faith in focus
Magazine of the Reformed Churches of New Zealand
Volume 44/5 June 2017

Caring for our elderly

Contents

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Distribution: M. & D. van der Zwaag
Design & Layout: Matrix Typography
Printed by: Flying Colours

Copy Deadline:
Six weeks preceding the month of publication. Church and family notices are free, subject to sufficient space and editorial acceptance.

All correspondence regarding distribution and payment of subscriptions to:

The Secretary:
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Subscription per volume:
$40.00 (eleven issues)
Bulk Rate: $35.00
Overseas: $60.00
Electronically Mailed (overseas only): $40

Editorial

I am just sitting behind my computer at work, leaning on my elbows while looking out the window, and contemplating this issue of caring for our elderly. It is a huge subject and not one that many people warm to. Yet, it is an undeniable reality, and something that needs to be faced up to by the young as well as those whose windows are growing dim. (Eccl 12:3)

A very striking reality is the fact that we are living longer than those of the past. Not too long ago, back in 1960, the average life expectancy in New Zealand was 71.24 years. By 2010 it had increased to 81.16 years, which is almost 10 years longer over a 50 year period.

I would suppose there are many factors which determine this increased life expectancy in the western world, one possible contributor being a more advanced health system, which aids longevity. Another possibility is a combination of work practices and relaxation, which means that we don't wear out before retirement age. Whatever the cause, the reality is that there are more people growing older and needing care, whether that be in their own home, in a resthome, or at home with their children.

A poignant matter in regard to this, is that growing old is not all about the body slowing down and failing eventually, but also very much about the mental wellbeing of the elderly. Both my parents remained mentally sharp, but their bodies failed. Others may have it the other way around, with the mind deteriorating first, and then the body following after.

Whatever the situation may be, there is a very important principle that we need to be 100 percent behind. That is to honour our parents (Exodus 20:12) and those who are elderly among us (Prov 20:, 1 Tim 5:1). When they become elderly, they can also become vulnerable in a variety of ways, and therefore, they need our protection and help. This might be achieved as a family only, or with the help of your local deacons. For this, we need compassion and wisdom, and everybody who is involved working toward the same goal – the welfare and care of the elderly.

Our contributors write from their experiences, either as family, or as professionals involved in care of the elderly. Two doctors have been kind enough to share some very important information and insight.

Mrs Anita Holtslag reminisces about when Dad came to stay.
Mr Leon Dittrich writes about aging and dementia.
Mrs Ilse Boessenkool informs us about Palliative Care and the Hospice.
Mrs Norma Ellis exhorts us to honour our parents.
Letters from New Zealand asks "Where are we heading?.
Letter to the editor continues with the debate about the Liberal Arts.
Mrs Jenny Waldron tackles a serious issue – suicide.
Focus on home gleans news from around the churches, with reports from South Island Presbytery and the Wellington Ladies Presbyterial.
The Doumas on deputation.

Dad came to stay . . .

Anita Holtslag

Dad came from Upper Hutt to live with our family in Christchurch during March 2013. He was 79 years old, and suffered from chronic back pain. He was unable to drive or read a book due to his very limited eye sight.

His wife went to glory in January 2012 and he continued to live in the family home with care from my sister and the Silverstream congregation. My sister then was moving to the USA. So, how do we now care for our father?

After prayer, and discussions with Dad, family and friends, he came to live with us so that we could care for him as well as enjoy each other's company. This meant him leaving familiar surroundings, his long time friends and his independence.

We discussed the changes we anticipated with our five children (ages 10-20) but we didn't really know how it would go. The children were all positive and warmly welcomed their Opa.

A practical matter right at the beginning was what living/bed space to give to Dad, given that all five children were still at home. In this we were helped by the church. We live in the manse. Andre's study was in the house. Previously, the church had converted half of the double garage into a study. This seemed the best place for Dad as he could then have a small living area as well as a bed and some furniture/TV. The church put a converted cabin on the front lawn that became the study. Dad could have his meals and participate in family worship with us, but he could also go to his room for some peace and quiet.

We had much laughter around the dinner table and good interaction

between young and old. Opa even took our oldest son for an eight-week holiday around the world! He would not have dared to do this by himself, so this arrangement was a great blessing for them both, as they were able to make many wonderful memories together.

I believe God prepared all of our hearts for Dad's move to Christchurch. Dad was happy and enjoyed the fellowship in a new congregation. He made new friends and approached this new situation with a positive outlook. He grew in his love for the Lord and it was wonderful for us all to be a part of that.

God enabled us by His grace working in us, to be able to have him in our family home. We now had someone elderly to consider. We didn't always agree on everything but were able to talk things through. Other times, you had to decide if you could let things be and not get upset about the little things.

When Dad returned from his overseas trip with our son his health very quickly deteriorated, as the prostate cancer was growing and affecting his sciatic nerve. The prognosis was not good. Nurse Maude (Christchurch's palliative care provider) sent a doctor, occupational therapist, and a social worker to visit us to see what assistance was needed to keep Dad comfortable. Dad was more frail now which meant he needed more care. Nurse Maude also provided some help with things like showering at home, which I appreciated. He also had a week at Nurse Maude hospice so that his pain medication could be properly worked out and we could also have some respite. Dad was able to have radiation treatment that was very affective. The tumour shrunk, taking the pressure off the nerve which meant – no pain. Dad gained weight and made good progress. During this time we made all the funeral arrangements together and were able to prepay it. It was helpful to have Dad tell us what he would like at his funeral and this made it much easier for the family.

A district nurse also visited every one or two weeks, depending on the need. She was able to ascertain how Dad was doing and offer advice on any difficulties. About 10 months later the cancer was greatly affecting him again. The district nurse suggested another week at Nurse Maude hospice to sort out the medication again and give me a needed break. Things went downhill fast and Dad passed away about 10 days after being there and is now with the Lord in heaven.

Our church showed a lot of support and love to Dad and us. My brother came and stayed in our house for two weeks so we could have a family holiday. My family phoned regularly to see how things were going, which was also very encouraging. Looking back, I feel privileged to have been able to care for my father. The Bible instructs us to honour our parents and to care for the widows. The Lord enabled us to help Dad in this way.

If you are considering something similar, and would like to talk to me about this, I would be very glad to help.

Anita Holtslag is a member of the Reformed Church of Dovedale

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Caring for our elderly (2)

Our aging population and especially dementia-related problems

Leon Dittrich

It is my privilege to fill the position as GP at four different rest homes in Dunedin. I have therefore become very aware of our aging population and dementia-related problems. Sadly, many of these patients get so unwell that they can't make their own decisions. It is most advisable to have a plan in place for our families to assist us in making decisions when we get to our twilight years.

There are various legal ways we can do this:

Enduring Power of Attorney (EPOA) which we can set up with our lawyer or Public Trust. It is a simple process to put in place, and people often do this when they update their wills. The EPOA can only be activated if a medical doctor certifies that the patient is unable to make their own decisions. This decision is not lightly made.

An EPOA ceases to be active when you die.

Advance Care Planning (or ACP) is the process of thinking about, talking about and planning for future health care and end of life care. If you have a computer (or else ask your grand children!) look up *www.advancecareplanning.org.nz* where you can find useful information.

Getting help

As we age, we sometimes need more assistance to remain well and manage our daily lives. In order to access funded support services as you age, the first

place to start is with your general practitioner (GP).

Make an appointment and talk to your GP about your concerns, and your GP can make a referral to the local Needs Assessment and Service Coordination (NASC) Team. Your GP will use the information you have provided in the referral, and this information will help the NASC team determine how urgent your situation is.

Someone from your local NASC team will visit and work through an assessment process with you (and your family members if appropriate). The assessment process looks at various aspects of your life and how you are managing, and the assessor will talk to you about the options that might be available to you. The options might include an assessment for special equipment to help you remain independent, perhaps a course of physiotherapy. Options may also include help with personal care and occasionally home help, although access to home help is tightly controlled.

Some people might be reaching a point where they are considering going in to care. Access to residential care in New Zealand is managed through the same assessment process as access to support in the community. Even if people are planning to pay for their residential care privately, most rest homes and private hospitals will not accept new residents who have not had a needs assessment.

There are various options when you have been assessed as needing institutionalised care: supported living, residential care, respite care, hospital level care, psychogeriatric (dementia) care which can be either D3/D4 or D6 level care, palliative care and even day care.

What can you do to help keep yourself well?

Keep Moving!

As we age, sometimes aches and pains limit our mobility. Because it hurts to walk, we walk less. We stiffen up and it hurts even more to move. Talk to your GP about your aches and pains and keep yourself moving.

Try not to fall

Apart from the fact that falling over hurts, and could cause serious injury, falling over also seriously dents confidence and can lead to reduced mobility. There is

"Look after our aging neighbours. Offer them a cup of tea, or take them out for coffee. Offer them a ride to church, the shops etc. It's good for you and good for them."

very good evidence that improving leg strength and balance reduces the risk of falling. There are programmes throughout the country where the exercises are specifically designed to assist with leg strength and balance. Apart from the benefit of the exercise, classes are good fun and help you meet new people.

Medications

Remember to take your medications regularly. Don't stop taking medications without talking to your GP. If you think you are taking too many tablets, your GP will be able to advise you.

Keep doing the things you enjoy

Sometimes as we age, our world narrows. We go out and socialise less, meet fewer people and don't get involved in new things. Keeping our minds active and maintaining social contacts is really important for our overall wellbeing. Also, look after our aging neighbours. Offer them a cup of tea, or take them out for coffee. Offer them a ride to church, the shops etc. It's good for you and good for them.

Another good way of getting involved in something new and making new friends is through volunteering in your local community – there will be lots of opportunities. Socialising is very important to keep our minds active and agile.

"It may be your wish to look after a family member with dementia at home. Be prepared to get to know a new person with whom you have no connection — the person you knew and loved is not the same as the one you are looking after now!"

Dementia and the role of the carer

There are several forms of dementia – the most common is Alzheimer's disease {AD} (about 60-70% of cases) and vascular dementia about 10% of cases, mixed dementia (AD and Vascular dementia) about another 10%, then rarer forms ie frontotemporal dementia, Creutzfeldt-Jacob disease and Wernicke Korsakoff's disease as well as dementia in Parkinson's disease completes the rest (see www.alzheimers.org.nz)

It is a good idea to look at Alzheimers New Zealand's website to get more information especially when a loved one is diagnosed with dementia or short term memory loss. Another good website is www.health.govt.nz which also has useful information.

Early signs to look out for are medicine mismanagement, mild motor vehicle accidents (fender benders), trouble managing finances, small (or large!) kitchen fires, problems with washing and caring for self, dental care, depression, anger outbursts, irritability, withdrawal from friends and activities,etc

Changes in the brain starts 15 – 20 years before memory loss manifests itself. The long preclinical phase is followed by an early symptomatic stage called Mild Cognitive Impairment (MCI) which often develops into full blown dementia – the late stage of the disease.

Obstacles to early diagnosis of MCI

Carers: assuming early symptoms are a normal stage of aging.

GP's: Not confident in diagnosing MCI, unsure how to test, a feeling that the diagnosis is a specialist's job, lack of time during the consultation, not wanting to upset the patient.

Preventative steps: As mentioned above, follow a healthy diet, get regular exercise, avoid overconsumption of alcohol, get treatment for high blood pressure and diabetes, stop smoking and partake in games/sports where there is socialising afterwards – ie keep old or build up new social connections.

It may be your wish to look after a family member with dementia at home. Be prepared to get to know a new person with whom you have no connection – the person you knew and loved is not the same as the one you are looking after now! This may cause a lot of heartache and difficulty. You may want to extend your carer group to give you time out to get back on an even keel. The demented parent/family member may not remember you or your family – he/she may be living so far back in the past that it may be difficult to make a connection. Sometimes the demented person can be very cruel in what he/she says or does.

At times they may lose control over bowels and bladder.

They may not want to leave the house.

The worst case scenario is towards the end when they forget how to swallow and your worry is that that they may be dying from hunger and thirst.

It has not been proven that subcutaneous or intravenous fluid is of any benefit – this is a terminal sign and the person can die within 10-14 days.

If you feel you cannot look after the family member at home, talk to the social worker/NASC assessor and visit nearby dementia units – either a D3 or D6. The difference is related to staffing – a D3 unit has less staff and a registered nurse in the ward only for 8 hours a working day whereas a D6 unit has a registered nurse in the ward 24/7 and more carers. Visit some of these units and talk to the staff and look at their interactions with the residents, etc.

Ask your friends about their experiences with different rest homes

Often the demented person loses his balance and falls easily – suffering wounds, skin tears and fractures. Fractures and wounds are treated in the same way as with healthy people. Brain haemorrhages are not treated invasively.

Medications – when the demented person is having difficulty swallowing the doctor often cuts the medications down to the bare essentials – anti-clotting medications are discontinued, same as other non essential/preventative medications (statins, aspirin, etc). Sometimes the patient will refuse to take medication or spit it out.

A good rest home will contact the family members if changes are made to medications, starting antibiotics or when the patient injures himself, even small cuts and abrasions. You can ask the rest home to contact you for every small injury or change or only for severe injuries.

Visit the family member in a rest home as often as is possible and talk to them about the family and other things they had an interest in – this may sometimes elicit a response which is surprising to the visitor! Show them photo albums and read the newspaper to them. Sometimes they don't respond at all – be prepared for that!

Life expectancy once a firm diagnosis of dementia is made varies between 6 months and 6 to 8 years depending on the type of dementia. Stil,l our times are in His hands.

Mr Leon Dittrich is a GP and member of the Reformed Church in Dunedin.

Caring for our elderly (3)

Palliative care and the Hospice

Ilse Boessenkool

What is Palliative Care and Hospice?
According to the World Health Organisation, the definition for palliative care is as follows: "*Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual*"[1]. This is considered "holistic care", which aims to care for the person as a whole and includes those who are closely connected to the patient as well.

The word "palliative" has its roots in Latin where it refers to (a) cloak[2]. As a cloak covers and protects the body from the cold rather than stopping the wind, rain or snow which causes the cold, so palliative care protects the person (and their family) from symptoms that are detrimental to quality of life and keeps them comfortable.

The principles of providing care and comfort have existed, especially amongst God's people, for thousands of years, even though "palliative care" is considered a relatively new branch of medicine struggling to finds its place amongst more established specialties like surgery, oncology, gynaecology, *etc*. While Hospice is a movement that embraces the philosophy of palliative care, this kind of care is most often provided by general practitioners in people's homes rather than in a purpose-built setting. Hospice and hospital-based palliative care teams usually provide more specialised palliative care which includes a 24-hour nursing presence.

1 Kings 1 tells us that King David was kept comfortable and warm in his old age[3] (beautiful young women have since been replaced by heat packs!). Jesus, the perfect palliative physician, came and showed endless compassion for the sick and dying. Soon His followers were showing Christ's love through loving care and compassion for the vulnerable members of society. This was unheard of amongst pagans, where the weak and sick were despised and deserted. The first place of care for the sick and dying, outside of their own homes, was established in Rome during the 4th century by Fabiola[4] a Roman patrician. For centuries the church continued to provide such care as physical and spiritual health were more closely entwined. Through the Middle Ages and the French Revolution, we find that physicians were often clergy and even in early American colonial history, the poor clergy often supplemented their meagre incomes through their second job – practising medicine[4]! In the 19th century, religion and medicine started parting ways. In the 1950s a Christian social worker named Cecily Saunders discovered, through her work with the dying, that managing physical symptoms was not sufficient, and that psychosocial and spiritual aspects needed to be addressed too. She became a physician and founded St Christopher's, the first modern day hospice in London in 1967, where a team of professionals attended to dying people. A couple of years later, Dame Cecily also pioneered the first team to provide similar care

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for the dying in their homes.[5] In the 1980s, Hospice started in New Zealand and today there are around 30 Hospices all over the country – some with inpatient units as well as a community service, while others only provide care and support in people's homes. Hospice service is free to patients, even though around 50% of the funds are raised through the local community's financial support. I am privileged to work at our local hospice, which has a 5-bed unit and serves around 100 patients in the community at any given time.

Palliative Care and Hospice have strong links with cancer, but an increasing number of non-cancer patients in their last year of life are also cared for. These include those with chronic obstructive pulmonary disease, heart and/or kidney failure, strokes, motor-neuron disease, AIDS (not as prevalent in New Zealand yet) and increasingly, dementia. Most dementia patients, who cannot be cared for at home any longer, live in secure units where staff should also be trained to provide end-of-life care. Hospice staff are involved with education in these and other aged care facilities. While each group has their particular needs, we aim to care for the person not the disease.

What does Hospice do?

Acknowledging connections

We cannot always eliminate suffering, but we aim to relieve distress and improve quality of life. Our role often involves facilitating this through treating physical symptoms, offering psychological support, assisting with social or financial concerns and/or providing spiritual care. Our team also arranges for help with personal cares as well as housework, and can provide equipment like hospital beds, wheelchairs, walking frames, continence products, *etc* – all aimed to make life more comfortable for the patient and also to support the family caregiver(s). The approach in assessment and management recognises that human beings are not only flesh and blood, but also mind, heart and soul and are all in relationship with significant others including our Creator and Redeemer. These aspects of humanity should not be compartmentalised, because they are connected and impact on each other. Those with spiritual distress often suffer more severe physical symptoms, a phenomenon coined as "total pain" by Dame Cecily. It is not uncommon to see that patients with "total nausea" or "total breathlessness" – in fact any symptom which does not respond to usual treatment – often has underlying spiritual distress. Pinpointing this can be a long, tiring, and painful process for the patient, their loved ones and the staff caring for this person, but it also leads to improved quality of living and dying if these matters can be resolved.

Assisting Decision-making

When facing a terminal illness, a patient and their loved ones need to make many decisions. What treatment to have (if any)? Where to be cared for? Who is to provide that care? What do I still want to accomplish? Who will make decisions for me if/when I can't? Do I want to be alert till the end at all cost? Am I ready to die? What about my loved ones? Hospice teams guide people through these challenging decisions in a supportive way. Patients' wishes are always respected and if they prefer, for example, to have some pain rather than being drowsy, we adjust medications accordingly. Another person may not mind sleeping more during the day if their awake times are more comfortable to allow pleasant interactions with loved ones. Patients who prefer alternative therapies are supported in their choice, though potential harmful effects will be pointed out. Recently a young mother with a very treatable cancer chose to forego surgery and traditional medicine. Her choice was difficult to understand and accept for the health professionals involved with her care, but by sharing information in a non-judgmental way and, most importantly, listening to what she had to say, we gained her trust and in her final days she accepted admission to a hospice and even some medications to keep her comfortable. One of the hardest decisions which often has to be made is when a person (not necessarily an elderly person) can no longer be cared for at home and needs to go into residential care.

The palliative care team has the skills to assist with decision-making. Family meetings, where we try to facilitate an agreement between patient's wishes, families' wants and abilities and medical staff's opinions and concerns, are a common occurence. Sometimes we allow patients to choose (to go home for example) against our better judgment. We endeavour to support them in whatever choice is made.

An important aspect of decision-making is planning for the future. Exploring

patients' preferences and encouraging them to record these so that family members and health professionals are aware of their wishes at the time when they can no longer make them known, is a significant part of what we do. These are not always easy discussions to have as many either deny the fact that death is close or don't want to think about it. People with serious physical illness often find decision-making burdensome, therefore the sooner these discussions are held, the better. This is especially important for people with dementia, who are likely to reach a stage where they are no longer able to make decisions for themselves. I believe there is no reason why we should wait till a terminal illness is faced before talking about these things in our families. It is helpful to those who are left behind to know what kind of funeral is wanted, perhaps even to the point of choosing Bible readings and songs. In Genesis 23 we read of Abraham making preparations for his death by purchasing a burial plot[6], and at the end of Genesis, Joseph gives clear instructions to his family to take his bones with them to the Promised Land[7]. Nothing is new under the sun. Planning for your dying and death can be an act of love and consideration for those who remain. Hospice staff are able to guide people through these sensitive discussions if needed.

Spiritual Care

Spiritual care is an essential aspect of palliative care. Over the years palliative care has moved away from its Christian roots, with spirituality becoming a broad and ill-defined term. Efforts to ensure that religion of any kind is not promoted are made, but nevertheless there is at least the opportunity to have meaningful discussions if patients so wish. When faced with death, all people question the meaning of life and the purpose of suffering, as well as ponder what will happen "hereafter". Some find peace and comfort in nature or relationships, but ultimately it is only those who know God and put their trust in Jesus Christ as their Saviour that can really be comforted and who will truly die in peace – a "good death". As health professionals, it is our responsibility to identify spiritual needs and then to refer to our chaplain (spiritual care provider is now the more accepted term), but at patients' request we also discuss spiritual matters or pray with them. The Lord provides the freedom to be shining lights and channels of His peace while tending those He brings into our care. Treating all with respect and kindness glorifies God in Whose image all are made. At our weekly prayer meeting (and at other times when a clear spiritual battle is observed), Christian staff pray for those in their care, their colleagues, and the organisation. The Lord often encourages us with prompt replies.

Caring for the Bereaved

As stated in the definition, palliative care also involves caring for the loved ones. Many hospices offer counselling to support family or close friends of those that are terminally ill. Some have support groups for family caregivers that teach people how to look after their loved ones and themselves. Again, the focus is not only on physical, but also on emotional, social and spiritual matters. Finally, bereavement/grief counselling is offered for those who struggle to cope after the loss of a loved one.

Some would say that much of the care provided by a hospice can be done through a church community, and to some extent it is for some. Personally, I have been humbled by the true understanding of grief and compassion

"Some confuse palliative care with terminal/end-of-life care. Palliative care, with its focus on quality of life, may be very applicable even early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy. More than half of our admissions leave the unit alive and often in better form than when they came in. End-of-life care is just a part of palliative care."

I have experienced from hospice staff and patients. There is much to learn from each other!

Palliative care Myths

Fear of being referred to palliative care or of coming to a hospice is common – there is a lot of misunderstanding and ignorance, and underlying that is the very human fear of death or at least of the dying process. Many today are not familiar with death and dying. Most people only "discover" dying and the hospice once they are staring it in the face.

"Fear of being referred to palliative care or of coming to Hospice is common — there is a lot of misunderstanding and ignorance, and underlying is of course the very human fear of death or at least of the dying process. Many today are not familiar with death and dying. Most people only "discover" dying and Hospice once they are staring it in the face."

Myth #1 – Hospice is "the end of the road"

Some confuse palliative care with terminal/end-of-life care. Palliative care, with its focus on quality of life, may be very applicable even early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy. More than half of our admissions leave the unit alive and often in better form than when they came in. End-of-life care is just a part of palliative care.

Myth #2 – Palliative care means nothing can be done

Some see it as a passive kind of care when "nothing else can be done"; when in fact it is very much about living. It is an active approach to enhance quality of life and support patients and their families, and the course of the disease may even be positively influenced. This means that by managing distress, whether physical symptoms like pain or nausea, social concerns like tired caregivers, or spiritual suffering, people don't only live better, they may also live longer. There is a beautiful and well-known saying: the physician's duty is to cure sometimes, treat/relieve often, and comfort always[8]. Comforting IS "doing something" – making a difference to someone's life.

Myth #3 – Hospice/ palliative care is "medicalising death"

Death is inevitable, a sign of a fallen world. It is the last enemy. Many physicians and others see death as medical failure, so they will continue to intervene and treat even when harm outweighs the benefit and death is imminent. Athul Gawande, famous surgeon and author, in his book *Being Mortal* (well worth reading), describes aging and dying and provokes the reader to consider the harms done by turning these into medical problems. In palliative care death is seen as a "normal" part of life and we aim to minimise unnecessary interventions and use non-pharmacological treatments when possible. Often "deprescribing" is done, which may lead to improved quality of life.

Myth #4 – Palliative care equals euthanasia

Palliative care affirms life and does not intend to hasten death. Increasing drowsiness, weakness, and difficulty or inability to swallow are signs that death may be imminent as the body's functions are shutting down irreversibly. Deterioration caused by progression of the disease often coincides with an increased need for medications to keep patients comfortable. When it is no longer safe to swallow, medications may need to be given through a syringe driver infusion which continuously administers these under the skin, which is a less invasive route than intravenously. This leads to family members' perception that medications caused death. Contrary to popular belief, it is only on rare occasions that a patient's distress in this terminal phase is so severe and posing a risk to his own or others' safety, that sedatives are required in doses that will keep them asleep most of the time. This decision is never made easily or by only one health professional. It does not equate to euthanasia as the intention is to relieve the symptoms (seizures/violence caused by the disease) and not to cause death.

Myth #5 – Postponing the inevitable

We have a lovely gentleman of 89 years young who is in our care for management of breathlessness and the anxiety this causes. Martin (not his real name) has chronic obstructive pulmonary disease, probably caused by his smoking. He has had an interesting life and has a caring family. He insists on living alone in the house he built many years ago and which he shared with his wife till she died a few years ago. Martin is not imminently dying and may well have many more months, if not a year, to live. His quality of life can be greatly improved by certain strategies and medications. We arranged a referral to the psychogeriatrician who may be able to assist him with some strategies to manage his anxiety without medications. We offered biographical services so that he can finish recording his life's story for the sake of his children and grandchildren. He was placed on our regular respite list so he comes to stay at the hospice for

a week to give his carers a break and provide a change of scenery for him. He is very grateful for our support, but one day he asked: "But why do you bother? I'm 89…" I assured him that he is as worthy of our care as anyone else and that while he has life, he has purpose. None of the interventions are likely to postpone his death, whenever that may be, but our aim is to improve quality for the remainder of his life. His question is an important one because many elderly or people with chronic or terminal illness really struggle with the thought of being a burden. While some laugh it off as silliness, or judge it as pride, the reality is thought-provoking. People need to know that their life has meaning and is worth living despite their age or disability.

What can you do?

Pray that opportunities to bring God's peace will abound – there is a fair amount of freedom at the moment, but managers and boards of trustees have significant authority over the "spiritual flavour" a particular hospice or aged care facility may have.

Volunteer your skills/services. Our hospice has about 4-5 times as many volunteers as paid staff – are you willing to volunteer to do cleaning, sit with the ill at home while their carers go shopping, or assist with biography services? Or perhaps you are a professional – a hairdresser, a massage therapist, a physiotherapist – who could offer your expertise for free or at reduced costs, and in this way show and share God's love with the dying.

Please also pray that the euthanasia bill will not be passed, as the temptation for some health professionals will be overwhelming if they are no longer protected by the laws of the country.

Finally I encourage all, regardless of age or health status, to think about, pray about and discuss death and dying with your loved ones – it will remove many of the fears and anxieties surrounding death, as we focus on spending eternity with our Triune God and fellow believers.

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5 http://www.bmj.com/content/suppl/2005/07/18/331.7509.DC1
6 Gen. 23:4-9
7 Gen 50:25
8 Hippocrates

About the Author

Mrs Ilse Boessenkool is a Medical Officer at Hospice Wanganui, widowed mother of five children. While the majority of patients prefer to die at home, this is not always practical, possible or even desirable. We respected the wishes of my late husband, Johan, not to transfer to Mary Potter Hospice either. The Wellington Hospital team provided active treatment as well as palliative care during the months of his illness. We appreciate their efforts in what were challenging times. We were also truly blessed by the many meals, baking, childminding, transport and other practical help we received. We remain thankful for the spiritual support that the Lord provided at the time, especially through the Rev John Goris, but also through friends and family around the world. Hospice is not an institution; it is a philosophy of care based on Christian principles of love and compassion for the terminally ill.

Caring for our elderly (4)

A masterpiece in progress

Norma Ellis

When Jeff Steinberg was born, his father ordered that the mother be told nothing about the little boy's condition. Jeff had no arms, and his legs were so malformed that they could not support him. His boyhood was spent in hospitals and homes, including one period in a foster home and a short, unsatisfactory stay with his own parents.

At this writing, forty years later, Jeff is four feet tall. He hobbles around on legs that he dons every morning. Using his hook arm, he does everything, including driving his car and painting. In fact, he painted the design for the shirt I'm wearing. He owns his own home, has been married and divorced, and has a grown son. Much of his time is spent speaking to such groups as the Maine Right-to-Life Convention, where I met him. He has a powerful and beautiful voice and sings along with his message.

The thrust of Jeff's message is the sentence on my shirt: "I am a masterpiece in progress". Because Jeff is a triumphant Christian, he points his audience to the truth that no matter what we appear to be, with our handicaps, our tragedies,

"The honoring of older people has a positive effect on the church and on society in general. It illuminates life, both individual life and corporate life. It lends unity and purpose. It produces hope."

our failing bodies, our deep aches, and our sins, if we are God's children through faith in his Son, we are masterpieces in progress. When God is finished with us and we are in his presence, we will be complete—truly masterpieces—because we will be like Jesus. This is the message the aging need. This is the message with which the church can equip them.

The church has two main ways to impart this message, which in theological terms involves sanctification and glorification. The first way is by precept, or exposition. The church can and should be teaching every generation what it means to be a work of God that he will one day perfect, and what it means while we are younger to honor the aging. Second, the church can and should be practicing what it preaches by being a model and by itself honoring the aging.

Honoring Our Parents

Let us look first at what the church has to teach about honoring our aging parents. It will be seen, as we proceed, that our scope needs to be broader than the parents of the members of our congregation. Some have parents in distant states. Some have aging unmarried relatives. In our midst are childless couples, singles, and divorced persons. The Scriptures indicate that not only parents, to whom we owe honor because of who they are and what position they hold, but indeed all older persons, are to be honored. Think broadly while we note four lessons the church has to teach, and see how these apply to all of us and all of the aging.

First, the church is to teach about the family that God designed, consisting of the father, the mother, and (ordinarily) children. The God-ordained government of the family presupposes that the father is the one responsible to God for the conduct of the family, supported by the mother. Hence, the children, for the peace and smooth functioning of the family, as well as for their own development to the glory of God, are to obey their parents. The church should teach these lessons to parents and children alike.

Second, when a child grows up and marries, a new unit is set up. In this unit, the new husband is the head of the family, and the same framework applies as in the first instance. Now a new relationship needs to be established between the married persons and the older generation. The younger couple are still to

love their parents and to honor them, but this loving and honoring cannot interfere with the smooth conduct of the new family. The younger couple need to understand that their first loyalty is to their own little family. And the older couple have to see this, also, and not expect obedience or undue consideration from their grown children. The church needs to emphasize this principle in its marriage counseling.

Third, there is a normal direction in which care and concern and teaching are to flow. The parent is to care for and teach his children. The parent is to lay up for his children, not the child for his parents. The prominent concepts of inheritance and heritage in the Old Testament indicate how deeply in Hebrew life was imbedded the idea of laying up for the children. That pattern still holds. The bumper sticker that flaunts, even in jest, that the owners of a vehicle are spending their children's inheritance, bespeaks a different philosophy.

However, when the parents are in need and the children have the capability, the children are to care for their parents, for to neglect them is to be worse than the heathen. Jesus spoke harshly to some who gave to the church what they should have given to their aging parents (Mark 7:11).

Fourth, the term parent, as we have said, applies in a broader sense to all those in the church family who are aging. The book of Proverbs abounds in this teaching. "The glory of young men is their strength, gray hair the splendor of the old (Prov. 20:29). Leviticus 19:32 sets forth a practice that Emily Post endorsed and perhaps her successors still do: "Rise in the presence of the aged, show respect for the elderly and revere your God. I am the Lord. This translates into giving an older person your seat and letting him or her go first in the line at the church supper, doesn't it?

We have spoken of the government of the family, the government of the new family, the normal direction of care, and attitudes toward older people in general. Now let us see what happens when youth honors age, and what happens when youth fails to honor age.

Effects on the Young

When youth honors age, God is being obeyed, and the person may claim the promise attached to the fifth commandment—that he will live long in the land the Lord his God has given him. If the honor is not there, neither is the promise. In the Scriptures, long life is a symbol of God's blessing. And in Deuteronomy 5:16, the fifth commandment includes the promise that "it may go well with you. Life is overflowing with God's blessing and is full and long when we live all our days mindful of this command.

There is a positive effect upon the lives of young people who honor their elders They grow up better able to respect authority in general—teachers, police, bosses, the state, and the elders of the church. Note that the word elder connotes honor, wisdom, and experience. When a person has not been trained to respect the older generation, he finds himself in trouble with authority and will reap the results. His life is characterized by shortsightedness, arrogance, and conflict.

Furthermore, if children are taught to honor the older generation, they will have a positive attitude toward aging when it is their turn to experience it. They will be better able to see that God is working sanctification in them, whether it seems that way or not, and that, indeed, they are masterpieces in progress. There is calm. There is hope. They can say with Robert Browning:

> *Grow old along with me!*
> *The best is yet to be,*
> *The last of life, for which the first was made...*

If younger people fail to honor the aging and fail to hold a positive view of older people in general, they may face a future of ugliness and sorrow, because old age does have its heartaches. As we age, we lose some of our vigor, our hearing, our sight. We are afraid of heights, afraid of the night. So, says the Preacher, "remember your Creator in the days of your youth (Eccl. 12:1).

The Bible is realistic. Youth must live in moment-by-moment awareness of God. As we age, some of us will not be so good at remembering anything! Honor from younger people can bring an aura to aging that God's Word tells us is appropriate.

The Approach of Death

Old age has been called the entryway to death. The church has the key to a salutary attitude toward death. In Philippians 1:20-26, Paul speaks of his dilemma: he would like to remain alive so he could serve the church, but he really wants to die, knowing that that would be far better for him.

Again, in 2 Corinthians 4:16-18, Paul says, "We do not lose heart. Though outwardly we are wasting away, yet inwardly we are being renewed day by day. For our light and momentary troubles are achieving for us an eternal glory that far outweighs them all. So we fix our eyes not on what is seen, but on what is unseen. For what is seen is temporary, but what is unseen is eternal. If we call old age a prelude to death, that prelude is not a dirge, but a triumphal march.

Without Christ, and thus without the beautiful pictures from the Bible of old age being a prelude to eternity with Christ, growing numbers of people today are espousing the mind-set of the Hemlock Society and the promoters of "death with dignity and "the right to die. The Christian message to such people is that man, made in the image of God who created him, is to be honored, and that to God belongs the prerogative to terminate life in accordance with his own timetable.

The honoring of older people has a positive effect on the church and on society in general. It illuminates life, both individual life and corporate life. It lends unity and purpose. It produces hope. The church, like the individual who trusts in the Lord, will renew its strength. It will soar on wings like an eagle. It will run and not grow weary. It will walk and not be faint (Isa. 40:31).

Mrs Ellis is the wife of retired minister Charles H. Ellis. Reprinted from New Horizons, January 2000.

Letters from New Zealand

D. G. Vanderpyl

December 1976

The Christchurch session has been spending a fair bit of time on the question: "Where are we heading?" As that church represents about one-fifth of our New Zealand denomination, the rest of us are anxiously waiting for the outcome of the discussion. The session asked themselves these questions: "How effective are we as a church? How effective are we as individual Christians? Is any purpose served by having more preaching places?" But as no clear answer became evident, they decided to have another look at things again early next year, particularly at the last question. However, in the next church bulletin I read that session decided to install judder bars on the church drive to discourage some of the members from driving too fast and causing near accidents. It seems to me that, while the Christchurch session is struggling for an answer to their "Where are we heading?" some of their members are already going ahead and the question, "Whither goest thou, oh brother?" has become more relevant.

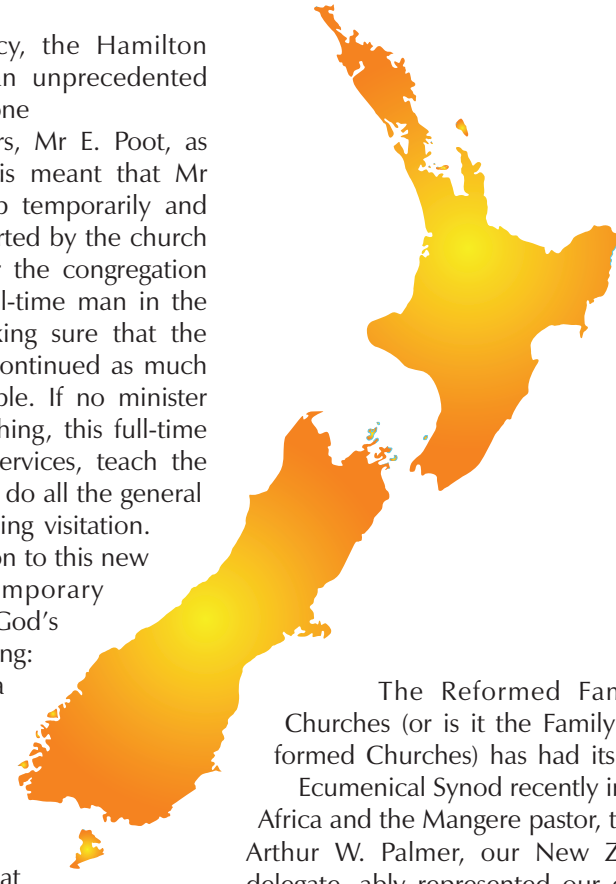
While Christchurch contemplates expansion, further down south, the Dunedin church has become vacant as their pastor since 1969, Rev. Peter J. Berghouse, accepted the call from the Blacktown congregation in Australia, to be their second minister. Having only one minister in the whole of the South Island, the Rev. W. Wiersma, must be of deep concern to us all. Please remember them in your prayers. But Dunedin was not alone in becoming vacant. Hamilton suffered the same hardship when Rev. Ken J. Campbell accepted the call from Bucklands Beach. In a way, it is just a stopgap method where the cork of one bottle on the same row is taken off and placed on another bottle, that seems to be inevitable in our democratic Reformed system of calling. Still, there is also some good news. After a fairly short vacancy, Hamilton has been able to secure the services of the Rev. M. Schwarz from Australia and we all rejoice in his accepting the call to come over to work in this part of Gods vineyard. And so the bottles on our row are being corked up again.

During its vacancy, the Hamilton church took quite an unprecedented step, by appointing one of their able elders, Mr E. Poot, as full-time "elder". This meant that Mr Poot gave up his job temporarily and was financially supported by the church during that time. For the congregation it meant having a full-time man in the field of service, making sure that the work of the church continued as much and as well as possible. If no minister is available for preaching, this full-time elder will lead the services, teach the catechism classes and do all the general pastoral duties including visitation.

Elder Poot's reaction to this new experience as a temporary full-time worker in God's Kingdom is worth noting: "It has been quite a change from cutting grass and pruning trees, to taking care of the pastoral duties of a congregation. And as I feel that it is a very responsible task I need your prayers and support. To select a sermon for reading in the worship services is a major task. Not that I haven't got enough sermons to choose from, but to find the message which one believes is the one God would have you read, is sometimes very difficult."

"Preparation for the catechism classes takes a fair bit of time, and I envy, in the good sense, any minister who has all the information and answers at his fingertips. I already realise that it is not only the youth who are going to benefit from these studies. It helps me too to "swot up" what I should have known all along."

This brings me to the Wellington Presbytery where it was decided to ask the Hastings session to prepare a study report on "Preaching by Elders". It is a pity that often worthwhile reports remain in the files and archives of the local church courts instead of being shared by all through publication in the church papers. This Presbytery also published a report on "Whom our Ministers May Marry". Good reading and worthy of publication.



The Reformed Family of Churches (or is it the Family of Reformed Churches) has had its Ecumenical Synod recently in South Africa and the Mangere pastor, the Rev. Arthur W. Palmer, our New Zealand delegate, ably represented our churches there. The Auckland churches have already enjoyed a number of meetings in which Rev. Palmer related his experiences at this Synod. He also visited Israel, the Netherlands and England, so his preaching now has quite an outlandish flavour. While he was absent from New Zealand, the congregation added a large study to the church, not so much to house the minister but to provide a storage place for his numerous books. All four walls are covered from top to bottom with shelves and shelves of books. Some shelves even carry two rows of them, one behind the other. And it may surprise you, he still knows where to find what.

It has been said that, no matter what his rank or position may be, the lover of books is the richest and happiest of men. Erasmus once said "When I get a little money, I buy books; if any is left over, I buy food and clothes."

After the Mangere pastor had shifted all his books from his house to the study at the church, his wife was overheard saying, "The manse seems to be so empty now that the books are gone."

Jenny Waldron

Suicide – how should we respond?

Recently I met with a young lady who had tried to commit suicide. She should be dead. She had researched her method and had seriously tried to end her life, but God had other plans for her life. The number of days He has allotted her had not yet come to completion.

Suicide around the world is on the rise, especially amongst teenagers and young adults. New Zealand is no exception, and our latest statistics show that 508 people died by suicide in 2013[1]. 365 were males and 143 were females. The highest rate of suicide was among those aged 15-24 and, increasingly, among those aged 45-64 years. There were over 7000 admissions into hospital for self-harm for the same year. The purpose of this short article is to help friends, family and others to support a suicidal person and to offer comfort for the surviving friends and family of someone who has committed suicide.

Why kill yourself?

The reasons are as many and varied as there are people who want to take their own lives. However, some themes seem to keep occurring (not in any particular order): feeling worthless, and/or totally useless, being stuck in a difficult, abusive or violent relationship and seeing no way for it to improve, deep depression, postnatal depression, women who feel like they don't measure up or will never be good enough, feeling ugly, looking for love and approval in the wrong places. Sexual, physical or emotional abuse can drive a person to despair. Cyber bullying is now very prevalent amongst younger people and is a major factor in some suicides. Suicide can also be a matter of control. A person can feel that this is one way of having control in their lives, and controlling their suffering and pain. I was talking to someone who had wanted

"If you have the opportunity to help someone who is suicidal or to support a family and/or friends of someone who has taken their own life, pray for them and do not leave them isolated or unsupported throughout this very difficult time."

to commit suicide, but her doctor recommended hormone treatment (she was going through menopause) which turned her emotions and suicidal feelings right around. Self-harm (e.g. cuts on bodies, arms, legs and/or stomach) is seen as a way to relieve the pain on the inside. While self-harm does not always lead to suicide, there is a marked increase of probability of an attempt subsequently being made. Lack of sleep can contribute and exacerbate these feelings.[2]

Delores Kuenning[3] in her very helpful book on helping others through grief, suggests some possible warning signs that someone may be seriously thinking about suicide:

- Prolonged depression.
- Verbal statements like "I am going to end it all", "Life isn't worth living", I just can't keep going". Many people who have considered suicide have told someone. If they express specific details on how they want to "end it all", get urgent help, and if possible, remove their access to whatever means they have been talking about.
- Sudden changes in mood or behaviour or work performance.
- Giving away precious possessions.
- Previous suicide attempts.

How to help

Prayer

Prayer can keep someone from taking their own life. There is a battle going on, a supernatural one, and it is on this spiritual plane that our prayers and intercessions help in the fight against evil. One night, many years ago, I was awakened by an urgent need to pray for a close relative. I got up and prayed like I had never prayed for someone before. I didn't know what was happening, I hadn't spoken to them for some time, but the urge to pray for her was very real. After about an hour-and-a-half of praying and weeping, I felt peace and returned to bed. Later in the morning, I rang the family and was told that she had tried to commit suicide that night but 'inexplicably" had failed. It was a turning point for her life, (as she had tried several times before). It was many, many years later that she could truly say that she had a deep joy in the Lord and a peace that surpasses all understanding.[4] She now knows, and feels, totally and utterly loved by God, as one of His chosen ones, and knows that despite her past and many failures, God had and has a plan and purpose for her. Lives can be turned around, given hope and purpose through the Lord Jesus Christ and the work of the Holy Spirit in their lives.

If someone's name comes to mind, it could be the Holy Spirit prompting you to pray for them. Do so and follow it up, as soon as possible, with a phone call or go and see them. If you realise that someone is either very depressed or is talking about suicide, PRAY! Pray fervently and sincerely. Praying a Psalm can be helpful.

Praying Psalm 88 may go like this:

"O Lord, God of my salvation;
I cry out day and night before you.
Let my prayer come before you;
Incline your ear to my cry!
For [insert name]'s soul is full of troubles,
And his/her life draws near to Sheol.
He/She is counted among those who down to the pit;
He/She is a man/woman who has no strength,
Like one let loose among the dead,
Like the slain that lie in the grave,[5]" etc.

This can give clarity to your thoughts and prayers for them. Pray then for their salvation, for their deliverance from the pit.

"Show [insert name] your steadfast love, O Lord,
And grant [insert name] your salvation.
Let he/she hear what God the Lord will speak.
For [You] will speak peace to [your] people, to [your] saints;
But let them not turn back to folly."[6]

Pray also for wisdom, strength and courage as you pray for and speak to them. Pray for understanding, empathy, kindness and a slow, yet wise, tongue.

Talking to the person

- We need to be kind, very gentle, compassionate and loving.
- Talk about the gospel, and about how God has worked marvellous things in your own life. Be honest about your own struggles and the answers you have found in following Christ. (Sometimes, Christians can often come across as if they are perfect and good, when we are not!)
- Show that you care, and are willing to be there for them.
- Listen to them actively. Don't just half listen as you busily think of something to say in return. Repeat things back to them to verify facts. Stand in their

shoes and try to understand the struggles they are wading through and how they have come to the point where they want to end their life.
- Ask feeling-directed questions: For example, "Have your problems been getting you down so much that you want to harm yourself?" Keep in mind that they don't want to die, so much as they want to end their pain.
- Keep in touch. Text, phone, be involved in their lives regularly.
- Hug them.
- Feed them. If it is your young adult that you are concerned about, and, for example, they don't feel up to eating with the rest of the family, take food to them and sit with them, talking to them quietly and gently. Don't let their "Go away, leave me alone!" prevent you from entering their rooms and being a part of their lives. They need you.
- Do not brush off their troubles and worries. To some people it may seem as "attention seeking", but why would someone go to such lengths to seek attention? Their troubles and needs are real to them and may have a deeper root (like bullying, sexual or physical abuse) that you may not know about.
- Encourage them to seek help, to find someone they trust and can talk to and share their burdens with (it may be you or they may need to seek medical/professional help).
- Encourage them (if they are Christian) to read their Bibles, to pray, to be involved with other Christians for one-on-one Bible study and to go to church. Help them not to give up on God because He "feels" distant.[7]
- Encourage them (if they are not Christian) to seek God. This is wholly a sovereign work of the Holy Spirit and He must be working in their lives to bring about salvation. Having said that, it is no coincidence that they are talking to you at this point in their lives. God ordained that for His glory and good purposes.
- Do not be judgmental of the choices they have made and continue to make, or of the sins they have committed but encourage them to make good choices. There is a time for admonition, but this is a time to be super gentle, full of grace and mercy and patient.
- Help the person to gather a support network of people that they can trust; these may be friends, spiritually strong men or women, other members of their family. Help the person to be open and honest about their needs, and to set up strategies and plans for if and when they feel suicidal again, (e.g. get enough sleep, phone someone when they need to talk, eliminate access to pills etc.).[8]

> Now, as concerning faith we ought to be invincible, and more hard, if it might be, than adamant stone; but as touching charity, we ought to be soft, and more flexible than the reed or leaf that is shaken with the wind, and ready to yield to everything."
>
> **Martin Luther**

Comforting families

A death by suicide of a family member or friend is one of the hardest types of grief. There is often so much shame and guilt, "If only I had been there for them", "If only I had talked to them more", "If only I had stopped them". Anger is also a common emotion. Anger at God for letting it happen, anger at the person for committing suicide, anger at themselves for not doing "more". Encourage the grieving person to ask God's forgiveness and to forgive themselves. There is only so much that any person can do for someone who was determined to end their own life.

Suicide is not an unforgivable sin. Yes, it is sin to take a life, (including one's own), however, many people have, and will, die with unconfessed/unrepented sin and yet will still live with our Lord and Saviour forever. We may not know the eternal state of the person who has died but we can trust God for His mercy and grace. God is sovereign and He has numbered each of our days, including those who have committed suicide. Some people who attempt to take their own life, survive, whilst others don't. It can seem hard to understand but God's ways are above ours, and we can trust Him in all things.

Be sensitive to the family and friends of someone who has committed suicide. It may be that they don't wish to talk about it. Respect their decision and support them in their grief. Continue to pray for them and show practical support. Sometimes they too may experience suicidal thoughts, so help them and comfort them through this very painful and challenging time.

If you have the opportunity to help someone who is suicidal or to support a family and/or friends of someone who has taken their own life, pray for them and do not leave them isolated or unsupported throughout this very difficult time. Seek help for them and do not bear the burden alone. We have Jesus Christ to help and strengthen us as well as His body of believers to share this load.

1 http://www.health.govt.nz/publication/suicide-facts-deaths-and-intentional-self-harm-hospitalisations-2013
2 http://www.health.govt.nz/your-health/conditions-and-treatments/mental-health/preventing-suicide/suicidal-feelings-what-look-out
3 Delores Kuenning – *Helping People Through Grief* p 169-183
4 Phil 4:6
5 Psalm 88:1-5a
6 Psalm 85:7-9
7 Ps 88:14, Ps 86
8 http://www.health.govt.nz/your-health/conditions-and-treatments/mental-health/preventing-suicide/supporting-someone-who-suicidal

Wellington Women's Presbyterial – March 2017, at the Reformed Church of Silverstream

"Older women likewise are to be reverent in their behaviour, not malicious gossips nor enslaved to much wine, teaching what is good, so that they may encourage the young women to love their husbands, to love their children, to be sensible, pure, workers at home, kind, being subject to their own husbands, so that the word of God will not be dishonoured." Titus 2:3-5

After many months of planning, it was a joy to attend the 45th Presbyterial. Our name tags were beautifully handwritten by Miss Helena Holtslag and we could pass on our pre-loved book to Miss Danielle Van der Zwaag for a book swap later on in the day. Each book had a lovely bookmark inserted, as a reminder of the day's meeting, with the Bible text Titus 2:3-5 printed out.

We began with a cup of tea or coffee and at 10.15am we assembled in the church where Mrs Nicola Wharekawa welcomed us. Our guest speaker, Mrs Sally Davey, from Christchurch, was introduced to us and she spoke on the role of the older woman teaching the younger from Titus 2:3-5. We have such an important role in the nurture of our children, grandchildren. It takes time to build relationships, to get to know a younger woman in the congregation and share our knowledge and experience. We broke off into four groups to reflect on several questions. Mrs Davey was thanked for giving us of her time and knowledge, before our next speaker was introduced to us. Dr. Hans Snoek, from Wellington, spoke on women's health. He showed us slides on various

aspects of women's health. He stressed the fact that it is important to come before the Lord in prayer before relying on the doctor only. Some general questions received his attention.

A group photo was taken. The roll call indicated that 75 women attended from within our Presbytery. It was special to have Mrs Odette Douma attend, as she is in New Zealand on deputation work with her husband Rev. Alan Douma. They serve in Papua New Guinea.

We thoroughly enjoyed our lunch, which was lovingly prepared by Mrs Yvonne Walraven and her "staff" and had plenty of time for fellowship and to make new friends.

After lunch there were two activities. Mr Richard Wharekawa (assisted by his son Amos) demonstrated his "skill" in making cheese scones! Our theme was Back to Basics, and his recipe comes

from the Edmonds Cook Book. It was very entertaining and we could all taste the finished product.

In the creche, we gathered with Miss Helena Holtslag, who guided us on how to make a body scrub which we could take home with us.

By 3pm we again met in the church where Mrs Enna Jonker, from Palmerston North, gave thanks for a special day together. God willing the next meeting will be hosted by the Women of Foxton Reformed Church.

The offering for this year raised $591 and will be sent to the Christian Blind Mission.

Mrs Miriam Posthuma closed the meeting with a Bible reading and prayer.
Maria Holtslag

Further debate over Liberal Arts

Dear sir,

Please allow me to comment on Joanna Voschezang's response to my letter on the Liberal Arts issue. This is, I think, an important subject which needs to be given careful consideration, and I may not have made some of my statements clearly enough.

I will not answer all of Joanna's points, as such a discussion could become tedious, but the last one at least I cannot pass by, if only because I am sick to death of Acts 17 being used as a proof-text for the benefits of secular education for Christians. Paul, the argument goes, engaged in a brilliant debate with the Greek philosophers in the Areopagus; therefore he must have been thoroughly educated in Greek academics; therefore Christians today are following in his footsteps when they enrol in a three- to five-year course of study at a secular university, and they will come out able to engage with the culture for the sake of the Gospel.

What actually happens in Acts 17:16-34? Paul is hanging around in Athens waiting for Silas and Timothy. He is disgusted by the city's idolatry and begins to speak publicly in the synagogue and in the marketplace. Some Epicurean and Stoic philosophers happen to hear him, and invite him to the Areopagus, since they are always looking for new ideas to discuss. Paul accepts the invitation and, beginning with what he has observed about Athens himself, reasons about the being of God, the judgement and the Resurrection. A few people respond positively, no church is established, and Paul goes somewhere else.

What does *not* happen in Acts 17:16-34? To begin with, there is no suggestion of a debate. Whereas in the Sanhedrin (Acts 23:1-10) Paul apparently baited the Sadducees to set them arguing with the Pharisees, in the Areopagus he engages with neither Stoicism nor Epicureanism, but simply tries to bring some basic Christian truth to those present, as he would with any other group of benighted heathens. Furthermore, he does not demonstrate any greater knowledge of Athenian culture than he could have gained by looking at a postcard.

Yes, Paul grew up with Greek culture – pretty much the same cynical Greek humanist culture we are still living in now. This actually proves *my* point: Paul didn't need to go to university to understand Greek culture, because he was living in it. Even the lines of poetry that he quotes were extremely well known: the suggestion that his knowledge of these phrases implies some kind of formal education in Greek thought is as silly as it would be to say that anyone who can quote "To be or not to be" must have a degree in English literature! As for his education giving him "oratory skill", Paul himself informs us that he was not trained in rhetoric (2 Cor. 11:6), and that his calling was "to preach the gospel, not with wisdom of words, lest the cross of Christ should be made of no effect" (1 Cor. 1:17), "not with persuasive words of human wisdom" (2:4), "not the wisdom of this age, nor of the rulers of this age, who are coming to nothing" (2:6), "not in words which man's wisdom teaches but which the Holy Spirit teaches" (2:13). What more evidence could be demanded that Paul was not relying on the techniques of the debaters or skills acquired through secular education to get his message across? "Lest the cross of Christ should be made of no effect" – those are pretty strong words! Words, I might add, that could tell us a lot about our society today, where the cross of Christ indeed seems to have no effect, and where Christians are busy using all the techniques and methods of the world to try to "reach" people.

Now I am getting nasty, and that means I am forgetting the whole point of everything, which is to love one another. Please believe that, even if I sin in how I say it, my desire is for God to be glorified in his people, for us to walk in faith and love. Perhaps I need to say this many times in bold print: I am not arguing against education, wisdom, knowledge, training, skill or preparation for service. What I am saying is that we don't need to go to the pagans to get these things. Nothing in Scripture urges us to study the thought of, or seek to learn from, those who deny the Lord – quite the reverse. (Or what does Psalm 1 mean?)

Finally, those who would make Paul the poster boy for what the Greeks call 'education' need to answer this question: If Paul's academic background was what made him the great apostle, thinker, writer and speaker that he was, what did it for Peter and John? Seriously, you need to answer this question. There is no corner to hide in: we have it in writing that Peter and John were considered 'uneducated' (Acts 4:13). The same judgement was made of Jesus himself (John 7:15). And for the matter of that, our Lord could have founded a university, could have arranged a course of study for his disciples and given them lectures and coursework and assignments – lesser people do these things. That is not the example he left us. Universities, by their very nature, stratify society into the knows and the know-nots, the brainies and the dumbos. This is not the pattern of the kingdom of God. Do I have to say again that I am not against education, learning and knowledge? I believe a Biblical view would be that we should seek all of these things, but see that we are using them only so far as they truly advance the goals of faith, truth and love. Real, concrete faith, truth and love, that is, not just abstract ideals; for instance,learning the things we know we need to know to help the real people we need to help. And let us remember that humility is dearly bought. We can't devote our lives to the pursuit of money, or possessions, or beauty, or academic prowess, and then think that we can pick up a plastic bag of humility for two dollars at the Warehouse. What I mean by that is that if we wish to have the cardinal virtue of the Christian life (as it's been called), we have to be prepared to sacrifice things on which the world sets a very high price.

And to those who insist that university will do them no harm: Please take a moment to read the four verses in the Bible that contain the phrase "Do not be deceived". And take another moment to read them again.

Yours in Christ,

Tani Newton

Scripture quotations are from the New King James Version.

Final response

Dear Sir,

Thank you for the opportunity to reply to Tani Newton's letter. I feel that too much has been inferred from the statements I made with regard to the apostle Paul and do not wish to make any further conjecture about his education, but simply to state that he was well educated under Gamaliel and had an excellent understanding of two cultures, enabling him to be an outstanding servant of God.

I stand by my original thesis, "that study in the Arts is never wasted, but instead grants long lasting skills in a wide range of areas that can be put to use in your home, with your children, in your reading, in future study, in discussion, in helping your friends, and in your personal devotions." (*Faith in Focus*, Volume 43/8, pg.7).

Yours in Christ,
Joanna Voschezang

This topic has been given ample opportunity for debate and is now concluded.
Ed.

"We do not have fellowship with other believers simply because we attend the same church …. True fellowship in Christ arises from a mutual understanding of the gospel, a mutual love of that truth and of the Lord it glorifies."

E H Andrews

Queen's Chaplain resigns over cathedral Koran reading row

A chaplain to the Queen has resigned after publicly criticising a church that allowed a Koran reading during its service as part of an interfaith project.

The Rev Gavin Ashenden, who until this week was one of the 33 special chaplains to the Queen, said the reading was "a fairly serious error" and one which he had a duty to speak out about.

"There are things we should not tolerate because they are destructive," he told BBC Radio 4's Sunday programme."I don't accept the rather feeble accusation that intolerance is a bad thing."

During a service at St Mary's Episcopal in Glasgow earlier this month to mark the feast of the Epiphany, there was a reading of a passage from the Koran which said that Jesus was not the son of God.

The cathedral in Kelvinbridge had invited local Muslim worshippers to contribute to the service, which was aimed at improving relations between Christians and Muslims in Glasgow. But police were called after members of the church received "hate-filled messages" from far-right extremists after the service.

The Bishop of St Andrews, Dunkeld and Dunblane, the Most Rev David Chillingworth, said that the Scottish Episcopal Church would review the work of St Mary's. He said the church was "deeply distressed at the offence which has been caused".

Dr Ashenden wrote a letter to The Times newspaper earlier this week, where he called on the church to apologise to Christians "suffering dreadful persecution at the hands of Muslims" and added that the denigration of Jesus in Christian worship would be called "blasphemy" by some.

telegraph.co.uk

Iowa senate committee passes bill to ban late-term abortions on babies after 20 weeks

An Iowa Senate committee approved on a narrow deadline a bill to ban abortions after 20 weeks when strong scientific evidence indicates babies can feel pain.

The bill, Iowa Senate File 53, would prohibit abortions after 20 weeks when strong scientific evidence indicates unborn babies can feel pain. Exceptions for fatal fetal anomalies would be allowed up to 24 weeks.

Jenifer Bowen, a spokeswoman for Iowa Right to Life, told the Des Moines Register that she is glad the bill is moving forward. With similar laws in 16 other states, Bowen said she does not expect abortion activists to challenge Iowa's if it becomes law.

State Sen. Mark Costello, R-Imogene, told the newspaper that Iowa lawmakers want to save lives from abortion, as well as work to prevent unplanned pregnancies.

"I think this does have the potential to save lives. I always like to say there are two lives involved here," Costello said.

Iowa lawmakers failed to advance a similar House bill on a short legislative deadline this week, according to the report.

Zionica | Life News

The Rev. Alan and Mrs Odette Douma visited the congregation of Silverstream on March 9, with a presentation of the work the Lord is doing in Papua New Guinea. It was evident that the work is changing in PNG, with newly ordained national ministers, leaving fewer churches for the missionaries to directly care for and the addition of a campus manager to care for the day-to-day logistical affairs of the Reformed Churches Bible College (RCBC).

Mr Douma now has the care of only one church, his duties in the RCBC and its day-to-day administration until the vacancy of Principal is filled. A qualified teacher/principal will join the missionaries sometime this year to look after the running of the College.

The Doumas gave an overview of everyday life in PNG, making us aware that there is a great need for much prayer and support for this ongoing work.

So far, all the churches in the North Island have been visited since their arrival. It is anticipated that they will also visit the churches in the South Island before concluding their furlough. Let us pray that the Lord will uphold our brother and sister and their fellow missionaries in PNG, and that they may continue to labour faithfully with the strength the Lord supplies. **Ed.**