
23/98 Bioethical Issues

(A report from the Standing Committee)

Introduction

1. On 14 October 1998 the Synod resolved as follows (resolution 23/98) -

“Synod endorses the report of the committee on Bioethical Issues and in particular its emphasis on the need to give people hope in the sovereign lordship of the living God, when they risk being overshadowed by genetic determinism and requests that Standing Committee -

- (a) have it edited and printed as a pamphlet for distribution to parishes, relevant community bodies (eg medical and scientific associations) and members of the NSW and Commonwealth Parliaments;
- (b) ask the Rev Andrew Cameron to confer with the Anglican Youth and Education Division on the design of a series of study guides (based on the report) for use in schools and churches;
- (c) reappoint the committee so that developments in the field of bioethics (and in other dioceses) can be monitored and reported to Synod;
- (d) appoint a committee which will produce a document which conveys to women who have had abortions the love of Christ for them, and the real possibilities of healing and forgiveness;
- (e) provide funds for (a) and (b) out of Synod contingencies or otherwise; and
- (f) requests Anglicare to give advice as to ways and means of supporting families who are supporting intellectually and physically disabled children.”.

2. Subsequently, the Standing Committee took the following action to implement resolution 23/98 -

- (a) The Social Issues Committee was asked to prepare a report on the feasibility and cost of printing the committee's report as a pamphlet for distribution to parishes, relevant community bodies and members of Parliament.
- (b) The Rev Andrew Cameron was asked to confer with Anglican Youth and Education Division and prepare a report on the feasibility and cost of designing a series of study guides, based on the committee's report, for use in schools and churches.

- (c) The Anglican Counselling Centre was asked to prepare a report on the feasibility and cost of producing a document which conveys to women who have had abortions the love of Christ for them, and the real possibilities of healing and forgiveness.
- (d) Anglicare was asked to give advice on the ways and means of supporting families who are supporting intellectually and physically disabled children.

Preparation of a Pamphlet

3. The Social Issues Committee advised that the best method of publishing the report is to format it into a 6 page A4 (3 x A3 sheets folded) sized booklet to be photocopied and bound in-house. The Standing Committee has approved funding for this purpose from 1999 Synod Fund Contingencies.

Design of a series of Study Guides

4. Andrew Cameron is working in England and has advised that he is presently unable to give the time which is needed to design of a series of study guides, and has asked for an "indefinite postponement" of the project. Accordingly, this project has been deferred indefinitely.

Document Concerning Abortion

5. The Rev Michael Corbett-Jones, the Director of the Anglican Counselling Centre, has made the following comments -

"The Christian woman who has had an abortion, can **know** Christ loves her and has forgiven her, yet not be able to **embrace** or '**experience**' this love and forgiveness.

Telling her that Christ forgives her does not necessarily enable her to accept that forgiveness nor to forgive herself.

Healing and self-forgiveness can come when the woman is helped to process the realities of her experience, to more fully embrace the painful aspects of what happened, and to grieve.

The idea that a **document** can convey to 'women who have had abortions the love of Christ for them, and the real possibilities of healing and forgiveness', does not take account of the need to support the woman through a **process**, in which she gradually allows herself to face the hidden and unpleasant emotional and perceptual realities that are part of the total experience.

In doing this she will be more able to fully and completely embrace and acknowledge what happened and also to take appropriate responsibility for it. This in turn can open the way to her receiving and accepting Christ's forgiveness, as well as to her forgiving and accepting herself. Christ's forgiveness and acceptance, together with her own forgiveness and acceptance, is the essence of healing.

The counsellors of the Centre, who have experience in this area, are concerned that a document of the kind envisaged in the report could be seen as superficial, by those it seeks to help.”.

6. Having regard to these comments the Standing Committee does not propose, at this time, to take any further action in relation to the preparation of a document about abortion.

Support of Intellectually and Physically Disabled Children

7. The Rev Howard Dillon, the Executive Director of Anglicare, has made the following comments.

8. The current position of government bodies within NSW is that it is desirable for children with disabilities to grow up in families and consequently there has been a shift from institutional care to normalisation and community care.

9. Community expectation is growing that families caring for these children should have every opportunity to engage in normal family activities and the church is looked towards as a model of this acceptance and inclusiveness. As institutional care is replaced by care within families, whether families of origin or foster families, those caring for children with disabilities will increasingly expect to be supported by mainstream institutions. As the church has a commitment to care for the alienated and marginalised there could be growing pressure on parishes to find ways to support and reach out to these families. This also reflects the Christian emphasis on families as the key place of nurturing for children in our community.

10. For the church to respond in constructive ways, there needs to be an understanding of the issues and dilemmas facing these families. Some of these issues may include feelings of alienation and loneliness for those with the task of 24 hour caring - often with no expectation that the needs of the disabled child will substantially change as he/she develops. The family's ability to engage in everyday community activities may be impaired and support from extended family/neighbours may be absent. There can often be a high degree of embarrassment or awkwardness on the part of others in knowing how to appropriately respond to a family following the birth of a disabled child and a lack of understanding of the grief and loss of the “normal” child which can be experienced by the family.

11. Giving consideration to the various stages of a child's development may help indicate ways in which the church can support these families. For example -

- (a) The starting point of many families is the return home from hospital following the birth of the child. This can be a time filled with further medical investigations, treatments and uncertainties. Close links between hospital chaplains and local parishes do and could lead to further support being offered by congregations.

- (b) Church based playgroups may choose to develop a goal to incorporate children with disabilities and parents into their activities. Contact by playgroup leaders with local Early Childhood Centres or disability service providers may be the starting point to explore the possibility of integrating these children into activities.
- (c) The suggested study guides mentioned at paragraph of resolution 23/98 could include a segment on the impact of a disability on a family and what some of their needs might be so that a positive awareness of disabilities is developed in young people. At present Anglicare's Kingsdene Special School has links with some Anglican schools, however school aged volunteers are always needed for its vacation care programs and peer support programs. Anglicare has also found that interest from young people has led to their families becoming involved in our Respite Care programs.
- (d) Overriding any proposed initiatives is the need for people in congregations to be accepting of those with differences, with often challenging behaviours, and have a willingness to explore supportive methods of caring. The sheer effort involved for a family to physically get to church and become part of the spiritual "family" may at times seem overwhelming. A small group of volunteers willing to share the responsibility for drawing a family with a disabled child into the life of the congregation would be a clear demonstration of Christ's love in action.

For and on behalf of the Standing Committee.

MARK PAYNE
Diocesan Secretary

12 August 1999