wheels turning’.

Not having been able to attend meetings, I am grateful for being able to hear the taped proceedings in order to write my reports and in doing so I am reminded of the value of the newsletter, *IN TOUCH*, which reaches all members whether or not they are able to attend.



Thank you to Lynette and Pastor Robert Wiebusch for making this possible and to the various scribes who do such a sterling job summarising the wealth of information presented.

Pastor Chris Gallasch has settled into his role as Spiritual Counsellor and Forum Moderator, helping the association to remain Christ-focused especially in times of uncertainty. I particularly like the way he attempts a connection between the topic of the meeting and biblical times, showing that the word of the Lord is as relevant today as it was then. In particular, I have personally been given strength receiving his spiritual support, and would urge any member to seek his counsel if burdened by personal or professional issues.

The LNAA is still using the facilities of the LCA/SA District office with thanks, but is considering the offer from Bishop Henderson to use those of the LCA National Office, free of charge to help balance the budget as membership has fallen to 43 from 47 last year. Minor adjustments have been made to expenditure in order to comfortably continue supporting the Parish Nursing ministry and publication of the newsletter, as well as the usual expenses of venue hire and gifts to presenters. Donation to charity of the presenter’s choice has been reduced from \$50 to \$40. Membership fees have remained at \$25, but from 1 July the reduction for retirees, students and associates has been stopped. Understanding of this situation is appreciated.

In an effort to promote the LNAA the association has introduced a **Lutheran Nurse of the Year** award, to be announced each year on International Nurses Day (12 May), beginning next year. The award has been advertised in various church bulletins and aged-care facilities and initial responses have been favourable.

Finally, I thank the members of the LNAA, both long-term and relatively new, for upholding this association and me in my presidency. Due to the uncertainty of my caring

commitments, I am not able to continue in the role of president, but will continue my support in whatever capacity I am able. I encourage the next president to understand that there will be challenges and difficult times. Do not try to avoid them. Welcome them, gratefully. See them as grand gifts from God: glorious opportunities to broaden the scope of your horizons. Extend the depth of your vision. See more in you than you think is to be seen, for there is much more potential in the LNAA to be tapped.

Historically, Australians are a ‘laid back bunch’, but looking objectively at the pace of events occurring in healthcare locally, federally and internationally, even they have to ask the question ‘Are we on course doing God’s will?’ The LNAA is here as a reminder that the Lord is always with us on the ‘flight path’ and we are being guided through times of change into a good future.

Sylvia Hutt

Treasurer’s Report

Statement of Income and Expenditure for Year Ending 30 June 2019

| INCOME \$ | | EXPENDITURE \$ | |
|-------------------------------------|----------------|--|----------------|
| Membership fees | 935.00 | LNAA expenses (Promotion and <i>IN TOUCH</i> magazine) | 227.63 |
| Interest | 133.53 | Parish Nurse Expenses | 8.80 |
| Donations | 5.00 | Venue Hire | 150.00 |
| Returned cheque | 25.00 | Donations guest speaker charities | 240.00 |
| TOTAL INCOME | 1098.53 | TOTAL EXPENDITURE | 626.43 |
| OPENING BALANCE 1 July 2018 | | | 5807.67 |
| CLOSING BALANCE 30 June 2018 | | | 6279.77 |

Vicki Minge, Treasurer

I certify that the above financial statement accurately presents the financial position of the Lutheran Nurses Association of Australia as at 30 June 2019 and the results of its operations for the year then ended.

Graham R Herrmann BBus(Accty), FCPA (Retired), JP, Honorary Auditor

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IN TOUCH Report

IN TOUCH continues to be published bi-monthly, at the beginning of months when meetings are scheduled. More than half its readers now receive it electronically. Printing of the hard copies is done at the LCA Office in North Adelaide.

IN TOUCH is the LNAA’s main link with members who live outside Adelaide. The format has become fairly standardised, and varies between six and eight pages.

Mostly a precis of the guest speaker’s presentation features on the front page, and each issue includes stories and news items.

Thank you to those who prepare summaries

of the guest speakers’ presentations, and particularly to retiring LNAA President, Sylvia Hutt, for her regular President’s page, as well as other story leads.

Complimentary introductory subscriptions to *IN TOUCH* are offered whenever Lutheran nurses are identified.

Robert J Wiebusch

Pastoral Care Nursing Report

The most significant happening since the last LNAA annual meeting has been the adoption of the Distance Education version of the LNAA's *Introduction to Pastoral Care Nursing* course by the Parish Nursing Council of the Lutheran Church Missouri Synod (LCMS). More extensive courses are also offered in the US by universities such as Concordia University at Mequon, but with major changes affecting the structure of Parish Nursing in the LCMS, their equivalent to the LNAA course was phased out at the end of June.

The course is being supervised in the USA by Dr Marcia Schnorr. She will serve as mentor to students, or arrange for other LCMS Parish Nurses to do so. She has also written an additional module dealing specifically with matters relating to the LCMS. At the time this report was drafted, Dr Schnorr had received seven enquiries

The course was originally presented in a 'classroom' situation in five locations in Australia, and adapted and then presented twice in Goroka in Papua New Guinea. It was then adapted for Distance Education.

In the light of this development, discussions have begun with Emma Graetz at Australian Lutheran College (ALC) to see if there is any way in which this course could be related to ALC's *Certificate IV in Christian Ministry and Theology*.

Apart from this development, the past 12 months have again been a quiet period for Pastoral Care Nursing in the LCA. There was no seminar. There were no new enrollees for the introductory course, and no new appointments were made.

Promotion

Powerpoint presentations on Parish Nursing are given at congregations where opportunities present. Since the last LNAA annual meeting this has included presentations at Alice Springs in Northern Territory; and Tanunda (*St Paul's*), Ferryden Park and Hope Valley in South Australia. Brochures on various aspects of Pastoral Care Nursing and on the LNAA are left at churches, and contact is maintained with pastors in several States who have expressed their interest in the Pastoral Care Nurse ministry.

LCA Parish Nurse News is published seven times a year. It goes as an insert to *IN TOUCH* to existing and past Pastoral Care Nurses and their pastors, to various church leaders, and to others interested in this ministry.

Funds

At 30 June the balance in the LCA Parish Nurse Trust Fund at the Lutheran Laypeople's League was \$9984.89. Four donations memorialising friends or loved ones were received in the past 12 months, and interest of \$220.28 was credited to this account at the end of May. Of this, \$50.00 was transferred to the LCA Parish Nurse Education Fund, which now stands at \$5333.53.

Lutheran Parish Nurses International (LPNI)

Three Australians participated in last year's LPNI study tour to Canada. One – LNAA Secretary, Rose Howard – received an LPNI travel grant. The tour began in Winnipeg and concluded in Regina.

Five Australians have registered for the tour to Singapore in October, and already four have registered for next July's tour to Alice Springs; a further five have indicated that they hope to join the tour. The opportunity is being given to any LCA nurse to join the 2020 tour, in order to meet Parish Nurses from various parts of the world and learn about this ministry. For more information: robert.wiebusch@lca.org.au

The 2021 tour will be to eastern USA.

LPNI has a web site that includes a monthly devotion and health topic. Australians regularly contribute either a health topic or a devotion to this site. This can be accessed at: lpni.com.

Conclusion

I would hope that more people might come to see the value of having a Pastoral Care Nurse serve alongside their pastor bringing unique skills and experience to the pastoral care offered to parishioners as well as to residents of the church's aged-care facilities and members of the church's school communities.

Robert J Wiebusch
Manager, Pastoral Care Nursing Ministry

LNAA has new leader

Megan Materne has succeeded Sylvia Hutt, who was not available for renomination, to become LNAA's fifth president. Sylvia remains on the executive as an Extra Member.

Succeeding Megan as vice-president is Di Proeve, who served last year as a committee member. Continuing executive members are: Rose Howard (Secretary), Vicki Minge (Treasurer) and Lyn Pech (Extra Member), with Pastor Chris Gallasch continuing as Spiritual Counsellor.

Pictured, from left: Megan Materne, Vicki Minge, Di Proeve, Lyn Pech, Pastor Chris Gallasch. Inset: Sylvia Hutt. Absent: Rose Howard



Voluntary Assisted Dying in Victoria

Victoria's 2017 'Voluntary Assisted Dying' (VAD) Act came into effect on 19 June. Doctor-assisted suicide is now available for Victorians who meet the requirements and follow the steps set out in the law.

However, Christian health services and aged-care providers are under no obligation to refer patients or residents who wish to access VAD to someone who will assist them, but they cannot forcibly prevent them from applying for access.

Health and aged-care services that oppose VAD have been encouraged to inform patients and residents of their organisation's position.

Aged-care service providers that are concerned about a person taking a legally prescribed lethal dose within their facility have

been advised to meet with the person to discuss their concerns, and potential alternatives that are respectful of the person's circumstances and the organisation's ethical stance. This may include exploring alternatives such as:

- The person may be able to go to the home of a family member, carer or friend when they plan to take their lethal dose.
- The person may remain at the service and consider an external referral for a health service/provider to give additional care in relation to VAD.

LifeNews



New chaplain at Tabeel

The new chaplain at Tabeel Lutheran home in Laidley, Queensland, is Rosie Boughen (pictured, centre). She succeeds former Parish Nurse, Shirley Klinge (left), who had been serving in an interim chaplaincy role. Rosie was installed on 30 July by the Queensland District's interim Director of Chaplaincy, Pastor Martin Scharnke (right). At the same service, *Tabeel's* refurbished chapel was also dedicated. The upgrade was made possible by a generous donation from a former resident.

Until her appointment as chaplain, Rosie worked at *Tabeel* for 13 years as an assistant nurse. She recently wrote that her favourite part was to build relationships with residents and their families. As chaplain, she said 'I am able to nurture those relationships'.



Program



Venue for regular meetings: LCA/SA District Office, 137 Archer Street, North Adelaide

30 Sep 7.30 pm *Forum: Caring for the Carers*

25 Nov 7.30 pm *Lutheran Community Care*

3 Feb 2020 7.30 pm *KAIROS – Prison ministry* – Margaret Manual and Merry Bennett

8-14 July LPNI study tour, Alice Springs

LNAA office bearers

President: Mrs Megan Materne, 48 Saltram Pde, Oakden, SA 5086 ☎ 04 0391 9061

Vice-President: Mrs Diane Proeve, 20 Annesley Ave, Trinity Gardens SA 5068 ☎ 04 7550 9048

Secretary: Mrs Rose Howard, 2 Glen Eyre Crt, Aberfoyle Park SA 5159 ☎ 08 8270 1575

Treasurer: Mrs Vicki Minge, 16 Douglas St, Lockleys, SA 5032 ☎ 08 8352 8819

Extra Members: Mrs Sylvia Hutt, 6 Brook Dr, Aberfoyle Park, SA 5159 ☎ 04 1785 4873

Mrs Lynette Pech, 51 Alabama Ave, Prospect, SA 5082 ☎ 04 1889 2131

Spiritual Counsellor: Rev Chris Gallasch, 1215 Grand Junction Rd, Hope Valley, SA 5090;
☎ 08 8265 8001

IN TOUCH

IN TOUCH is published six times a year. News items, letters, articles, jokes, and suggestions for topics for future issues, are welcome. **Editors:** Lynette & Robert Wiebusch, 56 Donaldson Drive, Paradise, SA 5075

☎ 08 8336 3936. Email: robert.wiebusch@lca.org.au. Deadline for next issue: **15 June 2019**.

Membership renewal for the 2019-20 financial year are now due

Membership renewal for the 2019-20 financial year is now due. Kindly return the form below, together with your cheque, to the LNAA Treasurer, Mrs Vicki Minge. Funds can be transferred electronically, using the following information: BSB: **704942** Account number: **155449** Account name: **Lutheran Nurses Association of Australia**. If you transfer funds electronically, please advise the Treasurer. Your name or postcode may be given as a reference. This reference should be included when notifying the treasurer.

LNAA MEMBERSHIP RENEWAL FORM 2019–2020

NAME: _____ **DATE:** _____

ADDRESS: _____

EMAIL ADDRESS: _____

TELEPHONE: () _____ **NURSING STATUS:** _____

My membership fee of \$25 (\$20 for retired, non-working or student nurses) is enclosed.

I arranged electronic transfer of my membership fee (\$25 / \$20 [Circle one]) on: _____

Reference: _____

In future, please send me electronic copies of *IN TOUCH*

SIGNATURE: _____

LNAA TREASURER: Vicki Minge, 16 Douglas St, Lockleys, SA 5032 pvminge@hotmail.com