Chisholm Health Ethics Bulletin

Vol 17 No 1 SPRING 2011

Remaining True

This is a slightly edited version of a talk given on 1 September 2011 at the Catholic Health Australia National Conference at the National Convention Centre in Canberra. The theme of the conference was Remaining True.

My reflections here consider not only how our health and aged care services might Remain True, but also how each one of us might Remain True. For this reason, my comments are perhaps a bit more challenging.

Let me begin with a story – or, more accurately, a conversation. "I don't understand you," said the businessman to the nurse. The businessman was a patient in a Catholic hospital. Perhaps it was your hospital, or a hospital in your town, because this is a true story. The nurse who tells it describes herself as an ordinary nurse in an ordinary Catholic hospital. "I don't understand you," the businessman repeated. "The people I move with, we all try to make as much money as we can. Some of us sometimes cut corners, because we want as much money as possible with as little effort. Beyond that, people like me live large: we practise what is sometimes called conspicuous consumption." "But I don't understand you," the businessman repeated again. "I've noted the hours you work, the shifts, and how hard and demanding your work can be. I've noticed that you try very hard to care for everyone. And I know more or less what you'd be paid, and I know that you could make much more money with much less effort doing any number of other jobs." "I don't understand you," the businessman said yet again. Then he added as his eyes suddenly filled with tears, "But I'm very glad that there are people like you in this world."

In 1996, political scientist Samuel P. Huntington wrote a controversial book titled *The Clash of Civilisations and the Remaking of World Order*.[1] His thesis was that global politics in the future will be dominated by the clash or conflict between different cultures or civilisations. He also predicted that the next great clash will be between Western civilisation and the Islamic world. Now, I don't agree with Huntington's claim that the greatest conflict in today's world is between Western civilisation and the Islamic world. Nor do I agree with his claim that the greatest clashes in today's world are between different civilisations based in different locations around the world. Instead, it seems to me that the greatest clashes in today's world are occurring within civilisations.[2] Indeed, to me, the greatest of these clashes is occurring both within Western civilisation and within other civilisations around the world. It is the clash between traditional morality, and a 'new' or emerging morality which dates back only as far as the eighteenth century. In this presentation, I intend to explore this clash of civilisations with you. I will do four things. Firstly, I'll explore traditional morality. Secondly, I'll explore the emerging 'new' morality. As I do so, you will probably note that the nurse in the story is an exemplar of traditional morality, while the businessman is an exemplar of the 'new' morality. Thirdly, I'll explore the clash between these two civilisations of traditional and 'new' morality - or, to use simpler words, between these two cultures or world-views. This clash happened in a simple way in the conversation between the businessman and the nurse; it continues to happen in many different and sometimes very significant ways within our society. Finally, I'll suggest some things that we can do to Remain True in this great clash of civilisations.

Traditional Morality

Let us begin with traditional morality. In many ways, the history of Western civilisation is a history of the ongoing development of traditional morality. In the same way, the history of many of the other great civilisations of the world is also a history of their own ongoing development of their own version of traditional morality. And while there can be differences between these varying accounts of traditional morality, the similarities are quite striking. It makes sense when you think of it. One of the tasks of morality is to set out the attitudes and behaviours that truly promote human flourishing. For this reason, we would rightly expect traditional morality to be strikingly similar all round the world.

Within Western civilisation, traditional morality has its origins in two sources. These are the Judaeo-Christian

IN THIS ISSUE

ISSN 1443-3591

ethic and Greco-Roman philosophy. Within the church, we call these two sources revelation and reason - or sometimes, faith and reason. Revelation is what is revealed to us by God through Jesus Christ and in our holy book the Bible; revelation is what we receive in faith from God. Reason on the other hand is what we can learn about being human apart from faith using what is variously called reason, practical reason, or plain old common sense. In Western civilisation, traditional morality arises from the interaction of faith and reason. It is never faith alone nor reason alone, but always faith and reason together: reason informed by faith, and faith informed by reason.[3]

Within Western civilisation, traditional morality was enormously developed during the High Middle Ages, the historical period between the eleventh and fifteenth centuries. And since then, there has been even until today ongoing development of this traditional morality. For example, one way in which traditional morality continues to develop is though Catholic social teaching. Nowadays, we find traditional morality in many places within our society. Let me name four. Firstly, we find it in the Catholic vision of life. Secondly, we find this traditional morality - perhaps with subtle variations - within the other great faith traditions of the world. For example, I have worked closely both with Jewish people and with Muslim people, and I have been struck again and again how similar our values are. Thirdly, we find traditional morality in the cultural attitudes and world-views of many migrants to Australia who come from Culturally and Linguistically Diverse (CALD) backgrounds. And finally, we find it in the culture and world-view of many Australian country towns. Of course, traditional morality is also found in many other places and in many other people.

'Traditional morality accepts that life and even survival are sometimes precarious, and therefore that we must continue to work to preserve and build up both individual life and the common life of society.'

What are some of the themes of traditional morality? Firstly, traditional morality accepts that life and even survival are sometimes precarious, and therefore that we must continue to work to preserve and build up both individual life and the common life of society. Secondly, traditional morality is based on a common understanding of what it is to be human. It is this common understanding of what it is to be human which informs traditional morality in its understanding of what truly promotes human flourishing. Thirdly, traditional morality holds that human beings find their fulfilment above all through service. We are happiest and most fulfilled not when we are overly focussed on ourselves and our rights and our needs and our wants, but rather when we give ourselves away in service. Finally, traditional morality is concerned about three things. It is concerned about the common good of society. It is also concerned about the good of families, for it recognises families as the building blocks of society. And it is also concerned about the good of individual persons. Indeed, the challenge for traditional morality is to hold these three concerns in the right balance - not to be so concerned about one area that it neglects the others but to hold all these concerns in the right balance. But within this creative tension, its focus above all is on the common good - the good of society, the good of all.[4] This concern for the common good is the most distinctive feature of traditional morality. It is the central idea, the leitmotif or recurring theme or refrain of traditional morality. Indeed, traditional morality often asks us to make some individual sacrifice for the good of all. That's perhaps one reason that many people nowadays reject traditional morality.

Note that the nurse from my story is an exemplar of this world-view, this way of living. More than that, note the profound connections between traditional morality and the distinctive ethos of health care. To commit oneself to be a healer – as a nurse, as a doctor, or in any role within health care – is to recognise that we find our own fulfilment through service. It is to commit oneself to the common good through a mission of healing. It involves a profound recognition of how precarious and fragile life really is. And it is to accept some measure of self-sacrifice (in many different forms) as the price that one pays for one's commitment to healing and to the common good. There are indeed profound links between traditional morality and the distinctive ethos of health care. Indeed, over the centuries it was within the culture or world-view of traditional morality that the distinctive ethos of health care has been formed.

The 'New' Morality

Let's turn to the 'new' morality. It is new: it dates back only to the seventeenth or eighteenth century. Specifically, it dates back to the so-called Enlightenment, which saw itself as a new beginning within Western civilisation of human culture and human society. The Enlightenment assumed that we have no common understanding of what it is to be human. There is only my view and your view and everyone else's view, and the Enlightenment assumes both that these are all very different and that we have no way of deciding which ones are better and more accurate than some of the others.[5] For this reason, the only vision that the Enlightenment offers is that as much as possible each of us should be free to follow our own path and pursue our own goals and live our own way. Its emphasis is therefore on autonomy and free choice. Indeed, the Enlightenment assumes that human beings find their fulfilment above all not through service but through freedom and through free choice. This concern for individual freedom is the most distinctive feature of the new morality. It is the central idea, the leitmotif or recurring theme or refrain of the 'new' morality.

The Enlightenment vision also continued through history and also continued to develop. Enter the Baby Boomers -

those of us born between 1946 and 1964.[6] Yes, we're "talkin' 'bout my generation."[7] As a group, we Boomers are the über-Enlightenment - the Enlightenment vision carried to its extreme. We are the 'me' generation. We Boomers place an extreme emphasis on individualism and on personal autonomy. Our twin cries are "I gotta be me!" and "I gotta get my way!" We Boomers therefore rail and fight against anything that would restrict our free choice. We are the generation which effectively decriminalised abortion in many jurisdictions around the world; we are the generation which is currently most passionately involved in the battle to legalise euthanasia.

Before I move on, let me address some of the other generations. My friends who belong to the Silent Generation - the generation before the Baby Boomers - mostly readily recognise how self-centred we Boomers can be. After all, we are mostly their sons and daughters, and they know us well. My friends who belong to Gen X or Gen Y or Gen Z - the generations after the Boomers - sometimes protest that their generations can be just as self-centred as my generation. That may well be true. Even so, folks, we thought of it first.

'The only vision that the Enlightenment offers is that as much as possible each of us should be free to follow our own path and pursue our own goals and live our own way. Its emphasis is therefore on autonomy and free choice.'

A third factor in the development of the new morality is secularisation or, to give it another name, the eclipse of the sense of God. In *Gaudium et Spes* - its *Pastoral Constitution on the Church in the Modern World* - the Second Vatican Council warned us of the significance of this. "Once God is forgotten," the Council wrote, "the human person become unintelligible."[8] Once we lose sight of the Creator, we no longer see ourselves as the Creator's creation, and we gradually lose sight of who we truly are. Further, as we lose sight of the spiritual side of life, we focus only on the material side. We become materialistic, and we start to think that the purpose of life is nothing more than consumption. Finally, note that the businessman from my story is an exemplar of the 'new' morality. I should stress that I am referring only to this particular businessman. Obviously, it's not every businessman who is like this.

Thus, we can summarise themes of the 'new' morality. It is focussed only on the individual and on personal autonomy. It believes that human beings find their greatest fulfilment through consumption and through getting what we want. It is therefore materialistic and consumerist.

The Clash of Civilisations

Let me now speak about the clash of civilisations. For this, let me turn to Blessed John Paul II's encyclical Evangelium Vitae. John Paul says that at this time "we are facing an enormous and dramatic clash between good and evil, between death and life, the 'culture of death' and the 'culture of life.'"[9] There are several conclusions we can draw from this and from the pope's encyclical: Firstly, the 'new' morality is also the culture of death. It arises from a notion of freedom which "exalts the isolated individual in an absolute way, and gives no place to solidarity, to openness to others and service to them."[10] Note again the concern about freedom and individualism. Further, this extreme individualism - this extreme autonomy - this excessive freedom - ultimately undermines the common good. For this reason, this is really an anti-civilisation - a culture which actually undermines civilisation and the common good. It is a pseudo-morality or even an anti-morality. And finally, it is also a "war of the powerful against the weak."[11] This 'new' morality turns those who are powerful away from the weak. And the weak - who need their help - are abandoned and harmed.

This helps us to understand the significance of what is happening. Remaining True is not just a nice idea or a clever catchphrase. Instead, it is Remaining True to traditional morality, to the morality which fosters and protects civilisation itself. It is also Remaining True to the traditional morality which underpins the distinctive ethos of health care as a healing profession. In this clash of civilisations, then, both the distinctive ethos of health care as a healing profession and even civilisation itself is at stake. In our institutions and throughout society, we fight to preserve the essence of civilisation. It is hard to conceive of anything more important. If we lose sight of traditional morality, if we lose sight of the common good, do we stand at the beginning of a new Dark Ages?[12]

Five Suggestions for Remaining True

How can we Remain True? You would probably add to this list, but I offer five suggestions. Firstly, we must **reject the 'new' morality**. Clifford Longley speaks of the 'new' morality as the ideology of *homo economicus* - that is, the idea that we are essentially nothing more than economic actors who seek only to maximise our own consumption. He reminds us, however, that we really are not *homo economicus* "hard-wired to pursue [our] own individual economic interests." Rather, if we are hard-wired, Longley insists that we are hard-wired to be social beings whose well-being "depends on the well-being of the group" and indeed ultimately on the "common good."[13] Note again the emphasis on the common good.

Let me briefly summarise a remarkable Australian book. *Affluenza* by Clive Hamilton and Richard Denniss is not a book written within the Christian churches. Indeed, Clive Hamilton was the Greens candidate in the 2009 by-election for the Federal seat of Higgins in south-eastern Melbourne. Even so, this remarkable book warns that this new morality is often a deadly trap. It talks of a cycle of hype and hope and disappointment. The hype is modern marketing and modern advertising. It sells a message of hope: we are told that happiness can be had from acquiring material things. Disappointment follows. We

get our designer clothes and our designer sunglasses. However, while they are good, they are not nearly as good as we had hoped. Our satisfaction is far too small and far too brief. That's when we can make a fatal mistake. Instead of realising that material consumption has simply been over-hyped, we can decide instead that the problem is that we've set our sights too low. It's not the 42-inch plasma TV that will do it for us; it's the 46-inch LCD. It's not the Toyota Corolla; it's the Audi or the BMW. But even if we acquire these things, they too will not satisfy. Hamilton and Denniss call this the "hedonic treadmill,"[14] as we set our sights higher and higher searching for the illusory satisfactions which material things really cannot give.

This is when it gets ugly. People get into debt to feed their excessive consumption. And then they overwork to pay their debts. And then there is so much waste, as stressed-out people waste their money on things they don't really need and in many cases don't even use. And from this grows the plague of psychological disorders, alienation and distress that characterises modern Australia. Hamilton and Denniss look at the use of prescription medicines, alcohol and illicit drugs in Australia today. They conclude, "If we were to aggregate medications, alcohol and illicit drugs... it is likely that at least 30 per cent of Australian adults rely on drugs and substances to get them through the day." [15] According to Clive Hamilton and Richard Denniss, this is the sad legacy of the 'new' morality.

Instead, let us **live lives of professional service**. I have already spoken about how we are most fulfilled by lives of service, but let me explain why I am talking about professional service. In its classical meaning, a true profession does not produce anything external. Instead, it changes people on the inside or it brings about changes which are intangible. Education is a profession. It changes people on the inside as they learn new knowledge and new skills. Health care is a profession. It brings about healing and provides care. Politics is a profession. It should bring about a just social order. The law is a profession. It should protect or uphold human rights. And the pastoral ministry is a profession. At its best, it helps people find meaning in life.[16]

The Catholic Church has great esteem for all the professions including the profession of health care. As a church, we strive always to remind health professionals of the greatness of your profession because you heal people and care for them. Indeed, we whisper to you our deep belief that you even share in the mission of Jesus the Healer. Now, for us professionals our prime focus and our primary reward should be the change that we facilitate. As an educator, my best reward is not whatever I'm paid but that people learn. As a health professional, your best reward is not whatever you're paid but that you heal people and care for them. This requires that we discipline ourselves to remain somewhat detached from other rewards - be they material gain or power or prestige. If we do not, these other things will slowly take over and they will then corrupt our professional practice.[17] We must get all this right if we are truly to live lives of professional service.

Thirdly, let us **be generous**. Pope Benedict XVI wrote about this in his encyclical *Caritas in Veritate*. He recognised that justice alone will not bring about a decent world. We need the contribution of the volunteer. We need the lawyer's pro bono work, the doctor's uncharged home visit, the nurse's unpaid overtime. Benedict wrote, "The great challenge before us... is to demonstrate, in thinking and behaviour... that in commercial relationships the principle of gratuitousness and the logic of gift as an expression of fraternity can and must find their place within normal economic activity."[18] Clifford Longley calls this Benedict's "strikingly original contribution to the corpus of Catholic social teaching."[19] Let us heed this call, and let us be generous.

'For us professionals our prime focus and our primary reward should be the change that we facilitate … As a health professional, your best reward is not whatever you're paid but that you heal people and care for them.'

Let us also **practise religious faith**. I am very aware that this means different things for different people in our organisations. For some of us, it is a call to be a good Catholic or a good Christian. For others of us, it is a call to be a good Jew or a good Muslim. If you belong to a religious tradition, try as much as you can and as often as you can to join with other members of your faith tradition for communal prayer. Try to make time in your daily life for spirituality and for prayer. And try to remain aware of the presence of God as you go about your daily life.

Other people within our organisations do not belong to a faith tradition, but this call to religious faith challenges you too. Are there things in your world - like a sunset or the stars or the beauty of nature or human love - that lead you to ponder the presence of God? Are you able to spend time with these things? Are there other things you can do to explore the spiritual dimension of life? Perhaps you feel called to explore a faith tradition. If so, I offer three pieces of advice. Firstly, focus on one of the great faith traditions of the world. Unlike a recently invented religion, these great faith traditions have been around long enough to have many of the wrong ideas like rough edges knocked off them. Secondly, if there is a faith tradition in your past or in your family, start there. Only move on to try something else if this faith tradition does not work for you after a serious trial. Thirdly, if you can, try to commit yourself for at least three months. When I travelled here yesterday, I saw a gym that asked people to try their three month body challenge. Perhaps you can commit yourself to three months not for your body but for your spirit.

Finally, when we feel that we've been harmed, let us **be forgiving** people. I say this for two reasons. Firstly,

forgiveness is essential if we are to have a future. And secondly, my practical observation is that the 'new' morality is not good at forgiveness. It tends to hang on to resentments and to anger. Perhaps we can forgive for our own sake, for it is not good for us if we hang on to resentment and to anger. Perhaps we can forgive for the sake of the common good, for both our institutions and society itself are damaged if we cannot let things go. Or perhaps we can forgive for the sake of our relationship with another person who is a colleague or a friend or an intimate partner. For whatever reason, let us be forgiving people.

Yes, there is a clash of civilisations. It is a clash between traditional morality and an emerging 'new' morality. It is clash between religious faith and secularisation. It is a clash between civilisation and an anti-civilisation, between the culture of life and a culture of death. Please Remain True and stand with us on the side of the culture of life.

ENDNOTES

[1] Samuel P. Huntington, *The Clash of Civilisations and the Remaking of the World Order* (New York: Simon & Schuster, 1996; Updated Edition 2011).

[2] This is a common criticism of Huntington's thesis. For example, Waleed Aly states that one of the "flaws in the theory" is that "it greatly underestimates the continuing importance of conflict within civilisations." Other criticisms are that it ignores the considerable diversity within civilisations and thereby wrongly regards them as monocultures, and that it also ignores the dynamic interdependence and interactions of civilisations. For Aly's comments, see Waleed Aly, "Misreading the Clash of Civilisations," *The Sunday Age* (Melbourne) 11 September 2011, 12-13 at 12.

[3] This interplay of faith and reason has been noted many times in the official teaching of the Catholic Church. One of the great encyclicals of Blessed John Paul II is titled *Faith and Reason (Fides et Ratio)*. It begins, "Faith and reason are like two wings on which the human spirit rises to the contemplation of truth..." Or again, in his address to a General Audience on 16 June 2010, Pope Benedict XVI noted that while "reason alone" can give a "vision of the world and of life" which is "complete and convincing in itself," it was still "awaiting, as it were, the light of Jesus to be complete…. Faith consolidates, integrates and illumines the heritage of truth that human reason acquires." Benedict returned to this theme in his Address to the United Kingdom at Westminster Hall on 17 September 2010. Just as religion sometimes has "a 'corrective' role… vis-à-vis reason," he noted, there is also a "purifying and structuring role of reason within religion. It is a two-way process." This is why the Pope suggested that "the world of reason and the world of faith – the world of secular rationality and the world of religious belief – need one another and should not be afraid to enter into a profound and ongoing dialogue, for the good of our civilisation." For these, see John Paul II, *Fides et Ratio*, Holy See, http://www.vatican.va/holy_father/john_paul_ii/encyclicals/documents/hf_jp-ii_enc_14091998_fides-et-ratio_en.html; Benedict XVI, *General Audience (16 June 2010)*, Holy See, http://www.vatican.va/holy_father/benedict_xvi/audiences/2010/documents/hf_ben-xvi_aud_20100616_en.html; _____, *Address at Westminster Hall (17 September 2010)*, Holy See, http://www.vatican.va/holy_father/benedict_xvi/speeches/2010/september/documents/hf_ben-xvi_spe_20100917_societa-civile_en.html

[4] The *Compendium of the Social Doctrine of the Church* defines the common good as "the sum total of social conditions which allow people, either as groups or as individuals, to reach their fulfillment more fully and more easily." (#164) It describes it more simply as "the good of all people and of the whole person." (#165) It adds that "all members of society" (#167) and in particular the State or government (#168) must contribute to building up the common good. Along with the principle of the dignity of the human person and the principles of solidarity and subsidiarity, the common good is one of the four foundational principles of Catholic social teaching – a fact which reflects the intimate connection between Catholic social teaching and traditional morality. See Pontifical Council for Justice and Peace, *Compendium of the Social Doctrine of the Church*, Holy See, http://www.vatican.va/roman_curia/pontifical_councils/justpeace/documents/rc_pc_justpeace_doc_20060526_compendio-dott-soc_en.html

[5] This exclusive focus on subjective standards and the attendant refusal to recognise objective standards of right and wrong is called moral relativism. It is a deep-seated feature of contemporary culture, and the Catholic Church has serious concerns about it. In his encyclical *Veritatis Splendor (The Splendour of Truth)*, Blessed John Paul II has noted that it arises when freedom is exalted "to such an extent that it becomes an absolute." When this happens, "the inescapable claims of truth disappear, yielding their place to a criterion of sincerity, authenticity and 'being at peace with oneself.'" (#32) Pope Benedict XVI has warned that moral relativism "renders the choices of daily life precarious and uncertain." It deprives us of our "only valid bulwark against the arbitrary power or the deception of ideological manipulation." Through moral relativism, the "indispensable foundations of society" and "the democratic order" are "dramatically affected" and "radically damaged." Indeed, it threatens "the advance of individuals and society on the path of authentic progress." For these comments, see John Paul II, *Veritatis Splendour (The Splendour of Truth)*, Holy See, http://www.vatican.va/holy_father/john_paul_ii/encyclicals/documents/hf_jp-ii_enc_06081993_veritatis-splendor_en.html; Benedict XVI, *Address to Participants in the International Congress on Natural Moral Law* (12 February 2007), Holy See, http://www.vatican.va/holy_father/benedict_xvi/speeches/2007/february/documents/hf_ben-xvi_spe_20070212_pul_en.html; _____, *Address to Members of the International Theological Commission* (5 October 2007), Holy See, http://www.vatican.va/holy_father/benedict_xvi/speeches/2007/october/documents/hf_ben-vi_spe_20071005_cti_en.html

[6] The different cohorts or generations are the Silent Generation (1925-1945), the Baby Boomers (1946-1964), Generation X (1965-1982), Generation Y (1983-2001), Generation Z (2002+).

[7] The Who, "My Generation," *My Generation* (UK: Brunswick Records, 1965). The song is an anthem of adolescent – and Boomer – rebellion.

[8] Vatican Council II, *Gaudium et Spes (Pastoral Constitution on the Church in the Modern World)*, #36. In #22, the Council also notes that "Christ fully reveals humanity to itself." For these, see Holy See, http://www.vatican.va/archive/hist_councils/ii_vatican_council/documents/vat-ii_const_19651207_gaudium-et-spes_en.html

[9] John Paul II, *Evangelium Vitae (The Gospel of Life)*, #28, Holy See, http://www.vatican.va/holy_father/john_paul_ii/encyclicals/documents/hf_jp-ii_enc_25031995_evangelium-vitae_en.html

[10] Ibid., #19.

[11] Ibid., #12.

[12] The Dark Ages (476-800 AD) followed the collapse of the Roman Empire. It is seen as a period of intellectual darkness, moral blindness and barbarity. British writer Austen Ivereigh has also contrasted the traditional morality contained in Catholic social teaching with the 'new' morality which he calls "liberalism" or the "liberal project." As I have done, he traces the roots of liberalism back beyond the early nineteenth century. As I have done, he notes that the cornerstone of liberalism is "respect for autonomy:" it has expanded "the freedom of some, often at the expense of many." Ivereigh writes after the riots in England in August 2011, have revealed a need for "'remoralising' society with values and virtues." He insists that "the liberal project… has reached its limits; it cannot generate the virtues and values necessary for a healthy democracy and economy." Only the traditional morality contained in Catholic social teaching can do this. Noting that Catholics have "great gifts to share: the tremendous body of Catholic social teaching and the witness and experience of the Catholic charitable sector," Ivereigh calls Catholics to make their important and distinctive contribution to public life. Meanwhile, Australian demographer Bernard Salt has noted in Australia a shift from "the virtue of sacrifice to the right to indulgence." Salt observes that in the first half of the twentieth century Australians "saw virtue in subjugating individuality in order to serve a higher cause," the common good. Nowadays, however, "our world view has shifted… to the view society, and pretty much everything else, should revolve around us – or not so much us as 'me.'" Salt suggests that this change is one reason why "there is a paucity of strategic vision" in Australia today. He bemoans that "we have evolved into a nation of indulged and self-centred know-alls." For these, see Austen Ivereigh, "Catholic humanism is superior to today's exhausted secularism," Australian Broadcasting Commission, http://www.abc.net.au/religion/articles/2011/10/21/3344756.htm; and Bernard Salt, "Putting a value on values good for the greater collective," *The Australian* 1 September 2011, 33-34.

[13] Clifford Longley, "The present economic debate is based on the flawed anthropology of *homo economicus*," *The Tablet* 265, no. 8881 (5 February 2011): 7.

[14] Clive Hamilton and Richard Denniss, *Affluenza: When Too Much is Never Enough* (Crows Nest, NSW: Allen & Unwin, 2005), 6.

[15] Ibid., 117-118. For a slightly longer account of this book – along with a discussion of its resonances with and use in Catholic social teaching – see Kevin McGovern, "Will We Preach Against Materialism?" *The Swag* (Quarterly of the National Council of Priests of Australia) 17, no. 2 (Winter 2009): 14.

[16] For more on this concept of a profession, see Benedict M. Ashley and Kevin D. O'Rourke, *Health Care Ethics: A Theological Analysis*, 4th ed. (Washington, D.C.: Georgetown University Press, 1997), 71-73. I have cited the Fourth Edition of this book as this discussion is abbreviated in the 2006 Fifth Edition.

[17] cf Ibid., 95-97. Richard McCormick also wrote about the threat to the distinctive ethos of health care when "a culture of compassion and care" is "replaced by a business ethos." See Richard A. McCormick, "Beyond Principlism is Not Enough," in *A Matter of Principles?*, ed. Edwin R. DuBose, Ron Hamel and Laurence J. O'Connell (Valley Forge, Pennsylvania: Trinity Press International, 1994), 344-361.

[18] Benedict XVI, *Caritas in Veritate (On Integral Human Development in Charity and Truth)*, #36, Holy See, http://www.vatican.va/holy_father/benedict_xvi/encyclicals/documents/hf_ben-xvi_enc_20090629_caritas-in-veritate_en.html. For a more detailed discussion of this encyclical, see Kevin McGovern, "*Caritas in Veritate*," *Chisholm Health Ethics Bulletin* 15, no. 1 (Spring 2009): 1-4.

[19] Clifford Longley, "Gift means giving up the pursuit of every last morsel of profit," *The Tablet* 263, no. 8805 (15 August 2009): 5.

All on-line resources accessed 2 November 2011

Kevin McGovern ✠

Ethical Challenges for Catholic Health and Aged Care

This is a slightly edited version of a talk given on 23 August 2010 at the Catholic Health Australia National Conference at the Adelaide Convention Centre. Three bioethicists were asked to reflect on Ethical Challenges Ten Years from Now. This talk focussed not on new issues but on current concerns which will continue to challenge us.

Thank you for coming to this session. My task is to present to you some of the ethical challenges which already exist and which will continue into the future. I can't hope to cover everything. But I've chosen four topics. I think that each of them is important, and that each of them will be ongoing. I hope these reflections will be helpful to you. I've called the four topics which I'll address:

- Solidarity
- Finding Meaning in Sickness and Suffering
- Accepting Death, and
- A Rumour of Angels

Solidarity

Let me begin my reflections on solidarity with an aphorism or wise saying. This wise saying may seem like a silly joke. Even so, it really contains deep insight: 'There are two types of people in the world – those who divide people into two types, and those who don't.' Let me try to express the deep insight of this aphorism. You see, there are people who fundamentally divide the world into two groups called 'us' and 'them' – and there are people who try very hard not to do this. For most of my adult life, I've tried very hard not to divide people into two types. I know that I haven't always succeeded.

This division of people into two types is at the heart of sexism, which treats women as inferior. This division of

people into two types is also at the heart of racism, which treats as inferior people from racial backgrounds which are different from our own. It is also at the heart of ageism, homophobia, and xenophobia. During the 2010 Federal election (and subsequently), it was sadly manifest as both the Labor Party and the Liberal-National Coalition competed with one another to find new ways to keep out the boat people.[1] This division of people into two types is also at the heart of abortion, and Human Embryonic Stem Cell (HESC) research. In these cases, the group which is 'them' – the despised Other which is 'not-us' – is human life before birth and human life at its earliest beginning. This division is also at the heart of aggressive secularism. In this case, the despised Other which is 'them' are religious people like myself.

'There are two types of people in the world – those who divide people into two types, and those who don't.'

In Catholic social teaching, solidarity is the virtue which empowers us to break down these hurtful and isolating divisions. It enables us to recognise the common humanity of other people. It also allows us to see that we are our brother's keeper (and our sister's keeper too), and that in so many different ways we are called to be like the Good Samaritan to one another. Pope Benedict XVI defines solidarity very simply as "a sense of responsibility on the part of everyone with regard to everyone."[2] With modern communications and in an interdependent world, solidarity has truly global dimensions.

Catholic hospitals and Catholic aged care facilities have an important part to play in the growth of solidarity. We have at least five resources which help us to do this:

Our first resource is the Catholic faith which inspired our facilities and which continues to guide us. To call God 'Our Father' is to recognise that we are all brothers and sisters in one family. To recognise and to experience the love of God is to recognise that we are all called to love as God loves. To try to live as a disciple of Jesus Christ is to strive to be like Him as a person for others. In so many ways, then, the Catholic faith teaches us solidarity.[3]

Secondly, solidarity grows because of our core business, the relationships of care and healing which are at the heart of health and aged care. When someone is sick, when someone is old and frail, when they come to us and ask our help, we know that we are truly called to care. This above all is why the old barriers between 'us' and 'them' are broken down in our institutions. This above all is how the old barriers are replaced with new relationships of care and healing. This above all is why our institutions promote solidarity, "a sense of responsibility on the part of everyone with regard to everyone."

Another resource is the diversity of our patients and residents. When you're well, it's possible to live in this land only among your own tribe. But when you're sick or when you're frail, you often have to go outside your tribe. That's when the barriers are broken down. That's when solidarity develops. And that is what is happening in our hospitals and aged care facilities.

Yet another of our resources for this growth of solidarity was recognised recently by a friend of mine. She had listened to two other people complaining about migrants, refugees and asylum seekers. They're not like us, they said. They come from overseas, they said, and they take our jobs. Because of their difference, they said, they even threaten our Australian way of life. My friend was a bit surprised to find herself saying to these critics, "Well, I wish you good health." She said that in the last year both her father and her daughter had been to hospital with serious health problems. It had been a wise Indian doctor, caring Filipina nurses, and kind Sudanese ancillary staff who had helped her father and saved his life. It had been a similar multi-racial, multi-cultural mix of health care professionals who had helped her daughter. And this is one of the great strengths of our Catholic hospitals and aged care facilities. Depending who we are, working in one of our institutions might give us our first chance to work with and really get to know a devout Muslim, a lesbian or an openly gay man, a real live Catholic religious sister or a Catholic priest, or a refugee, or an atheist, or whoever. When we do, we learn together to break down the old categories of 'us' and 'them.' We learn to care a little bit beyond our comfort zone. This might not be our core business, but this is something which is happening in our institutions, and something which we should be proud of. I remind you that one of our core values is collaboration.[4] Among other things, this means that we can only achieve all that we want to achieve in Catholic health care if a diverse staff learns to work together – as indeed we so often do.

'When someone is sick, when someone is old and frail, when they come to us and ask our help, we know that we are truly called to care. ... This above all is how the old barriers are replaced with new relationships of care and healing.'

A final resource is the Catholic community, which shows us many ways of practical caring. Wherever there is need around the world, Catholic agencies are already there making a difference. These include the Pontifical Missions Society, and the Catholic Caritas network which is after Red Cross-Red Crescent the second largest network of relief and development agencies in the world. Many of our Catholic hospitals are also involved in outreach to the community, either providing special services themselves to the most disadvantaged or supporting other organisations in important work within the community. For some of our hospitals with international connections, this outreach does indeed extend around the world.

How might we continue to support the work of our

institutions in promoting solidarity? How in the future might we do this even more effectively? This is the first ongoing challenge which I recognise for our institutions.

Finding Meaning in Sickness and Suffering

Let me begin here by talking about euthanasia and physician assisted suicide. Those who advocate for these things always present them as applying to a narrow and carefully circumscribed set of cases. They say that euthanasia and physician assisted suicide should be an option only when the patient has only a short time to live; when they've asked for it repeatedly; when they're not depressed; and when they're experiencing unbearable suffering. But if euthanasia and physician assisted suicide are ever permitted, it is unlikely that they will remain in this narrow area. There is a slippery slope based on autonomy. If this is all about an individual's choice, how can we ultimately restrict these things only to this narrow area? Logically, these things should expand to become available to every autonomous person who wants them – all the way down to somewhat depressed sixteen-year-olds. But there is an even slipperier slope. From the experience of the Netherlands and Belgium, we know that many cases of euthanasia occur without any request from the patient. For example, a recent study suggested that almost half the cases of euthanasia in Belgium occur without any request from the patient.[5] In other words, someone else decided that this life was not worth living, and they then took steps to end this life. This provides us with an even slipperier slope which puts at risk anyone whom other people think would be better off dead.[6] I believe there is an even slipperier slope than that too. Sick and dying people often ask something difficult of us, and they do so over and over again for days and months and even years. Some families will not want to meet these demands, and euthanizing their family member can seem an easy answer to them.[7]

'A new narrative can emerge. This is the narrative of the Quest. This is the story of the man or the woman who journeys to a strange land in search of a treasure. … This time, though, the strange land is the world of suffering and sickness. But there is treasure there too.'

But I want to focus on the judgement that a life of sickness and suffering is not worth living. We must respond to that; we must expose it for the lie that it is. We do this by finding meaning in sickness and in suffering, and by helping sick and suffering people to do this too. There's a lot that must be done to assist this. A firm foundation must be built with excellent clinical, nursing and ancillary care. There must be adequate pain control; there must also be compassionate care and companions for the journey. Only then can the individual begin their unique journey of finding meaning in their sickness or their suffering. As I have tried to understand this, I have been helped greatly by Dr Bruce Rumbold from La Trobe University.[8] He taught me that as we try to make sense of sickness and suffering, there are three possible narratives which we might draw on. The first of these is Restitution. This is the narrative that says, "I was sick; I got treatment; and now I'm well again." At first, we try desperately to fit our lives into this story. Trying to do so is one reason why some people try heroic treatment with little chance of success or why other people turn to quacks or charlatans who claim to offer a miracle cure. When we know that we're not going to get well - when we know that our life is not going to fit into the narrative of Restitution - the next step is Chaos. Nothing makes sense any more. It seems hopeless. This is a time when some people consider euthanasia or physician assisted suicide. But if they hang in there, and if they have companions who support them, slowly and gradually a new narrative can emerge. This is the narrative of the Quest. This is the story of the man or the woman who journeys to a strange land in search of a treasure. This is Jack climbing the magic beanstalk; this is Alice and her adventures in Wonderland; this is visiting new lands at the top of the Magic Far Away Tree. This time, though, the strange land is the world of suffering and sickness. But there is treasure there too. We don't know ahead of time what treasure each person will find. But let me offer some reports of what some people have found. Cabrini Prahran produced a beautiful booklet to mark their decade of palliative care. One of their patients was an artist named Rita Magris. Rita lived with cancer for twelve years, and this is what she found:

> Illness brings out the best in people. They have to find courage they never knew they had…. I didn't realise how much power I had until I had to dig. Each day is urgent and important. I have fitted so much into the last 10 years.[9]

Or here's a man in his fifties – a husband and father who was dying of cancer. And this is what he found:

> No, I'm not afraid of dying, though I'm finding this hard…. I have a very loving family and so many friends… but I'm deeply alone inside of this. But I'm really only afraid of one thing, of not doing this with dignity. I want to make this, the way I die, my final act of love for my family. I want to do this right.[10]

The Nuffield Council on Bioethics in England looked very thoroughly at dementia, and this is what they found:

> With good care and support, people with dementia can expect to have a good quality of life throughout the course of their illness.[11]

I saw what they found recently when I watched a woman with dementia enjoying a tub of ice cream. Betty doesn't remember too well now, and at times she finds the world a bewildering place. But even so, with good support and care, her life is still worth living – especially when there's ice cream. This might not be everything we would like in life – but even so it's still a life worth living.

On ABC television, Four Corners produced a wonderful programme about four patients at the Sacred Heart Palliative Care Service in Sydney?[12] One of these patients Darryl Carver was dying of cancer, and this is what he found:

> Too many people aren't aware of the support out there to come to terms with death and the processes leading to it.

Therese Compton is a nurse who works at Sacred Heart, and this is what she found:

> It's a privilege to be with people at this time in their life… There's a lot of life here amongst the death.[13]

Lastly, let me tell you about Pope John Paul II. He suffered an assassination attempt on 13 May 1981. He was shot four times. He suffered severe abdominal wounds, massive blood loss, and a cardiac arrest. He almost died. After five hours of emergency surgery, he endured a slow recuperation with some setbacks and further surgery along the way. And out of this experience, John Paul wrote *Salvifici Doloris (On the Christian Meaning of Human Suffering)*. It is an extraordinary meditation on the deep Christian truth: when Christians suffer, we can find meaning in suffering by uniting our suffering with the sufferings of Christ. This is what John Paul did when he almost died; it's what he did again when he did die on 2 April 2005.[14]

There is treasure hidden in that strange land of sickness and suffering. That's why it's so tragic if life is ended though euthanasia or physician assisted suicide. And because there is treasure hidden there, our hospitals and our aged care facilities must continue in this great work of helping people find meaning in sickness and suffering.

Accepting Death

I want to talk too about accepting death. We know the importance here of pastoral care. We know the importance of other therapies including music therapy and diversional therapy and so on. We know the great importance of palliative care. And we are learning more and more about the importance of Advance Care Planning (ACP). This is what I want to talk about here. I want to report some important research which has just been conducted at the Austin Hospital in Melbourne.[15] While there have been other studies which have indicated the importance of Advance Care Planning, this is the first randomised clinical trial of ACP anywhere in the world.

This is the gold standard for research, and this is why it is important. This gold standard research reveals to us more clearly than ever before the importance of Advance Care Planning.

'Effective Advance Care Planning greatly increases patient and family satisfaction about a hospital stay. It increases the likelihood that a person's wishes will be known and followed at the end of life. It reduces the likelihood of disproportionate, painful and distressing treatment.'

309 patients all over the age of 80 were recruited for this research. 155 were randomised to receive only the usual care offered at the hospital. One of these patients subsequently requested ACP, so the control group was finally reduced to 154. Meanwhile, the remaining 154 were randomised to be offered both usual care and facilitated ACP. For various reasons, only 125 of this cohort actually received ACP.[16]

At discharge from hospital, most of the patients (or the families if the patient had died) completed a discharge questionnaire. In the ACP group, 93% (125 out of 133) were very satisfied with the hospital stay. By contrast, in the control group, only 65% (91 out of 139) were very satisfied with the stay. Or again, 94% (127 out of 133) of the ACP group were very satisfied about being listened to in the hospital, whereas only 52% (72 out of 139) of the control group were very satisfied about this. Advance Care Planning clearly increases patient and family satisfaction about a hospital stay.[17]

At a follow-up six months later, it was found that 29 of the ACP group and 27 of the control group had died.[18] The remainder of the research focussed on these 56 people and their families. Information was sought about their deaths, how their families felt at the time, and how they coped subsequently. The results that were found are a ringing endorsement of the importance of Advance Care Planning:

Firstly, the mortality rate for both groups was similar. This is significant because some critics of ACP claim that it is simply a way to kill off vulnerable people by denying them treatment. This data allows us to discount such claims.[19]

Secondly, the patient's wishes for treatment were known and followed in 86% (25 out of 29) of the ACP group, whereas these wishes were known and followed in only 30% (8 out of 27) of the control group.[20] There were also suggestions that some of the patients in the control group may have received disproportionate and unnecessary

treatment which would simply have made their dying more painful for them and more distressing for their families. Four control patients with multiple significant pre-existing medical conditions were sent to ICU and received many invasive treatments, despite the fact that these interventions were almost certainly disproportionate and – on evidence from their families – possibly unwanted by the patient.[21]

Thirdly, both the family's satisfaction with the process of their loved one's dying and the patient's own satisfaction (as reported by their families) were significantly higher in the ACP group than in the control group. In the ACP group, 83% (24 out of 29) were very satisfied with the process of their loved one's dying, whereas in the control group, only 48% (13 out of 27) were very satisfied. On the other hand, in the ACP group, only 10% (3 out of 29) were not satisfied with the process of their loved one's dying, whereas in the control group, 22% (6 out of 27) were not satisfied. Or again, in the ACP group, 86% (25 out of 29) reported that their loved one was very satisfied with the process of his or her dying, whereas in the control group, only 37% (10 out of 27) reported this. Finally, in the ACP group, only 10% (3 out of 29) reported that their loved one was not satisfied with the process of his or her death, whereas in the control group, 26% (7 out of 27) reported that.[22]

If someone's death is difficult, it is known that their family's bereavement is often also difficulty. For this reason, this research used validated assessment tools to explore how the families were coping. In the ACP group, no family members experienced high levels of stress, serious depression or severe anxiety. On the other hand, in the control group, 15% (4 out of 27) of family members experienced significant stress; 30% (8 out of 27) experienced serious depression; and 19% (5 out of 27) experienced severe anxiety.[23]

To summarise, then, effective Advance Care Planning greatly increases patient and family satisfaction about a hospital stay. It increases the likelihood that a person's wishes will be known and followed at the end of life. It reduces the likelihood of disproportionate, painful and distressing treatment. It increases the family's satisfaction with the process of their loved one's dying, and the patient's reported satisfaction too. And it greatly reduces the risk of significant emotional trauma during the family's subsequent bereavement.

'Advance Care Planning increases the family's satisfaction with the process of their loved one's dying, and the patient's reported satisfaction too. And it greatly reduces the risk of significant emotional trauma during the family's subsequent bereavement.'

We know the importance of palliative care, pastoral care, and other therapies to assist people in accepting death. This new research highlights the importance of Advance Care Planning in this process of preparing for and ultimately accepting death.

I am proud to have worked with Melbourne Mercy Aged Care as they have developed their approach to Advance Care Planning. I was pleased recently to see the process and the documents for Advance Care Planning which are being rolled out across St John of God Health Care.[24] And I know many other Catholic hospitals and many other Catholic aged care facilities across our sector are also involved in this great work of developing and providing effective Advance Care Planning. It's a very important ongoing ethical challenge.[25]

A Rumour of Angels

My final section is titled A Rumour of Angels. It's actually the title of a book written by sociologist Peter Berger. Its sub-title says what it's about: it's about 'Modern Society and the Rediscovery of the Supernatural.' One of the chapters of the book is devoted to what Berger calls "signals of transcendence." Berger defines these as "phenomena that are found within the domain of our 'natural' reality but that appear to point beyond that reality."[26] In other words, they are everyday things that nonetheless hint at things that are Beyond, things which are spiritual or supernatural. I want to talk about three of these signs of transcendence. Some of you have probably already recognised them. They are solidarity, looking for meaning in sickness and in suffering, and accepting death. When someone practises solidarity – when someone cares without expecting reward – there is something wondrous here. Especially when their caring is expensive – when it costs them dearly – this is something awe-inspiring. And finally, to love like this – generously, greatly, expensively – this is a holy thing. This is a signal of transcendence that opens our eyes to an abiding spiritual reality whose Name is also mercy and love. To look for meaning in sickness and in suffering, this too is a signal of transcendence. We do not find meaning here simply because we are wise or because we are strong. Ultimately, we find meaning here because at these times a Higher Power comes to us – a Higher Power who holds our hands in the dark; a Higher Power who gives us strength when our own strength is almost gone. We Christians call this Higher Power the God of Jesus Christ, but maybe at these times the presence of the Power is more important than its name. And accepting death is another signal of transcendence. At the circus on the high trapeze, there is the flyer and there is the catcher. The flyer must let go and fly. The flyer must trust. The flyer must trust that the catcher will be there, that the catcher will catch the flyer before the flyer falls. Well, in dying – in death – we are like the flyer. And we dare to hope – we dare to believe – that as we die, the divine Catcher will be there to catch us before we fall.[27]

Well, all the signals of transcendence – solidarity, looking for meaning in sickness and in suffering, and accepting death – are happening all the time in our hospitals and in our aged care facilities. And people notice. Let me tell you about John and Flora:[28]

John was a business man. He was in hospital after a heart attack. And this is what he said, "I don't understand the nurses here. Everyone I know is on about making top dollar. I'm like that myself. But these nurses could make much more money and work much better hours doing something else. They must be here because they want to be. I don't understand that – but I'm very pleased that people like that have cared for me during my illness." Well, John has noticed the values. Some of us might call them Christian values. Others of us would call them human values. John calls them different values. And maybe for now, he can't see beyond that. He can't see the spiritual reality which is behind those different values. But still he sees the values. And maybe that's enough for now.

'One of our ongoing challenges is to notice these signals of transcendence … Another challenge is to help other people to see and recognise them too. What Rumours of Angels are there in your hospital or your aged care facility?'

Barbara went further. She said, "I had forgotten about God, and you have reminded me. It was almost a shock for me when I saw that crucifix on the wall of my room. But more than that, you have reminded me of the love of God by the love you have shown me. I just turned around one day – and there was God, back with me again…" And Barbara continued, "I'm so glad that God is with me now. I don't know how I'd be able to die without Him. But now I'm ready – ready to go – ready to go back to Him."

As Peter Berger reminds us, then, there are signals of transcendence, phenomena within ordinary reality which appear to point beyond to the spiritual or supernatural. One of our ongoing challenges in this area is to notice these signals of transcendence, and to recognise them for what they are. Another challenge – through pastoral care or often through simple conversation – is to help other people to see and recognise them too. What Rumours of Angels are there in your hospital or your aged care facility?

Well, these are some of the ethical challenges. They are important, and they are ongoing. They are things that we already do well now. They are things that we will continue to do – even ten years from now. And please God, ten years from now, we will do them even better.

ENDNOTES

[1] For a statement from the Australian Catholic bishops in support of onshore processing of asylum seekers, see Australian Catholic Migrant and Refugee Office, "The Australian Catholic Bishops call for on-shore processing of asylum seekers," (15 September, 2011), Australian Catholic Bishops Conference, http://www.catholic.org.au/index.php?option=com_docman&Itemid=355

[2] Benedict XVI, *Caritas in Veritate*, #38, Holy See, http://www.vatican.va/holy_father/benedict_xvi/encyclicals/documents/hf_ben-xvi_enc_20090629_caritas-in-veritate_en.html

[3] Indeed, Catholic theology recognises that one dimension of the mission of Christ is to reconcile us both with God and with one another. Thus, the Letter to the Ephesians states, "For he is our peace, in his flesh he has made both groups into one and has broken down the dividing wall, that is, the hostility between us." (Eph 2:14 NRSV) Or again, the *Compendium of the Social Doctrine of the Church* states, "God, in Christ, redeems not only the individual person but also the social relations existing between men." For this, see Pontifical Council for Justice and Peace, *Compendium of the Social Doctrine of the Church*, #52, Holy See, http://www.vatican.va/roman_curia/pontifical_councils/justpeace/documents/rc_pc_justpeace_doc_20060526_compendio-dott-soc_en.html

[4] Catholic Health Australia, *Code of Ethical Standards for Catholic Health and Aged Care Services in Australia*, I.5, CHA, http://www.cha.org.au/site.php?id=223. The Code states defines collaboration in this way: "In the provision of health and aged care, patients, residents, practitioners, family and carers become a small community united in working for a person's good. The relationship which unites them is best understood as one of trusting collaboration for a common purpose."

[5] Kenneth Chambaere et al, "Physician-assisted deaths under the euthanasia law in Belgium: a population-based survey," *Canadian Medical Association Journal* 182, no. 9 (June 2010): 895-901.

[6] From a careful study of non-voluntary euthanasia in the Netherlands and Belgium, Wendy Hiscox concludes that the real justification for euthanasia in these countries is "the judgement that the patient *lacks a worthwhile life and is better off dead*." She adds that this justification can "logically be extended" to patients who have not requested euthanasia, to patients who cannot request euthanasia because they are newborns or incompetent to consent, and even to patients who have said that they do not want euthanasia. For this, see Wendy E. Hiscox, "Non-voluntary euthanasia in the Netherlands and Belgium," in *Incapacity and Care: Controversies in Healthcare and Research*, ed. Helen Watt (Oxford: The Linacre Centre, 2009), 75-94 at 86-87.

[7] Sue Seconi cared for her mother who had dementia for ten years. From this experience, she concluded that the push for euthanasia is not so much about the right to die for the dying, but rather "giving those who watch the power to avoid waiting for natural death." For this, see Sue Seconi, "Life is a Gift from God," *The Nathaniel Report* 23 (November 2007): 14-15 at 15.

[8] Dr Bruce Rumbold is a Baptism Minister and the Director of the Palliative Care Unit in the Department of Public Health at La Trobe University, Melbourne. I heard him speak at *An Interfaith Symposium on Death and Dying* hosted by the Catholic Archdiocese of Melbourne's Ecumenical and Interfaith Commission and held at the Melbourne campus of Australian Catholic University on 7-9 April 2010. For an audio recording of Dr Rumbold's talk, see the symposium website at http://www.cam.org.au/eic/interfaith-symposium-on-death-and-dying-program-and-presentations.html

[9] Rita Magris, in *A Life Well Lived: A Decade of Palliative Care at Cabrini Prahran*, ed. Amanda Place (Melbourne: Cabrini Health, 2009): 16-21 at 20.

[10] Ron Rolheiser, "Blood and Water Poured Out!" Ron Rolheiser, http://www.ronrolheiser.com/columnarchive/archive_display.php?rec_id=391

[11] Nuffield Council on Bioethics, *Dementia: Ethical Issues*, 21, Nuffield Council on Bioethics, http://www.nuffieldbioethics.org/go/ourwork/dementia/publication_530.html

[12] Four Corners, *A Good Death* (8 February 2010), Four Corners, http://www.abc.net.au/4corners/special_eds/20100208/palliative/

[13] Therese Compton is also quoted in Frank Brennan SJ, *Forging a National Commitment to Compassion, Justice, and Excellence at the Frontiers of Healthcare Delivery*, Catholic Health Australia, http://www.cha.org.au/site.php?id=15

[14] For a fuller account of this Apostolic Letter, see Kevin McGovern, "Finding Meaning in Serious Illness and Suffering," *Chisholm Health Ethics Bulletin* 15, no. 4 (Winter 2010): 1-4.

[15] Karen M. Detering, Andrew D. Hancock, Michael C. Reade, and William Silvester, "The impact of advance care planning on end of life care in elderly patients; randomised clinical trial," *British Medical Journal* 340 (2010): 1345-1353; on-line at http://www.bmj.com/content/340/bmj.c1345.full.pdf

[16] Ibid., 1345, 1346.

[17] Ibid., 1348, 1350. Other, similar measures of levels of satisfaction are also reported on page 1350.

[18] Ibid., 1346. [19] Ibid., 1348, 1350. [20] Ibid., 1345, 1348.

[21] Ibid., 1350. Catholic teaching holds that each person has a moral responsibility to use those means of sustaining our lives that are effective, not overly burdensome and reasonably available. These are called ordinary or proportionate means of preserving life. On the other hand, each person also has the moral right to refuse any treatment that is futile, overly burdensome or morally unacceptable. These are called extraordinary or disproportionate means of preserving life. Some Catholic ethicists have expressed concern that secular ACP programmes might encourage people to refuse treatment which is ordinary and obligatory and thereby to commit euthanasia by omission. In this research, it is not possible to be certain whether any treatment refused was proportionate or disproportionate – though for frail 80-year-olds much treatment would be disproportionate. In any case, it is surely possible to design ACP programmes based on Catholic standards which would offer similar benefits to patients and their families.

[22] Ibid., 1347, 1349, 1351. These numbers do not add up to 29 or 27 because there are other categories in the original chart which are not reported in this brief summary.

[23] Ibid., 1347, 1349, 1350.

[24] For the St John of God guides to Advance Care Planning in Western Australia and Victoria, see St John of God Health Care, http://www.sjog.org.au/pdf/Advanced%20Health%20Care%20Directives%20WA.pdf; and http://www.sjog.org.au/pdf/Advanced%20Health%20Care%20Directives%20VIC.pdf

25 The research at the Austin Hospital lists five essential elements for effective ACP. These are trained facilitators, patient-centred discussions, involvement of family in discussions, correctly filed documentation, and systematic education of doctors. For this, see Ibid., 1349.

[26] Peter L. Berger, *A Rumor of Angels: Modern Society and the Rediscovery of the Supernatural* (Garden City, New York: Doubleday and Company, 1969), 65-66.

[27] I have taken this image from a conversation between spiritual writer Henri Nouwen and his friends the Flying Rodleighs, who were trapeze artists in a circus. Rodleigh, the leader of the troupe, was a flyer, and he once said to Nouwen, "The secret is that the flyer does nothing and the catcher does everything. When I fly to Joe, I have simply to stretch out my arms and hands and wait for him to catch me…. If I grabbed Joe's wrists, I might break them, or he might break mine, and that would be the end for both of us. A flyer must fly, and a catcher must catch, and the flyer must trust, with outstretched arms, that his catcher will be there for him." Nouwen reflected, "Dying is trusting in the catcher. To care for the dying is to say, 'Don't be afraid. Remember that you are the beloved child of God. He will be there when you make your long jump. Don't try to grab him; he will grab you. Just stretch out your arms and hands and trust, trust, trust.'" For this, see Henri Nouwen, *Our Greatest Gift: A Meditation on Dying and Caring* (New York: Harper Collins, 1994), 66-67.

[28] These are people to whom I have ministered. Their names have been changed.

All on-line resources accessed 2 November 2011

Kevin McGovern ✠

Caroline Chisholm Centre for Health Ethics

Suite 47, 141 Grey Street, East Melbourne Vic 3002

Tel (03) 9928 6681 Fax (03) 9928 6682 Email: ccche@stvmph.org.au

www.chisholm.healthethics.com.au

Subscription fees: Single $30.00 + GST; Overseas [single] AUD $40.00

Director/Editor: *Rev. Kevin McGovern Dip Ap Sc (Optom) (QIT), STL (Weston Jesuit School of Theology)*

Research Officers: *Mrs. Kerri Anne Brussen BApp Sci (RMIT), Grad Dip Health Ed (La Trobe)*

Administrative Assistant/Layout/Sub-editor: *Josette Varga*