



Mitochondrial donation?

In March, legislation was introduced into the House of Representatives to allow radical genetic alteration of embryonic human beings. The Mitochondrial Donation Law Reform (Maeve's Law) Bill 2021 aims to amend current Acts¹ to allow the use of mitochondrial donation techniques under a specified licence, for the purposes of certain research and training, and in clinical settings; and to make consequential and technical amendments.

The ultimate goal is to prevent children being born with one of the mitochondrial diseases (mitDs). It is thought that one in 200 babies are born with some level of mitochondrial DNA mutation that could lead to some form of mitD in their lifetime

Mitochondria are tiny DNA-containing structures in human cells that produce about 90 per cent of the energy our bodies need to function.

There are a number of mitDs that are mainly transmitted through one's mother. It is believed they affect up to 120 000 Australians, though this figure could be much higher, as symptoms vary widely, and it is suspected that in many cases are not diagnosed. While there are treatments to alleviate the symptoms, there is currently no cure available for any of the mitDs

MitD sufferers may experience low energy levels, epileptic fits, strokes, diabetes, blindness, migraines or muscle weakness and potential early death. The diseases particularly affect organs that have a higher energy use, such as the heart, muscles and brain.

Because the mother's egg has abnormal mitochondrial DNA in its cytoplasm, the Bill introduced by Health Minister Greg Hunt would make it legally possible to remove the nucleus from the mother's egg (which is not abnormal) and insert it into a donor egg which has normal mitochondrial DNA in its cytoplasm. In this way, any embryo created from the fertilisation of the modified egg will contain the mother's nuclear DNA, the father's nuclear DNA and the female egg donor's mitochondrial DNA. The changed DNA would be passed on to any offspring – hopefully – without any disorder.



Many Christian leaders, ethicists and researchers are concerned that the changes would allow radical genetic alteration of embryonic human beings. The World Health Organisation's 18-member advisory committee has also raised concerns about gene editing.

Among the ethical concerns raised by the proposed legislation are:

- It means creating a three-parent human being.
- It would be psychologically harmful to the person born with donated mitochondrial DNA, as most people want to know where they came from biologically.
- It would allow human embryos to be created, but then destroyed purely for the purpose of research.

It is not even certain that mtDNA replacement will avoid all mitDs. Some faulty mtDNA may remain in the intended mother's ovum.

¹ *Prohibition of Human Cloning for Reproduction Act 2002, Research Involving Human Embryos Act 2002 and Research Involving Human Embryos Regulations 2017, Freedom of Information Act 1982, Prohibition of Human Cloning for Reproduction Act 2002, Research Involving Human Embryos Act 2002, Research Involving Human Embryos Regulations 2017 and Therapeutic Goods (Excluded Goods) Determination 2018*

President's Report



With Covid-19 restrictions being relaxed for most of 2021, the Lutheran Nurses Association was once again able to provide a variety of informative and interesting presentations. It was important during our planning that we were able to represent all areas of what it is to be a nurse of faith.

In February we focused on distinctive Lutheran pastoral care, with thanks to Pastor Wiebusch. In March, Nigel Weinel presented on the gift of sight and the eye bank. And May saw a more practical and clinician based presentation on what is a coronary angiogram. This was to lead into our July meeting and open forum on what it means to embrace life in the later years. These open forums provide all attendees the opportunity to actively participate in the direction of the meeting, and I love how the discussions lead in all directions.

Getting to know each other and celebrate our experiences is something to look forward to. Unfortunately, the resurgence of Covid-19 and lockdown conditions saw this meeting cancelled, along with the annual general meeting. We will now look to September, when Dr Michelle Stone will present on the current trends in dentistry.

In May we celebrated the service to nursing and faith of Wayne Kroker from Queensland, with the second annual Lutheran Nurse of the Year Award. Shirley Klinge, also from Queensland, was awarded with honorary life membership to the Lutheran Nurses Association of Australia in recognition of her past service and continued faithful work in her community.

Nurses are not traditionally accustomed to being recognised individually for their work, making these awards all the more special. As these awards continue to be celebrated and advertised, it is hoped that more people will be made aware of the works of the Lutheran Nurses Association and come to find membership an opportunity to share with like-minded professionals support in their work and spiritual life.

The *INTOUCH* newsletter has proven to remain vital to the continued work of the association. It is not only informative and topical, but allows interstate members unable to attend meetings a contact point. A very special thank-you to Pastor Wiebusch for his continued work on this project.

Our Facebook page has grown to over 100 followers over the past year. This allows timely posts on topical issues, along with some humour, for people who are showing interest in a nurses site that has strong spiritual support and are not yet members. It is hoped that these mostly working nurses will see value in becoming a member in the future, continuing the vision and work of the LNAA. For this reason, the introduction of an Instagram page is now being looked into.

As nurses, we all bring talents and knowledge to our working teams. As such, the Lutheran Nurses Association has been blessed with an amazing executive team. Thank you to Dianne Proeve (vice president), Pastor Chris Gallasch (spiritual counsellor), Vicki Minge (treasurer), Rose Howard (secretary), Lynette Peck and Sylvia Hutt for volunteering their time and prayers. Your efforts are certainly appreciated by all.

It is with optimism that I look to the future of the LNAA. Providing Christian support to student, working and retired nurses during the challenges of a global pandemic has proven to be challenging, but also a true blessing. It is easy to lose hope in the never-ending changes and increases in work requirements. Being reminded that God loves us, and has a plan for every one of us, provides a beacon of light to hold onto.

For I know the plans I have for you, declares the Lord, plans for welfare and not for evil, to have you a future and a hope (Jeremiah 29:11).

It is because of this that we can all look forward to whatever the future holds for us personally, professionally and for the LNAA.

Megan Materne RN

Pastoral Care Nursing Report



The 2020 Lutheran Parish Nurses International study tour scheduled for Alice Springs had to be cancelled due to COVID, disappointing the 30 people who had registered. This tour has been rescheduled for September 2022, with the hope that borders will be open and international travel possible. So far, 12 people have either registered, or indicated they intend to register.

The September 2021 tour to Washington DC and Williamsburg is proceeding. A tour to the Ukraine has been slated for 2023.

Personnel

The founding president of LNAA and first LCA Pastoral Care Nurse, Lynette Wiebusch, died in November.

Increasing responsibilities for ageing family members led Angela Uhrhane to relinquish the role of Pastoral Care Nursing Coordinator. A successor is still to be appointed.

Shirley Klinge has come out of retirement to serve as the Acting Chaplain at the Tabeel nursing home in Laidley, Qld.

Finance

At 1 July, the LCA Parish Nurse Trust Fund at the Lutheran Laypeople's League stood at \$18 051.54. It was boosted by a significant number of donations in memory of Lynette Wiebusch. This is a permanent fund, the interest for which supports Pastoral Care Nurse promotion and education. The Parish Nurse Education Fund, is \$5532.97.

With interest rates at an all-time low, the LLL has introduced a fixed-term deposit scheme offering slightly higher interest. I plan to move some funds in each account to a term deposit.

Education

In July 2020, Jennifer Chua Bee Kiaw of Singapore, became the first nurse to complete the international version of the LNAA *Introduction to Pastoral Care Nursing* course. So far, 10 nurses have completed the US version. Two are currently enrolled. I have been able to participate in some *Zoom* meetings with past and present students.

Last month, Raeleen Wandel, a lay assistant in Port Pirie, SA, enrolled in the course.

There have been no further developments with regard to recognition of this course by Australian Lutheran College as 'prior learning'.

Promotion

Powerpoint presentations on Pastoral Care

Nursing are given at congregations where opportunities present. Often there is quite a deal of enthusiasm immediately after – people see the advantages – but no action has followed. There have been no new appointments for several years – only retirements and resignations!

The Lutheran Nurse of the Year award generated considerable interest, both for LNAA and for Pastoral Care Nursing. It led to invitations to give presentations in *Bethlehem*, Adelaide, and to a regional women's gathering in Clare.

LCA Pastoral Care Nurse News now goes as an insert to all who receive *INTOUCH*.

Lutheran Parish Nurses International

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, accessed at: lpni.com.

Conclusion

It is disappointing that, in spite of all the effort that has gone into introducing and promoting Pastoral Care Nursing there has been so little take-up of this valuable ministry. From my own experience, I know how a Pastoral Care Nurse can offer aspects to ministry for which a pastor is not trained.

As I have said before, it my earnest 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 care offered to parishioners as well as to residents of the church's aged-care facilities and members of the church's school communities.

It is also my hope that more nurses might recognise their God-given skills, education and experience, as an opportunity to honour him, and serve members of their church and community in this unique role.

Robert J Wiebusch
Manager, Pastoral Care Nursing Ministry



Treasurer's Report

Statement of Income and Expenditure for Year Ending 30 June 2021

INCOME \$		EXPENDITURE \$	
Membership fees	775.00	LNAA expenses (Promotion and <i>IN TOUCH</i> magazine)	43.50
Bank interest	43.97	Parish Nurse Trust Fund donations	640.00
Donations	122.00	Guest speaker gifts/charities	70.50
Stale cheques	40.00	Donations	40.00
TOTAL INCOME	\$980.97	TOTAL EXPENDITURE	\$794.00
OPENING BALANCE 1 July 2020			\$6750.88
CLOSING BALANCE 30 June 2021			\$6937.85

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 2021 and the results of its operations for the year ended 30 June 2021.

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

IN TOUCH Report 2021



While production has now reverted to the regular bi-monthly schedule, *IN TOUCH* continues to be printed at home, with electronic delivery to as many as possible.

For the majority of members, *IN TOUCH* is their only contact with LNAA. It also provides a link to church leaders and church department heads, as well as to overseas Lutheran nurses.

Electronic delivery is making it possible to

send promotional copies to an increasing number of readers, including pastors and congregational leaders.

Thanks to Megan Materne, who has continued to supply a thoughtful 'President's Page' for each issue, and to those who contributed in other ways.

LNAA will need to consider succession planning for the editorship of *IN TOUCH*.

Robert J Wiebusch

Christian Care Sunday



This year, the LCA NZ is inviting congregations to celebrate Christian care by designating a particular Sunday to acknowledge and honour people and organisations engaged in care work 365 days a year. This includes visiting people isolated in their homes, providing meals for those in crisis, play-groups, kids clubs and youth groups for community interaction and a place to belong for children and care givers, right up to the running of residential care facilities, independent living villages and social work services. The

Christian Care Sunday project provides a range of free resources at www.lca.org.au/ccs

Project officer, Anna Kroehn, can be contacted at: anna.kroehn@lca.org.au

"I LOVE BEING AROUND PEOPLE WHO CARE ABOUT ME, AND I CARE ABOUT THEM."

NOVAK DJOKOVIC

Changes to LHI's Model of Care

LHI Retirement Services is about to launch a new pilot program in our Residential Care Homes at Glynde and Hope Valley in suburban Adelaide. Known as a 'House' model, it is designed to enhance the delivery of care and services to residents. The pilot will remove some of the institutional barriers that at times have prevented staff from getting to know the true identity of each resident and understanding their individual preferences, likes and dislikes.

What will this mean for residents?

Under the new Model of Care residents will be supported by a dedicated team of carers, led by a Team Leader. Carers will provide personal care, assistance with meals, and give simple medications primarily for the same residents each day.



Instead of expecting residents to fit into staff's routine for the day (invariably structured around medication times), the focus will be on what works best for each resident. If someone wants to wake up at 9.00am and have a cup of tea in bed before they get up, they can do that. If they feel like a toasted sandwich, this is easily done, because each area or 'House' will have its own kitchen facilities for a cuppa or snack.

With less regimentation and routine, there will be time for residents to have a coffee together, play cards or scrabble, chat, read books – all in an atmosphere much more like home.

Residents who are capable of doing so will be encouraged to do more things for themselves because this assists in maintaining capacity rather than perpetuating dependency on others.

What will this mean for families?

LHI's commitment to high standards of care and services will stay the same, but will be provided in a more home-like environment. The carers for each House will have a Team Leader who will be the main point of contact for families about any issues, concerns, new ideas etc.

Over time families will get to know this person as the person leading the team who cares for their loved one on a daily basis.

Family members will be encouraged to join in House activities and drop in for a coffee and a chat, a hand of cards, or to read books together, within COVID guidelines.

What does this mean for staff?

Changes in rostering and position descriptions will be worked out collaboratively with staff. The new model is great news for carers, as it opens up new opportunities for training and a real career path. In each House there will be a dedicated group of carers working with each Team Leader. The Leaders will undertake specific training, and will be responsible for their own team and group of residents. They will be the liaison point for families, visitors and volunteers for all non-clinical matters.



Carers will have additional responsibilities, including simple medication administration, and have the capacity to show greater initiative. The new career opportunities and training mean that no longer will someone say they are 'only a carer'! Their importance will be better recognised. In fact, **all** staff will be trained in the Model of Care philosophy, including hospitality, lifestyle, maintenance and admin staff.

LHI's nursing staff – Registered Nurses (RNs) and Enrolled Nurses (ENs) – will play a pivotal role in the new model, continuing to undertake or contribute to clinical assessments, adminis-

>> **Changes to LHI's Model of Care**

tering controlled medication, reviewing complex wounds and providing other specialist nursing services. Importantly, the leadership role of RNs won't change. RNs will work with ENs and carers to ensure the best care is provided for each resident particularly those who may have more complex care needs.

This proposed change to the role of RNs and ENs is not new within residential aged-care homes in Australia. Many such homes across Australia operate in a similar way, with nursing staff essentially focussed on the clinical needs of residents, not chasing lost laundry items or pushing trolleys giving out medications.

The pilots of the new model will be closely

monitored so feedback can be given by everyone concerned and any bugs ironed out before the new model is fully introduced throughout both homes toward the end of the year.

Fundamentally, the new Model of Care is about respecting the individual identity of each resident we are trusted to care for.

A video presentation of the new model, featuring LHI's Residential Care General Managers Yasmine Ruysen (Glynde) and Megan Britt (Hope Valley) can be accessed at: <https://www.lhi.org.au/about-us/whats-happening-lhi/lhi-model-care-video/>

**Graham Reed, CEO,
LHI Retirement Services
Adelaide**



Critical staff shortage in aged-care

A report prepared by the Committee for Economic Development of Australia points to a staffing crisis looming across the whole aged-care sector in Australia. The report – *Duty of care: Meeting the aged care workforce challenge* – predicts that Australia's shortage of personal-care assistants, nurses and allied health-care staff will grow to 110 000 over the next 10 years, and to at least 400 000 by 2050, unless remedial action is taken urgently.

According to the report, the aged-care sector and workforce are 'already under considerable pressure and if change does not occur, workforce shortages will only worsen even as the need for workers grows. Addressing underlying working conditions is the first step to boosting attraction and retention in the industry.'

The aged care sector employs 360 000 people, 240 000 of whom are in direct care roles. Of these, 20 per cent are nurses, five per cent are allied health workers and 75 per cent are personal care assistants. Around 90 per cent of the work-force is female; 30 per cent were born overseas; 13 per cent have no formal qualifications.

Currently 1.3 million Australians receive aged care, either in residential facilities or at home. By 2031, nearly 20 per cent of the population is expected to be aged over 65, up from around 16 per cent now, so demand for care will keep growing.

The report states that: 'demand for workers is rapidly increasing due to demographic changes, increases to minimum staffing levels and new funding to address unmet demand. At the same

time, low wages, a lack of career progression and public perceptions of the industry, are constraining the supply of workers.'



It is estimated that at least 17 000 new workers will be needed each year for the next 10 years just to meet basic standards of care. The report makes 18 recommendations based on consultation with aged-care providers, training organisations, unions and academics. These include:

- Better wages and working conditions;
- More people into improved training;
- Attracting high-quality, motivated migrant workers;
- Investing in new technology.

Mary & Martha's is a refuge that was established in suburban Brisbane in 1935 by what is now Lutheran Services, for people needing to escape from domestic and family violence. It aims to help and empower clients to work towards a better future for themselves and their children.

Mary & Martha's



The refuge provides help, security and support for women and children at a time when there is nowhere safe for them to go. It makes short-term accommodation available in apartments with safe playgrounds for children.

Among the specific programs that *Mary & Martha's* offers are:

- a parenting program;
- financial literacy and budgeting programs;
- an opportunity for young people to attend youth camps, to experience a supportive Christian community while having fun;
- healthy relationship programs;
- a recreation area where residents can connect with others;
- a case-management approach to making plans for the future and achieving goals;
- support with health-care plans;

- life-skill training in areas such as cooking and budgeting;
- individual and group support, through an on-site psychologist, and art and music therapy programs;
- a children's worker and children's program;
- a healthy relationship program;
- housing support to assist transition back into the community;
- access to a wide range of external supports for legal matters, child care and schooling, health and immigration services;
- advocacy;
- interpreter services.

Since its inception, *Mary & Martha's* has helped thousands of victims of domestic violence from all walks of life to recover and move forward through referrals and practical help.



Newsbrief

In May, Joanne Heidenreich (left) of the *Trinder Park* Lutheran aged-care facility in Woodridge in Queensland, celebrated 40 years of service to *Lutheran Services*. She is pictured with General Manager, Maria Mulheran.



While raw or undercooked meat can pose health hazards, so can overcooked or charred meats. According to Christen Cupples Cooper, an Assistant Professor of Nutrition and Dietetics, cooking meats above 150°C, which usually results from grilling or pan frying, can form compounds called heterocyclic amines and polycyclic aromatic hydrocarbons, that may be harmful to human DNA. Some research suggests that when metabolised, these compounds may activate enzymes linked to cancer.

Immanuel Gardens Lutheran Aged Care, Buderim, Queensland, attained a 100 per cent score in the eight aged-care standards in the accreditation visit held in June 2021.

According to data collected in more than 300 pharmacies around Australia up until 9 June, 26.5 per cent of those surveyed have a one in 14 chance of developing Type 2 Diabetes in the next five years. While genetic disposition plays a strong role in development of Type 2 diabetes, the risk is greatly increased through insufficient physical activity, poor diet, and obesity. Smoking and high cholesterol are also risk factors.

14 diseases we've controlled thanks to vaccines:

Polio	Tetanus	Measles	Influenza
Hepatitis B	Hepatitis A	Rubella	Hib
Whooping Cough	Pneumococcal Disease		
Rotavirus	Mumps	Chickenpox	Diphtheria

† **LCA PARISH NURSE TRUST FUND MEMORIALS**

Rev Raymond Kevin Schmidt 12.09.1939-02.08.2021

Barbara Klæbe 10.10.1940-19.07.2021 **Elaine Lutze** 17.06.1934-16.08.2021

LNAA Program

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

27 Sep 7.30pm Current trends in Dentistry, including Dental Care for Elderly Care Home Residents – Dr Michelle Stone

29 Nov 7.30pm Dementia and Understanding Alzheimer’s – Pastor Chris Gallasch

Visit our Facebook page: @lutherannursesassociationaustralia

LNAA office bearers

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Spiritual Counsellor: Rev Chris Gallasch, 1215 Grand Junction Rd, Hope Valley, SA 5090;
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IN TOUCH

IN TOUCH is published six times a year. **Editor:** The Rev Robert Wiebusch, 200/1215 Grand Junction Rd, Hope Valley SA 5090 ☎ **08 8336 3936**. Email: robert.wiebusch@lca.org.au Deadline for next issue: **15 October 2021**.

Membership renewal for the 2020-21 financial year is now overdue

Kindly return the form below, together with your cheque, to the LNAA Treasurer, Mrs Vicki Minge. Funds can be transferred electronically to: BSB: **704942** Account name: **Lutheran Nurses Association of Australia**. Account number: **155449** If you transfer funds electronically, please advise the Treasurer. Your name or postcode may be given as a reference. This should be included when notifying the treasurer.

LNAA MEMBERSHIP RENEWAL FORM 2020–2021

NAME: _____ **DATE:** _____

ADDRESS: _____

EMAIL ADDRESS: _____

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

My membership fee of \$25 enclosed.

I arranged electronic transfer of my membership fee of \$25 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