

Adoption

Ann Dean works in Ingwavuma in South Africa and agrees with Paul and Hilary Johnson (Summer 2009:8-10) that adoption is a central calling for God's people:

Thank you for your article on adoption. I too have adopted a child, not because I 'needed' to – we had a lovely five month old baby at the time – but because it seemed the right thing to do as a Christian.

I am working in rural South Africa where the AIDS epidemic is creating thousands of orphans and social breakdown is leading to abandoned babies. The extended families in this community are doing an amazing job of caring for most of these children, but some are left with no one to care for them. We were thinking about adopting when our son was older, but I felt prompted by the Lord to take a child then, rather than wait till it was 'the right time' for us as a family.

We chose to adopt an abandoned baby so as to not have the complications of relatives when we return to the UK. We also went against conventional wisdom in that we took a child seven months older than our own, but none of us has found this a problem so far.

The experience has been a spiritual blessing. As well as the joy of parenthood and seeing our children growing up together, it has brought us a far deeper understanding of what it means to be adopted by God. When we received the new birth certificate for our daughter, it stated on it that she is 'as if born from these parents'. She now has the same rights and inheritance in our family as our natural born son. In the same way, when we are adopted into God's family, he places us on an equal level with Christ.

That is a truly amazing concept which we often fail to appreciate. God longs for us to spend time in his presence, for him to talk with us, and for us to learn from him. In the same way we love it when our children enjoy our company and learn good things from us. I echo the Johnsons' cry that more Christians should prayerfully consider whether they are being called to adopt and not assume this is an option only for childless couples.

Five out of the eight white families in our village have now adopted black orphan babies (one family has adopted eight) and it is becoming the norm rather than the exception. We are learning together about how poor nutrition in the womb, lack of early stimulation, and poor health care are affecting the development of our adopted children. However, we accept and love our adopted children just as the Lord accepts us when we turn to him in our imperfection. He has all the grace and love we need to draw on to be parents, whether to biological or adopted children, and he longs for all children to grow up in a loving family.

Assisted suicide

Peter Saunders' editorial on assisted suicide (Summer 2009:3) was part of the material retired paediatrician Janet Goodall found helpful before a radio broadcast in the Stoke-on-Trent area:

It was a great help to have the CMF and Care Not Killing literature¹ available when recently asked to comment about assisted suicide on our local radio. Particularly impressive are the statistics comparing the number of deaths in the UK per annum with the miniscule number of Britons who travel to the Swiss clinic to end their days.

The questions remain as to why any go at all, and why others want to legalise assisted suicide here? I am convinced that what is perceived as rational behaviour is unavoidably influenced by emotional reactions in both doctors and patients.²

Any loss of expectation, whether minor (a lost pen) or major (a life threatening illness) can elicit the 'Oh, no!' of *denial*. In the case of potentially fatal illness this can be acted out by reactions of *fight* or *flight*. Traditionally doctors 'fight to save lives' and for a time the sick person will often fight too. Yet for doctors to continue battling relentlessly when it is clearly futile will exhaust and dispirit patients and their loved ones, who might then be tempted to fly away by Swissair. Even the very prospect of meddling medicine can conspire with the fear of a painful death to strengthen a desire to end it all.

Hospices, of course, provide the middle way by helping people to live until they die, by the use of symptom control and listening ears. Hope can replace fear, helping denial to give way to a more serene coming-to-terms. Hospice workers do not have shrill voices nor do they lead campaigns, but there is a great need for their principles to be incorporated into public awareness and general practice – and even more so into hospital practice, where most dying patients are found. That is something well worth fighting for.

references

1. www.carenotkilling.org.uk
2. Goodall J. Doctors fighting, fleeing or facing up to death. *BMJ* 1998; 317: 355-356