

Life News

Promoting the sanctity of life

Elder abuse: the many ways in which we can fail our seniors

Elder abuse, as defined in legislation and regulation, encompasses many facets. Most of these are intuitively obvious as instances of abusive behaviour. Some, however, are capable of easily being overlooked without a well-honed awareness.

Physical abuse in the form of assault can often be a headline-grabbing event, but physical abuse that is more subtle can be much more common. For example, a lack of appropriate procedure or caution when attending to personal cares may result in skin tears, bruising or pain. Especially when a resident is unable to verbally articulate pain, due process must be in place to provide sufficient appropriately prescribed analgesia, and to ensure its good effect, before undertaking such cares. Furthermore, ignoring the withdrawal of consent of a resident for cares – either because they explicitly say so, or because they resist – also counts as physical abuse.

Sexual abuse is an instance of physical abuse that is particularly upsetting to hear about. Thankfully, it is comparatively rare, but it undeniably does occur. It is the staggering imbalance of power between a family member or staff member in an residential aged care facility (RACF) and a resident that makes this so heinous. Just as with child sexual abuse, the vulnerability and 'powerlessness' of the victim can enable such elder abuse to be systematically repeated by the same offender.

Physical restraint could be seen as a form of abuse but it is sometimes required. It is now extremely rare to have any type of seatbelt for a resident, except – of course – when they are travelling in a motorised vehicle. However, such practices as bedrails, lay-back chairs, or wheelchairs parked at a table with brakes on are all instances of restraint. Legally, they must be recommended by a medical practitioner, and agreed to in writing by the resident or their medical power-of-

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Elder abuse (cont.)

attorney (POA). Living in a secure unit, such as a specialised dementia unit with controlled doors, is also legally deemed restraint, and requires the same authorising conditions.

An additional form of restraint is also not immediately obvious as such, unless it is so named: chemical restraint. This refers to the use of pharmacological interventions which have the effect of preventing some extent of physical mobility or strength. There are, regrettably, instances where such practice needs to be in place for the safety of all concerned. Unfortunately, chemical restraint is sometimes implemented too quickly before all other alternatives have been pursued. See the case study below.

Financial abuse also comes in a variety of means: some obvious, some less so. Stealing cash or personal possessions, especially valuables like jewellery, are the most flagrant examples. However far more common can be financial abuse perpetrated by a trusted family member or friend who has been authorised by their POA or other means to make financial transactions on behalf of the resident. This could be by stealing from the bank account, or by purchasing on behalf of the resident something the resident cannot use, in the full knowledge that the resident will then give it to the perpetrator. Financial abuse can also be restricting access to funds that the resident chooses to spend. This can be a grey area, because even if a person is deemed by a medical practitioner to be unable to make independent financial decisions, a perpetrator may be more interested in preserving a large inheritance than in the best interests of the resident.

If a resident is restricted from making reasonable choices about when they arise or go to bed, when and what they eat and drink, what they wear, when they shower, what activities they undertake, or whom they interact with, they are a victim of social abuse. Again, this may be a grey area, since RACFs have a duty-of-

care towards their residents. If a resident can be deemed by a medical practitioner capable of making decisions—having been duly informed about risks associated with those decisions—it is abuse if such decisions are obstructed if they do not unreasonably impact upon others.

Emotional and spiritual abuse are forms of social abuse. Examples include preventing communication by telephone or other means, disrespecting the wishes of a resident to attend religious activities by not facilitating this, or to tell a resident, “God doesn’t love you when you behave like that.”

Associated with social abuse is also the realm of neglect, whereby a resident may be intentionally isolated, or where needs are not attended to in a timely and appropriate manner.

Fear of reprisal is elemental in many instances of abuse, and why it can be so very under-reported. The RACF resident remains vulnerable to further or repeated abuse as long as there is a lack of appropriate remediation.

Case study 1: less behaviour regulation by chemical restraint, more meeting of needs.

A recurring theme especially associated with neuro-degeneration (dementias) is that behavioural and psychological symptoms are deemed problematic. In turn, the problems can be frequently “solved” by chemical restraint. Whilst this can be sometimes necessary, “medicate first, ask questions later” has sometimes seemingly been the motto.

Graham Stokes turns the premise around by asserting “Needs to be met, not behaviours to be managed.” The task of those caring for residents with dementias is to discover their needs and to meet them as fully as they are able. This is far from straightforward, however.

Case study 2: more analgesia, less pain.

The total absence of pain is not what is expected by

either the dying or their family members; rather, appropriate inclusion in decision-making processes and agreed-upon management of pain. Though any form of intervention designed to hasten death should be avoided, sometimes some forms of pain relief may result in an earlier death as a by-product of their efficacy. To withhold analgesia for fear of hastening death and yet leaving pain untreated that is causing distress would also be a case of elder abuse.

It is a fine line to tread, however. What criteria are used to determine distress and how and by whom are they to be measured?

In conclusion, elder abuse is unfortunately common. One of the most significant ways in which we as a society can address it, is to be aware of its many varied, and quite often subtle and easy-to-overlook forms. Then we can hold one another to account for our dignified valuing of the lives of all our elderly.

Martin Scharnke

Chaplaincy Team Leader - Trinder Park Aged Care

Thousands Walk for Life in Adelaide

On Saturday 8th February, approximately 5000 people braved the rain and walked from Adelaide Oval to Parliament House and back again to protest laws that would allow abortion up to birth in South Australia. Members of the crowd held brightly-coloured signs which read: 'Cherish Life', 'Love them both', 'Pro-life; pro-woman; pro-child', and 'Abortion up to birth – not in SA'.

Several speakers addressed the crowd before the walk commenced in Pennington Gardens. They included a woman who shared her abortion experience, a midwife who witnessed a baby born alive and left to die, and a couple who waited years to adopt their baby girl. Other speakers included pro-life advocates, religious leaders and those involved in pregnancy support and post-abortion grief counselling in Adelaide.

This was the second event organised by a group called 'Love Adelaide'. The first event, also called 'Walk for Life', was held last year and drew another large crowd of approximately 3500. Among both crowds were individuals, families and church groups comprised of all ages, denominations and ethnicities. Many participants wore white clothing as they walked up King William Road and back over the River Torrens Bridge.

Despite the number of people that came out to show public support for

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the humanity and dignity of life in the womb, South Australian law-makers passed the proposed *Termination of Pregnancy Act 2021*. This legislation allows abortion on demand up until 22 weeks and 6 days, and then after that up until birth in certain circumstances, including where the pregnancy poses significant risk of injury to the mental health of the woman.

While many pro-life advocates grieved the passing of the Bill, some were encouraged that five fairly significant amendments were secured in the final stages of debate. These amendments include:

- Care of babies who survive abortion attempts (section 7);
- Requirements for information about counselling prior to abortion (section 8);
- Mandatory considerations for medical practitioners performing terminations after 22 weeks and 6 days (section 9);
- A small improvement on the conscientious objection provision (section 11);
- Prohibition on abortion for sex-selection is illegal (section 12).

These five amendments make South Australian abortion law less permissive than many other Australian states that have recently undergone abortion law reform.

While debate about this particular piece of legislation is now over, the movement to protect the unborn continues to grow. 'Love Adelaide' plan to host the Walk for Life next year and, God willing, in years to come. Founder of "Love Adelaide", Jodie Pickard,

says:

"We will walk for those who never will. There are approximately 4500 babies each year aborted in South Australia. Every year we must turn up in larger and larger numbers. This event shows Adelaide and our government that we are serious, we really do care for the most innocent among us. It also keeps the subject in the public square, it brings awareness to not only the plight of our unborn but the tragedy abortion is to mothers, fathers, families and health professionals involved. Our hope is that every church will put the Walk for Life into their calendars and encourage their parishioners to attend."

You can sign up for notifications at Love Adelaide's website: www.loveadelaide.org.au. See you there!

Chelsea Pietsch



Ben's Hazzah!

Ben is a 21 year old young man who was born with Down syndrome. He was confirmed at Bethlehem Lutheran Church in Adelaide, and completed his high schooling years at Concordia College: the first of the

fifth generation at the school, a direct descendent of Pastor Carl Hoff, from the graduating seminary class of December 1912. He is ever so proud of our family's rich history with "his" school.

Born with typical features of Down syndrome, Ben has low muscle tone, and an intellectual disability that means his understanding, communication and memory skills are all much slower than most people. He uses a CPAP machine to keep his airways open as he sleeps each night. He also informs me that Down syndrome means he has super night vision and can see in the dark, but I'm not convinced!

His life is rich and full. With a mentor funded by the NDIS, he audits one topic each semester at Flinders University – usually Film Studies related subjects - and he loves his Tuesday morning ritual: catching the bus to Uni super early so he can have a coffee on campus before his lecture, workshop and tutorial. I think one of my more emotional moments when he was born and diagnosed was my (errant) sadness that he would never go to Uni.

He also runs a business call *Hazzah* – it's one of the "seven" businesses he will generously inform you he plans to run so he can give lots of disabled people jobs. I just nod and think to myself "He probably will do just that one day..."

Hazzah is an apparel business, and Ben, with the help of an assistant also funded through his NDIS plan, designs a range of funky t-shirts and caps which are sold online on his website www.hazzah.com.au. Ben is learning so much through *Hazzah* – how to safely use social media, how to answer customer queries, use graphic design and online shopfront software, and even how to read his bank balances to know if he has made enough profit to buy a new phone.

Music is also one of Ben's passions, and while his favoured genres often make me cringe, he does, astoundingly, also enjoy some classical orchestral works, and he loves to sing at church and around a campfire, too.



Ben (centre) with his mum Sam and younger brother Bailey, decked out in their *Hazzah* gear.

Ben loves volunteering, too – especially at cultural and music events, but he also supports my work in the disability sector, has a special interest in serving Aboriginal and Torres Strait Island Peoples and often helps out our older neighbours with various chores.

His intellectual disability has made for some challenges in his faith, and supporting that is a continual work in progress, but I am very proud of the caring and generous young man he is and strives to be.

He's a good man, deserving of a good life, education, community, and faith. I feel great sorrow for those who choose not to be blessed by having someone like Ben, with Down syndrome, in their lives. They have missed a great opportunity for growth, for passion, for compassion, for laughter, love and faith.

Sam Paior

Sam Paior is solo parent to two young adults with disability and founded and runs a support coordination business called *The Growing Space*, which helps disabled people and their families navigate the NDIS. Sam is an appointed Member of the *NDIA Independent Advisory Council*, a board member of *Lutheran Disability Services* in South Australia, and was recently announced a 2021 winner of the *Impact 25 Probono Australia Awards* and the 2020 winner of *SA Woman Mum in Business Award*. Sam is passionate about people with disability living good lives in inclusive communities.

Note from the LfL Chair

Here in my own state of South Australia we have recently passed legislation allowing euthanasia, or so-called 'voluntary assisted dying'. This is hot on the heels of dramatic changes to our abortion laws where the gestational limits have been all but removed. In Australia and New Zealand generally these past few years, state after state has continued to pursue ever increasing access to abortion and euthanasia. We are now well and truly moving into a cultural space where our Christian confession regarding the value of human life is at odds with the surrounding soci-



ety at every turn. This is a marked shift in my own time as Chairperson of LfL, and I've been reflecting on what it will mean into the future for us to do the sort of work we do. It's one thing to make our good confession of the sanctity of human life when things like abortion-on-demand and euthanasia are *possibilities* on the horizon, it's another thing when they are legally sanctioned realities which then become the new 'common sense' of the day.

On a more positive note, one thing I have noticed in our own Church and among other Christians generally, is an increased interest in these issues because they are so prominent, and things have seemingly shifted so quickly. This gives us an opportunity as a Church to strengthen our witness to the gift of life among our young people especially and prepare them for this new world they're entering into. In this sense I'm convinced that the need for the work of LfL and other groups like us is greater than ever. I've also increasingly come to see how issues like abortion and euthanasia can never be isolated from a wholistic Christian worldview which incorporates many other overlapping and inter-connected realities. Among these are human sexuality, marriage, family, vocation, a theology of suffering, and spiritual warfare, just to name a few.

Of course, our hope is not in our own efforts or strength in all this, but only ever in the One who gave us the gift of life in this world, and eternal life with Him through our Lord Jesus Christ.

Yours in Christ,
Rev Joshua Pfeiffer

Snippets

News from the US

The US Supreme Court continues to show its independence from the Biden-Harris presidency, with its unanimous 9-0 ruling on 17 June that the state cannot shut down a Catholic adoption agency that refuses to compromise its Christian values. In 2018 the city of Philadelphia canceled its contracts with Catholic Social Services due to their practice of placing children with mother-father parents only, with the city regarding this as 'discrimination' on the basis of sexual orientation or gender identity. Counsel commented – "The government can't single out people of certain beliefs to punish,

sideline, or discriminate against them. We're grateful for the good decision today consistent with that principle."

www.lifenews.com/2021/06/17/supreme-court-unanimously-rules-state-cant-shut-down-catholic-adoption-agency-that-wont-compromise-its-values/

The pro-life movement in the USA now has an official flag.

"On 26 July they revealed the winning design: a mother's hands circled around a baby's foot-prints with two pink and blue stripes over a white background".

I have ordered a flag to take on our next *Love Them Both* march.

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Snippets (cont.)

www.lifenews.com/2021/07/26/new-pro-life-flag-celebrating-moms-and-babies-wins-vote-to-represent-pro-life-people-worldwide/

Male children still preferred

The Lancet Global Health has published an article looking at the persisting preference for male children in India over the last three decades, finding that 13.5 million female births were missing during that time. While there appears to be less female infanticide, ultrasound diagnosis followed by abortion is increasing. A ban on such ultrasounds is failing. Son preference and a willingness to resort to sex-selective abortion continue in immigrant Indian, Chinese and Vietnamese communities around the world.

www.bioedge.org/bioethics/sex-selective-abortion-in-india-keeps-claiming-more-victims/13819

Double standards

"The German legislature recently passed a law banning the killing of six-day old male chick embryos since they are sensitive to pain. By 2024 they plan to determine the sex of the chick embryo earlier before the ability to feel pain develops. In contrast, Germany allows abortion of human babies up to 12 weeks with no restraint, and after 12 weeks when there are alleged medical reasons." There is evidence that the human fetus can feel pain from 12 weeks on.

www.lifesitenews.com/news/germany-bans-killing-chick-embryos-because-they-feel-pain-but-still-allows-abortion-of-humans

Dr Rob Pollnitz

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www.lutheransforlife.lca.org.au/public-resources/life-news/

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