The Divine Language of Love

May 6, 2018



John 14:15-31

(15) "If you love Me, keep My commandments. (16) And I will pray the Father, and He will give you another Helper, that He may abide with you forever-(17) the Spirit of truth, whom the world cannot receive, because it neither sees Tim nor knows Tim; but you know Tim, for Te dwells with you and will be in you. (18) will not leave you orphans; will come to you. (19) "A little while longer and the world will see Me no more, but you will see Me. Because | live, you will live also. (20) At that day you will know that] am in My Father, and you in Me, and] in you.

John 14:15-31

(21) Te who has My commandments and keeps them, it is he who loves Me. And he who loves Me will be loved by My Father, and | will love him and manifest Myself to him." (22) Judas (not scariot) said to Him, "Lord, how is it that You will manifest Yourself to us, and not to the world?" (23) Jesus answered and said to him, "If anyone loves Me, he will keep My word; and My Father will love him, and We will come to him and make Our home with him. (24) He who does not love Me does not keep My words; and the word which you hear is not Mine but the Father's who sent Me.

John 14:15-24

(15) "If you love Me, keep My commandments.

(21) He who has My commandments and keeps them, it is he who loves Me. And he who loves Me will be loved by My Father, and will love him and manifest Myself to him."

(23) Jesus answered and said to him, "If anyone loves Me, he will keep My word; and My Father will love him, and We will come to him and make Our home with him. (24) He who does not love Me does not keep My words; and the word which you hear is not Mine but the Father's who sent Me.

The 5 Love Languages

Word of Affirmation
 Quality Time
 Acts of Service
 Receiving Gifts
 Physical Touch

God's Love Language

Keep My Commandments

Current Statistics

Province/territory	Number of induced abortions reported by hospitals	Number of induced abortions reported by clinics	Total
Newfoundland and Labrador	138	840	978
Prince Edward Island	0	0	0
Nova Scotia	1,908	0	1,908
New Brunswick	827	0	827
Quebec	7,881	15,512	23,393
Ontario	9,907	28,476	38,383
Manitoba	2,130	1,538	3,668
Saskatchewan	1,878	204	2,082
Alberta	1,719	11,229	12,948
British Columbia	3,950	9,166	13,116
Yukon	116	0	116
Northwest Territories	277	0	277
Nunavut	68	0	68
Total reported	30,799	66,965	97,764

In BC, I in 4 Pregnancies Ends in Abortion



Sex Selective Abortions In Canada

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Whon Aciana migrated	to Wastern countries they	brought walcome re	cinos for	- Serv		_
When Asians migrated to Western countries they brought welcome recipes curries and dim sum. Sadly, a few of them also imported their preference f having sons and aborting daughters. Female feticide happens in India and 0 the millions, but it also happens in North America in numbers large enough distort the male to female ratio in some ethnic groups. ¹⁻⁴ Should female fe in Canada be ignored because it is a small problem localized to minority et groups? No. Small numbers cannot be ignored when the issue is about				Alert me cited Alert me posted Alert me publishe	s article to a colleagu when this article is if a correction is when eletters are d rticles in this journal	e



Eugenic Abortions In Canada

Over 90% of women/couples who find out they are expecting a down syndrome baby will choose abortion.



InYourFaceNewYorker @InYourFaceNYer @RichardDawkins @AidanMcCourt I honestly don't know what I would do if I were pregnant with a kid with Down Syndrome. Real ethical dilemma.



Richard Dawkins 📀 @RichardDawkins

@InYourFaceNYer Abort it and try again. It would be immoral to bring it into the world if you have the choice.

7:53 AM - 20 Aug 2014

193 RETWEETS **169** FAVORITES





After Birth Abortions?

- According to Stats Can 491 babies died over a 10 year period as failed abortion.
- Example: In 1999, According to local news reports, an infant was left to die in a Calgary hospital after surviving an abortion.



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J Med Ethics doi:10.1136/medethics-2011-100411

Law, ethics and medicine

Paper

After-birth abortion: why should the baby live?

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Abstract

Abortion is largely accepted even for reasons that do not have anything to do with the fetus' health. By showing that (1) both fetuses and newborns do not have the same moral status as actual persons, (2) the fact that both are potential persons is morally irrelevant and (3) adoption is not always in the best interest of actual people, the authors argue that what we call 'after-birth abortion' (killing a newborn) should be permissible in all the cases where abortion is, including cases where the newborn is not disabled.

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PRACTICE POINT

Withholding and withdrawing artificial nutrition and hydration

E Tsai; Canadian Paediatric Society, Bioethics Committee

E Tsai; Canadian Paediatric Society, Bioethics Committee. Withholding and withdrawing artificial nutrition and hydration. Paediatr Child Health 2011;16(4):241-242.

Although the practice of withholding and withdrawing artificial nutrition and hydration (ANH) has become more common, it remains controversial, particularly in the paediatric setting. Decisions regarding ANH, along with other medical interventions, should be considered in the individual context of the child's overall plan of care. The purpose of the present practice point is to provide guidance for Canadian paediatric health care practitioners regarding when withholding or withdrawing ANH may be an ethically permissible option as part of a palliative care plan and to briefly address some pragmatic considerations.

Key Words: Artificial nutrition and hydration; Ethics; Paediatric end-of-life care; Palliative care

STATEMENT OF THE PROBLEM

The practice of withholding and withdrawing artificial nutrition and hydration (ANH), although still at times controversial, occurs widely in a variety of health care settings. Cases in the public media, such as that of Terri Schiavo (1), raise awareness in parents as well as health care practitioners about this practice. The purpose of the

L'abstention et la suppression de l'alimentation et de l'hydratation artificielles

Même si la pratique de ne pas administrer ou de supprimer l'alimentation et l'hydratation artificielles (AHA) est devenue plus courante, elle demeure controversée, notamment en milieu pédiatrique. Il faut évaluer les décisions au sujet de l'AHA, tout comme celles portant sur les autres interventions médicales, compte tenu du plan de soins global de l'enfant. Le présent point de pratique vise à orienter les dispensateurs de soins pédiatriques du Canada quant aux circonstances dans lesquelles l'abstention ou la suppression de l'AHA peut être une solution recevable sur le plan éthique dans le cadre d'un plan de soins palliatifs et à aborder brièvement quelques considérations pragmatiques.

ANH, however, does not refer to nutrition and hydration provided through normal means of eating and drinking. Children who are able and wish to eat and drink should be offered food and fluids by mouth. Other terms used in the literature include 'medically assisted' or 'medically provided' nutrition and hydration; these terms emphasize how ANH does not fundamentally differ from other treatments. If one



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