



Anglican Parish of
Cabersham Saint Peter,
Dunedin, New Zealand

THE ROCK

August 2020
Trinity—Ordinary Time



Vote no twice



By The Vicar

As part of this year's General Election we will be asked to make referendum choices on two crucial ethical issues for our society.

The first is the End of Life Choice Act, or as it should more honestly be entitled the Assisted Suicide Act. I beg and beseech you to vote no to this and to influence all those you are close to also to vote no. The church's teaching is clear that euthanasia cannot be ethically justified. Starting on this page is an interview with the Reverend Dr Graham O'Brien, Co-Chair of the Interchurch Bioethics Committee and ministry educator for the diocese of Nelson, as well as the Principal of their diocesan Theological College. This article lays out the church's reservations about and opposition to this proposed legislation.

The second referendum choice is the Cannabis Legalisation and Control Bill. Here too I counsel a no vote. In my long years of pastoral contact with those afflicted with mental health issues I have noticed that those who mix marijuana with their medication, particularly in the case of those taking anti-psychotic medication, bring added suffering into their life. I have also observed that habitual recreational users of cannabis tend to become like lotus eaters, spaced out people lacking a sense of drive or purpose in their life. There is also I believe a long term attrition effect on those parts of the brain to do with good ethical decisions; what we call our conscience. It is also an established medical fact that smoking marijuana has much more damaging effects on the lungs than tobacco.

As your pastor and parish priest I therefore request you to vote no in these two referendum choices. 🗳️

End of Life Choice Act: Yes or No?

IN October, the New Zealand public will vote in both a General Election and on two referenda: The End of Life Choice Act and the Legalisation of Recreational Cannabis. Of these two highly important pieces of legislation, let's talk about the End of Life Choice Act (EOLC) referendum. The EOLC referendum will ask us the voting public,

"Do you support the End of Life Choice Act 2019 coming into force?"

The wording of the two options for which electors may vote in response to the question are:

Yes, I support the End of Life Choice Act 2019 coming into force

or

No, I do not support the End of Life Choice Act 2019 coming into force.

This is not a vote for or against assisted dying, this is a vote for a specific piece of law. The

result is binding, if the simple majority say yes—this legislation, unchanged in its present form, will become law after 12 months.

What does the EOLC Act say?



Dr O'Brien.

PHOTO.: WWW.BISHOPDALE.AC.NZ.



The purpose of the EOLC Act is to give persons who have a terminal illness, and who meet certain criteria, the option of lawfully requesting (and receiving) medical assistance to end their lives; and to establish a lawful process for assisting eligible persons who exercise that option – ensuring, in other words, that those who

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End of Life Choice Act: Yes or No?

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help them cannot be prosecuted. In defining “terminal”, the Act does not take into consideration treatment options which may prevent or delay a terminal diagnosis.

The EOLC Act defines assisted dying as (Part 1, 4): (a) the administration by an attending medical practitioner or an attending nurse practitioner of medication to the person to relieve the person’s suffering by hastening death; or (b) the self-administration by the person of medication to relieve their suffering by hastening death.

“Assisted dying” is a catch phrase for the two practices being covered by this legislation: (a) euthanasia and (b) assisted suicide. And here-in lies the first of many problems. The terminology of the Act is inaccurate and designed to soften what is actually happening: (i) these practices do not hasten death, they cause death; and (ii) what is prescribed is a lethal drug which is wrongly described as a medication. In these definitions the intent is key. For example: by switching off life support, the intent is to let the person die of their illness; to give a drug for the purpose of ending a person’s life (even if done so to relieve suffering)—that is either euthanasia (a doctor delivers the drug) or assisted suicide (the person themselves administers the drug).

The language used is problematic because it confuses the public who often equate these practices with turning off life support, or stopping treatment etc., both of which are legal end-of-life choices.

An additional term to consider is the “suffering” this legislation seeks to address. A subjective and multi-

faceted phenomenon, suffering within the end of life discussion is most frequently associated with physical pain. However, research with those who request assisted dying reveals that it is not physical suffering due to inadequate pain control which people fear, but rather loss of autonomy, reduced enjoyment of life and becoming a burden on family and friends.

These ‘top three’ are all forms of emotional and mental suffering which can be alleviated through our social

David Seymour	
End of Life Choice Bill	
Member's Bill	
2018-19	
Contents	
Key	
1	Title
2	Commencement
Part 1	
Preliminary provisions	
2A	Purpose of Act
3	Interpretation
4	Meaning of person who is eligible for assisted dying, or eligible person
4A	Meaning of competent to make an informed decision about assisted dying
5	Act binds the Crown
Part 2	
Assisted dying	
2A	Conscientious objection

Text of the bill is available at
<http://www.legislation.govt.nz/bill/member/2017/0269/latest/DLM7285905.html>

relationships and practices. Palliative care provides a multi-disciplinary approach to the many facets of suffering (physical, emotional, psychological and spiritual) which a person may deal with as they deal with the reality of a life-limiting illness. No person needs to die in pain these days if they can access quality palliative care. So will this law relieve suffering? As Professor Rod McCleod states, “to say something like assisted dying will relieve suffering is an impossible and immeasurable goal.

Has it been a robust process?

It has been stated by many commentators that the EOLC Act must be a robust piece of law because of the time it took to get through parliament. However, those

who followed it closely would argue otherwise. The initial EOLC Bill written by MP David Seymour was a private member’s bill pulled from the ballot box. The Bill, having been then passed through to the Justice Select Committee, attracted 39,159 written submissions and 1,350 oral submissions—the largest process in New Zealand’s history. Of interest is that 91.8% of submissions opposed this Bill, including 93% of doctors who wrote submissions as well as groups such as Hospice NZ and the NZ Medical Association.

It is worth noting that of those who said no, only some 10% cited

religious reasons therefore over 80% of submissions said no with no reference to religion. Yet the Bill still proceeded through Parliament with only 3 changes: a significant re-write to limit criteria to people with a terminal illness; and two changes allowing a binding referendum. The other 111 proposed changes designed to improve various aspects of the Bill were all rejected. For most of the final debate, which happened over several days, the majority of MPs were absent from the House and failed to hear the arguments

for amendments.

Reasons for or against the EOLC Act

In her recent book *The Final Choice: End of life suffering: Is assisted dying the answer?*, journalist Caralise Traves identifies a number of reasons for and against the End of Life Choice Act. Reasons for such a law include:

- ◆ Individual autonomy/choice and being in control
- ◆ Self-reliance
- ◆ Maintaining dignity and distinctions between existing and living
- ◆ The comfort of having a choice
- ◆ Fear of dying badly.

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Reasons against such a law include:

- ♦ Value of life
- ♦ Care for the vulnerable, including the disabled, those with mental health issues and indigenous peoples.
- ♦ A lack of or inadequate safeguards especially against coercion, suggestion and mental health
- ♦ Changes to the doctor-patient relationship
- ♦ Normalisation and extension of criteria

Is this particular legislation safe?

The safety of this legislation is a key feature of many discussions. While the EOLC Act requires two doctors to approve euthanasia or assisted suicide, only one doctor—the first doctor to whom the request is made—is required to “do his or her best” (Part 2, s11(2)) to ensure the person requesting assisted dying has expressed their wish free from the pressure of another person. There is no mandatory requirement for a psychological assessment—especially for depression, family consultation, or a “cool down” period between approval and undertaking (the minimum time between approval and action could be 4 days). Doctors alone (or nurse practitioners under their guidance) are left to assess coercion, mental capacity and eligibility. Of note, there is no requirement for the doctors to have a long-term relationship with the patient—in Oregon the average time of relationship is 10-14 weeks.

If a doctor objects, they must refer to the SCENZ group, who will refer the patient to those willing to be involved. Reviews of the process happen via an End of Life Review Committee after the fact, using the reports filed by the

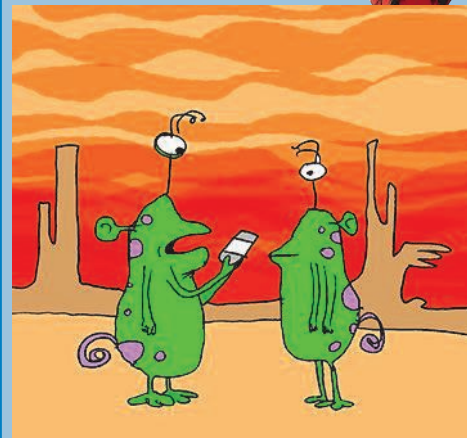
doctors concerned. The lack of robust safeguards is a significant concern by many. It is also worth noting that in the State of Victoria, their assisted dying legislation (which essentially provides for assisted suicide only) is three-times longer than New Zealand's and has 68 safeguard regulations.

Overseas evidence

The first aspect to note in looking at overseas practices is that the majority of places which have investigated euthanasia or assisted suicide have rejected these practices. Since 2015, 13 countries or states have legalised assisted dying, while over 30 jurisdictions have rejected such legislation including the UK, 26 States in the US and NSW. Of those 13, the majority practice assisted suicide only and not euthanasia. This is not a global tide sweeping the world.

Research from international jurisdictions where assisted dying is practiced (and in the few that also allow euthanasia), shows there is a significant increase in numbers year-on-year and clear extensions of the criteria beyond those with terminal conditions. Examples of criteria extensions include the availability to those under 18; those with mental health conditions including depression; those with dementia; and those with disabilities. Moves to change laws to extend criteria or remove restrictions are currently underway in the Netherlands, Oregon and Canada. As the Royal Society of Canada states, there is “no principled basis for excluding people suffering greatly and permanently, but not imminently dying”. Professor Theo Boer notes in the Netherlands, “the very existence of a euthanasia law turns assisted suicide from a last

The Frolicsome Friar



"The reason why you can't find any intelligent life on earth is because you're looking on Twitter."

SOURCE: WWW.HOWTOGEEK.COM.

Letters

The Rock welcomes letters to the Editor. Letters are subject to selection and, if selected, to editing for length and house style. Letters may be:

Posted to: The Editor of The Rock,
c/- The Vicarage, 57 Baker Street,
Caversham,
Dunedin, N.Z. 9012

Emailed to: TheRockEditor@stpeterscaversham.org.nz

resort into a normal procedure”.

There is also some evidence in overseas studies to show that allowing euthanasia or assisted suicide also increases rates of unassisted suicide. A recent report (18 October, 2019) on *The Danger of Assisted Suicide Laws* by the US National Council on Disability, identifies a 6% increase in total suicide rates across US states with assisted suicide laws. Given our already high rates of unassisted suicide is this a risk we can take?

So can we make a robust law in NZ which can withstand these pressures for change? The original EOLC Bill contained the phrase, “irremediable conditions” which extended the scope of assisted dying beyond terminal

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The Music and Magic

By Ken Ferguson

In which we complete the travelogue begun last month.



MAP: GOOGLE

In the afternoon [following the events related in last month's *Rock—Ed.*] we drove on to Dublin, the Capital of Ireland on the mouth of the River Liffey. Our drive ended at the Brooks Hotel where we stayed for the next three nights. After settling into our rooms and having tea we went to see *Riverdance*, the legendary stage spectacular with its Grammy Award winning music and dancing. The next day we drove to Trinity College where the *Book of Kells* is housed, the James Joyce Centre and many other fantastic sights in this wonderful city. We stopped for a visit to *Dublinia* and *Viking World* and then visited Christchurch Cathedral, with the balance of the day free.



I needed it as there was only so much I could absorb. That evening we walked over the Liffey bridge and after tea we called it a night. Next morning we visited the old Jameson's Distillery and did a tour and tasting. Here we learned the secrets of Jameson Irish Whiskey. After the visit to the distillery everything was a little cloudy and muddled. (A little bit of humour there.) In the digital Museum dedicated to the Irish Diaspora, both Joan and I searched for the reference to Joan's family (Cavanagh) and my great great grandmother Janet Kennedy, but to no avail. The next day we travelled to Waterford and the Waterford Crystal factory.

We stopped frequently on our journey to Waterford. One stop was at Glendalough Tower, the most famous of all the landmarks in County Wicklow, built almost 1,000 years ago by monks of St Kevin's Monastery, and various other historic sites. Far too many to mention here.

Magnificent Irish countryside with stone walls, charming farmhouses and emerald green everywhere. Waterford is Ireland's oldest city, founded by the Vikings in 914AD, and parts of the ancient wall still surround the town. Waterford is famed for its beautiful high end crystal. We were treated to a visit and tour of the crystal factory where we experienced the different

stages of production. Joan loved this location. At the Rock of Cashel, traditional seat of the Kings of Munster, Muirchertach Ua Briain in 1101 donated the fortress to the church. It has the most remarkable collections of Celtic art and medieval architecture in Europe. We visited Balaney Castle and Joan kissed the Stone of Eloquence found at the top of the tower. Joan also enjoyed the lace making at Kenmare. The poor Clare nuns came to Kenmare in 1861 to teach the children and they also gave them the skill with which to earn a living. This skill was lace making. Kenmare lace became known worldwide. At many of our destinations which are too many to mention there was often traditional music and events which were so rich in their spontaneity, like the shows *Gaelic Roots* and *Trad on the Prom*, all superb Irish culture. On to the Cliffs of Moher looming over County Clare: the cliffs are 214 metres high and from the



Cliffs of Moher.

PHOTO'S: JOAN FERGUSON.



Kylemore Abbey.

top one can see the Aaron Islands, Galway Bay, the Twelve Bens and various other landmarks. At Thoor Ballylee, a fortified 14th century Hiberno-Norman tower house, the poet W.B. Yeats spent many summers with his family and was inspired to write some of his finest poetry. Galway was special to us with its museums, historic buildings and street entertainment and put

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of Ireland



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simply “It’s Irishness”. One location, Kylemore Abbey, was fascinating. With its fascinating history spanning over 150 years it is home to a community of nuns of the Benedictine order who went there in 1920 after their abbey in Ypres, Belgium, was destroyed in World War 1. Settling at Kylemore the Benedictine community opened a world renowned boarding school for girls and began restoring the Abbey, Gothic Church and Victorian walled garden to their former glory. It was spectacular. Then on to Ashford



Ashford Castle.

Castle. Dating back to 1228 and once the estate of the Guinness family, Ashford Castle in Cong, County Mayo, first opened as a hotel in 1939 and from the imposing exterior one enters a richly decorated interior which speaks of centuries of care and love of fine craftsmanship. Back to Dublin then on to Dubai and home to Dunedin. The shuttle did not distribute suitcases on the route so an uneventful trip home. So many memories. 📷



Bantry House and Gardens.

CHURCHWARDEN CORNER



By Deirdre Harris
Vicar's Warden



My garden is a treasury of memories. Some of these treasures have moved with us to several gardens. When these plants bloom I remember the donors with pleasure and nostalgia.

Canary Island buttercup, *Ranunculus cortusifolius* (pictured above), with its glowing yellow flowers in early Spring was given to us by Dr David Given, a notable botanist who was a specialist in New Zealand's rare and endangered plants.

The vigorous rosa *Albertine* thrives against a fence in Dunedin. It was propagated from a cutting first grown at Lincoln and subsequently at Akaroa. It was given to us by Margaret Bulfin, another botanist.

A special peacock iris, *Morea aristata* (pictured below), was among the many plants given to me by Dr Elizabeth Flint, an eminent phycologist and especially an authority on Desmids.

These are just a few of the plants associated with friends and family which have travelled with us to Dunedin and flourish in our small garden. 📷



PHOTO'S: DEIRDRE HARRIS.



Nutritious

Nutrition in the time of



By Alex Chisholm



utrition is important for health, especially when the immune system may need to fight back,

functions including the production of insulin. Zinc deficiency can cause loss of appetite, poor growth, loss of hair, a poorly functioning immune system (leading to constant illness), poor wound healing and changes in taste sensation.



known for their favourable immune-modulatory action. Omega-3 polyunsaturated fatty acids, present in walnuts, seafood, algal oil, marine fish and flaxseed, may support the immune system, while omega-9 monounsaturated fatty acids found in olive, sunflower and safflower oils and nuts may have antioxidant, antimicrobial and antiviral effects.

Zinc requirement for men is 14mg/day and for women 8mg/day.

To increase your zinc intake try:

- ◆ adding beans to salads or casseroles
- ◆ yoghurt as a snack
- ◆ including chicken, tuna, egg in your wholegrain sandwich at lunchtime
- ◆ snacking on unsalted nuts such as walnuts or hazelnuts. 🇳🇿

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"...the World Health Organisation has published some nutrition recommendations for adults during the COVID-19 outbreak."

so the World Health Organisation has published some nutrition recommendations for adults during the COVID-19 outbreak. The advice generally follows healthy eating guidelines. However foods high in micronutrients such as zinc and vitamins A, C, D and beta-carotene which are antioxidants may help prevent or slow the

damage to the cells and play a key role in optimising the immune system.

Zinc is an essential trace

mineral crucial for the maintenance of immune function and connected with hundreds of different enzymes involved in metabolism. It is needed in only small amounts but is involved in many important

We can't make or store zinc so we need a constant supply from our food. It is more readily absorbed from animal sources (vegetarians may need up to 50% more dietary zinc than non-vegetarians). Nuts and legumes are valuable dietary sources of vitamin E and zinc, for vegetarians and vegans. If you are concerned about your intake of zinc, please discuss it with your doctor as high doses as supplements can be harmful.



Adequate intakes of micronutrients may be

obtained by a diet which includes lean meat, fish, lentils and beans, dairy foods, nuts, seeds, eggs, fruit especially citrus fruits, dried fruits

"...advice generally follows healthy eating guidelines..."

and vegetables.

Vitamin D can be obtained through exposure of the skin to the sun. In addition, unsaturated (monounsaturated and polyunsaturated) fatty acids are

Regular Services

(for variations consult *The Pebble* or our website)
All services are held in Saint Peter's unless noted otherwise

SUNDAY:

8am: Holy Communion according to the Book of Common Prayer
10.30am: Solemn Sung Eucharist
5pm: **1st and 3rd Sunday of each month:** Evensong and Benediction

THURSDAY:

10am: Eucharist

FIRST THURSDAY OF EACH MONTH:

11am: Eucharist in the lounge of Frances Hodgkins Retirement Village, Fenton Crescent

Special Services

Contact The Vicar to arrange baptisms, weddings, house blessings, burials, confessions and other special services.

Parish Contacts:

VICAR:

Father Hugh Bowron,
The Vicarage, 57 Baker St., Caversham, Dunedin,
New Zealand 9012.
(03) 455-3961
Vicar@stpeterscaversham.org.nz

ASSISTANT PRIEST:

Father Kit Bunker.477-2474

CHURCH WARDENS:

Vicar's Warden:

Deirdre Harris
(03) 455-0071
VicarsWarden@stpeterscaversham.org.nz

People's Warden:

Di Bunker
(03) 477 2474
PeoplesWarden@stpeterscaversham.org.nz

VESTRY SECRETARY:

Vestry@stpeterscaversham.org.nz

DIRECTOR OF MUSIC

AND PARISH CENTRE MANAGER:

David Hoskins
Telephone: (03) 453-4621
ParishCentre@stpeterscaversham.org.nz

FINANCE:

Danielle Harrison
(03) 455-0759
Finance@stpeterscaversham.org.nz

The Rock is published by The Anglican Parish of Caversham, Dunedin, N.Z.

EDITORIAL TEAM:

David Scoular
Telephone (03) 454-6004
TheRockEditor@stpeterscaversham.org.nz
The Vicar, Father Hugh Bowron
Telephone (03) 455-3961
The Vicarage, 57 Baker Street
Vicar@stpeterscaversham.org.nz

ADVERTISING QUERIES:

TheRockAds@stpeterscaversham.org.nz

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End of Life Choice Act: Yes or No?

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illness. This phrase was removed by David Seymour so the Act would pass its 2nd and 3rd readings. Furthermore, the NZ Attorney General has also stated that based on our Bill of Rights, the age restriction of 18 years is discriminatory and had suggested either scrapping any age limit or changing it to 16 years old. There is therefore a strong likelihood of extensions such as "irremediable conditions" and assisted dying clauses in advanced care directives being reintroduced over time, not to mention challenges to the age restrictions. In fact the EOLC Act already includes a review clause to "consider whether any amendments to this Act or any other enactment are necessary or desirable" (Part 3, s30).

To conclude

I believe euthanasia and assisted suicide are not practices we want in NZ. We have other means to provide effective end-of-life care and compassion to those in need – especially through ensuring access to adequately funded quality palliative care and hospices and addressing the imbalance of accessibility to these services. For those sympathetic to some form of assisted dying for the hard cases, the End of Life Choice Act is an overly broad and weak piece of legislation with poor safeguards, so I would encourage us all to vote NO.

First published online by Nelson Anglicans, Brad Wood interviews Chair of the InterChurch Bioethics Council the Reverend Dr Graham O'Brien.



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For your diary

Saturday, 29 August : Concert by the St Kilda Brass Band **cancelled by COVID-19**.
We hope to reschedule at a later date.

Sunday, 20 September : Deadline for copy for the September edition of *The Rock*

A little humour helps us get through Level 2

Rock music



By David Hoskins, Director of Music

Having worked, over many years, 'in the media' I have been disheartened as usual by the widespread carping criticism of efforts to combat the present Covid-19 pandemic now so embedded across most media platforms. Pondering this, I wondered if a little humour from the organ loft might help. After all, as the great Victor Borge was wont to say, 'a smile is the closest thing between two people' and 'nobody fought a war smilingly'. So, I have trawled the memory bank and herewith a few observations. One mine of information is the website by Daryl Nance, www.church-organist.com.



SOURCE: JAY SIDEBOTHAM <https://www.cpg.org/global/online-resources/cartoons/>

Miscellanea: One Liners, etc.

These may be old, but they are still good:

♪ 'When I grow up, I want to be a musician.'
'Now, honey, you can't do both.'

♪ 'What's the difference between a savings bond and a musician?'
'The savings bond matures and usually earns money.'

♪ Sir Thomas Beecham, to a musician during a rehearsal: 'We cannot expect you to be with us all the time, but perhaps you would be good enough to keep in touch from time to time.'

♪ 'In the 1800s, at the inauguration of the gargantuan organ of the Birmingham Town Hall, the Lord Mayor famously introduced the concert to the assembled dignitaries by saying, 'And now, the organ will play.' Whereupon, of course, it did not. Eventually, His Honour caught on and revised the introduction, 'and now the Municipal Organist will play the organ.' And he DID!

Hymn Choices for Those who Speed on the Highway:

45mph	<i>God will take care of you</i>
55mph	<i>Guide Me, O Thou Great Redeemer</i>
65mph	<i>Nearer my God to Thee</i>
75mph	<i>Nearer, Still Nearer</i>
85mph	<i>This world is not my home</i>
95mph	<i>Lord, I am coming Home</i>
And over 100mph	<i>Precious Memories.</i>



Justin Welby
The Archbishop of Canterbury

writing in the *Church Times* on 3 July, the Archbishop highlights the part churches can play in fostering peace in our world.

Amidst the darkness and the suffering, I see opportunities for healing and reconciliation. Christians believe that, through the resurrection of Jesus Christ, God shows us that, even after great wrong has been done and great darkness experienced, restoration is possible. 📺



More online :

Read the complete text at:

<https://www.archbishopofcanterbury.org/speaking-writing/articles/un-ceasefire-needs-our-support>

