Bioethics Outlook

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The Last Sister of Charity

Alex Miller

Our family G.P., Andrew McDonald, God bless him, picked up the big tell-tale pulse in my abdomen during a routine check. It was last March and I was leaving in three weeks for Paris and Provence for a two month holiday with my family. Andrew sent me to John Gurry who diagnosed a 4.7 cm aneurysm of the abdominal aorta. 'They don't usually burst before 5 cms,' John said. 'Enjoy your holiday. Call me when you get back.'

It was John Gurry's use of the imprecise 'usually' that nagged at me, as well as the scant 3 mms of leeway. The surgeon's fallibility. The knowledge of this time-bomb in my chest. But it didn't spoil the holiday. For the most part I forgot to think about it. Wandering around the d'Orsay or going to the ballet in the crazily overdesigned Opera Garnier, or practicing my French and enjoying the wines and cheeses of Nyons in the golden sunlight of Provence, I had become the old invulnerable me again. It was only when I woke in the early hours in our apartment near the Madeleine and lay in the eerie glow of night Paris, feeling around with my fingers for the thing thumping away below my ribs, that I sensed an edge of panic. My helplessness against this thing. *If it bursts I'm dead*! My wife lay sleeping beside me, but I was alone and vulnerable in the dark. She had assured me heroically, 'If it bursts, darling, I'll rip you open with a kitchen knife and grab it.

I'm sixty three, I'm lean and fit and I'd never been ill. My body had always been utterly reliable - I had secretly exulted in its perfection!

I'd stood in hospital wards at the bedsides of less fortunate relatives and friends, young and old, who had undergone what used to be called heroic surgery, but which nowadays with the high-tech and drugs rates only the prosaic adjective 'major', and had felt impotent to offer either comfort or reassurance through the pall of chemicals and pain that lay between us. I'd watched them weep with gusts of emotion that caught at them helplessly, and I'd been glad to get out of the hospital and away from them. I am ashamed to say they seemed to have lost something of their reality for me, these people hovering at the edge of death. There was just a hint of superiority, of the hubris that it could never happen to me, in my attitude. Not overt cruelty, not a lack of feeling, but a desire to protect myself from their pain and their excessive emotion. A decision that there was no way of responding to these terribly ill people that would mask my own inadequacy. I waited for them to get well again. To get *real* again. As if communication between us was not possible until they did so. There was a secret guilt in my relations with them. I felt I should have done better.

I did not understand people who could counsel patients suffering this kind of distress. I did not understand how anyone could be counselled in such circumstances. I couldn't imagine ever responding to such counselling myself. I was certain of my emotional strength. My emotional strength was one of the few certainties on which my sense of myself was based. I had always seen my own way through crises unaided. I believed I always would. I thought there was a hero inside me.

This certainty about the autonomous durability of my emotional life was as chimerical as my exultant belief in my perfect body had been. But I didn't know that yet.

I took three books and plenty of writing materials into the hospital with me. I'd decided to make my stay a reading and letter writing holiday. As I settled into my private room that first evening - a view over the city, the late winter sun gilding the cupolas of the Exhibition Building, a view not utterly unlike the view we'd enjoyed from our apartment in Paris - I had only one pressing question for the nurse: Did the hospital serve wine with dinner? Of course, the nurse reassured me, I would be served wine if I wished. She withdrew the first needle from my abdomen. I was alone in the small pleasant room. Books, wine, peace and quiet away from the email and the phone and the PC. No visitors. I'd told my friends, *I'll see you when it's over*. I settled down in the armchair by the window and began reading James Bradley's *Wrack*. It had been on my list for some time. I was soon engrossed.

I went into theatre at three the next afternoon and returned to the ward at eight, after spending a period in recovery. I'd had an epidural but couldn't remember much: a green sheet in front of my eyes, figures moving, voices, lights. Did my wife visit me that first evening? I can't remember. John Gurry, the surgeon? I imagine so. I remember the nurses coming and going, attending to the drips and catheters, giving me injections and taking samples of blood. But more than anything I remember the blinding headache and the nausea.

For the next three days the headaches didn't go away and the nausea became worse. I didn't know it then, no one did, but I'd always had a tendency to migraine and the epidural had triggered a major series of these terrible headaches. I couldn't eat or sleep and the pain killers they were giving me for the wounds had no affect on the headaches. I took anti-nausea pills half an hour before meal times. But the smell of food, even of orange juice, made me retch. Even plain water had a revolting metallic taste to it. The operation, however, had been a success and I was doing fine. I had nothing to complain about. I didn't complain.

The afternoon of the third day, I think it was, one of those rare moments when I was alone and undisturbed, lying in my misery staring at the ceiling, *Wrack* and the wretched old man at the centre of its action long forgotten, scarcely able to believe that the headaches and the nausea and the pain in my body would ever go away, suffering my own wrack. A young man came into my room. I prepared myself to give blood or to be given an injection.

The young man leaned down and touched my arm. 'It's all right,' he reassured me, 'I'm Robert. I'm a counsellor.' I made to speak to him, to tell him he was welcome, but an irresistible tide of emotion flooded my chest and I burst into tears. I clutched Robert's hand, laughing and weeping with inexplicable joy. I'd had no idea that this enormous reservoir of emotion had been gathering in me. I was taken by surprise. It was as if I had been in Hell and the sun had suddenly come out and I saw that I was really in Heaven. Robert stayed. We talked about literature and philosophy and people, our lives and beliefs. He was training for the priesthood. He had decided against a study of the scriptures in favour of becoming a counsellor. A study of people, I said to him, 'You counselled me. You have a gift.' We were both delighted. I was sad when he left. I had never wept before with a stranger. With another man. I was astonished to realise that my life, my spirit and my existence, had acquired a new dimension. Counsellors seemed the most wonderful and necessary people. I just wished there had been another name for them.

The next day an elderly woman came to see me. She was dressed in a pastel pink dress and a lace collar. Her manner was tentative. She gave me a pamphlet. 'I'm with the pastoral care unit,' she explained. I said, 'You're one of the Sisters of Charity?' She was reluctant to sit down. I pressed her to stay and talk. She sat uncertainly on the edge of the bed and I asked her about her life. I felt her need for reassurance. She told me, 'There used to be one of us to each floor in this hospital. We were a community.' She stood up, ready to leave, unable to stay and talk. She looked at me. 'I'm the last Sister of Charity,' she said. I wished I could have done more to reassure her. I wished I could have done for her spirits what Robert had done for mine. But it wasn't so easy. There was more to counselling than the simple desire to reassure.

On my last day in the hospital I sat in a wheelchair dressed in a grey dressing gown with a blanket over my knees. I had become an old man in a wheelchair. One of those people I'd been unable to offer comfort to. I felt the justice of my position. I was waiting in the cold basement for the CT scan that would either confirm the success of the operation or condemn me to more surgery. A nurse wheeled in a man on a bed and stood waiting with him beside me. I looked up at the man, intending to say hello, to make contact, to offer the precious human contact that Robert had offered me, like a beautiful gift of belief. I wanted to use the gift, to see if I really possessed it. The man in the bed beside me was young. He was in his early thirties. I saw at once that he was dying. That he did not have far to go. And I saw that he was thinking of his young family waiting for him at home. I saw that the nurse was holding his hand. They were holding hands, the two of them, silent and together. Sensing my attention the nurse looked down and smiled at me. I didn't speak. I didn't break the sacred silence of their moment.

Later that afternoon I walked out of the hospital with my wife. A few steps beyond the doors I stopped, the wind and the sun in my face, the touch of my wife's hand on my arm. I couldn't go any further. I stood there weeping. When I could speak I told her, 'I'm not crying for myself. I haven't had any suffering. I'm not crying because I'm sad. I'm just moved by the beauty and the mystery of our lives.' Then I told her with difficulty about Robert and the last Sister of Charity and the dying young man in the cold basement holding the nurse's hand. When I'd finished we looked at each other. 'There's nothing to say,' I said. 'I'm not going to try to explain it.' Arm-in-arm, we walked together to the car.

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Should we teach children ethics?

A further response to Gerald Gleeson

Simon Longstaff

Fr. Gerald Gleeson has been kind enough to offer some further reflections on the issue of whether or not there are sufficient grounds to support the introduction of special ethics classes for children not attending classes in Special Religious Education (colloquially known as 'scripture') in NSW State Primary Schools. As usual, his points are well argued and I would be inclined to agree with many of them but for the fact that the subject of his most pointed criticism does not, in fact, exist.

This problem arises from an evident misunderstanding of the philosophical foundations for the ethics classes. I must take some responsibility for this misunderstanding for it is evident that I have not communicated clearly enough. However, there are some assumptions made by Fr. Gleeson that are entirely his own. I am hoping that some greater clarity from me will help on both fronts.

I want to begin by clearing away a few misconceptions. First, the ethics classes developed for children not attending SRE are being offered without particular regard to their reasons for not attending 'scripture'. As it happens, we know that many of the children attending the ethics classes come from devout families who belong to faith groups not able to offer SRE or who prefer to deal with matters of religion within the family environment. While some parents choose for their children not to attend SRE because they are not at all religious, it would be mistaken to believe that this is true of all (or even of most). As such, the ethics classes are not set up in opposition to a religious world view. Rather, it does not accord religious perspectives a privileged position - as they would typically enjoy within a 'scripture' class.

Second, the program is not based on, nor does it promote, utilitarian philosophy or consequentialism more

generally. I mention this because Fr. Gleeson seems to be operating from this belief when he says, "I am confident that the proposed ethics in schools programme, and its “facilitators’, will blithely assume the utilitarian approach and will teach children to learn happily “to sacrifice” one good for another – and if so, that’s what I and others object to.". Fr. Gleeson's confident assertion is, in fact, misplaced. While children will be introduced to ethical theories based on an assessment of consequences, they will also be taught to consider and apply frameworks based on the idea of duty (deontological), virtue, rights, etc. Indeed, at the end of the program they will be familiar with the broad spectrum of moral frameworks developed over time to answer the core question of ethics, "What ought one to do?”

Fr. Gleeson's confident (but mistaken) assertion seems to have arisen out of his response to my argument about the reality of ethical dilemmas. I argued that there are occasions when, in reality and as a matter of principle, a person might find themselves on the horns of a dilemma - faced with a choice in which values or principles or duties 'compete' with equal weight. The most devoutly religious person can similarly find themselves in a real dilemma (the story of Abraham and Isaac only has force if Abraham recognises the dilemma inherent in obeying a divine command to kill his son). The need to make a choice between competing values, principles or duties does not necessarily lead to consequentialism. Nothing in my argument presupposes this.

Now, it might be objected that a program of classes that introduces children to a range of ethical theories is a product of ethical relativism. This is not so. As I argued in my earlier response to Fr. Gleeson, the program is based on a solid (absolute) foundation, being the Socratic observation that 'the unexamined life is not worth living'. I argued that this claim is based on the observation that human being (the form of being in which humans participate) is defined by our capacity to transcend instinct and desire and make conscious (conscientious) ethical decisions. I pointed out that this fact could be accounted for by a religious explanation (Man made in the image of God, endowed with free will, etc.). However, I also observed that this aspect of human being might be explained by a socio-biological account. Or it might be taken simply as a brute fact about the human

condition without need of further explanation. Starting at this point, the 'this worldly' point, allows people of all faiths (and none) to engage with the ethics classes if they are minded to do so. Starting at this point does not deny the religious perspective - but nor does it accord it a privileged place.

Fr. Gleeson quotes a section from the curriculum document that says: “In this week and the next [students] are asked to make relative or “shades of grey” judgments. They will be dealing with a range of cases in which people have told a lie and they will be asked to judge to what extent that is acceptable or not and to try to figure out why one lie is either more acceptable or less acceptable than another.” I think that Fr. Gleeson assumes that this instruction is inviting children to conclude that lying is sometimes 'right'. But this is not what the instruction actually says. Rather, it invites children to consider what might be *"acceptable or not and to try to figure out why one lie is either more acceptable or less acceptable than another.*" This is very much in the same vein as argued by Fr. Gleeson who observes that "To be sure, some lies are worse than others.”

Like Fr. Gleeson, we would prefer children to "be creative, and to learn how to avoid harming other people without having to tell lies at all.” However, we do not think we will get there without children being exposed to the spur to creativity that lies in recognising the reality of the dilemmas in which people find themselves. It's easy enough to tell people that it is wrong to steal. But what of the person whose family is starving and so takes fruit left rotting on the ground of an orchard owned by a man with a full belly and a coarse indifference to the fate of his starving neighbour? Is this stealing? Does the man with the full belly 'own' the fruit left to rot on the ground? Is it wrong for a person to feed their starving family by such means? Discussing such questions illuminates what we might mean by saying that "stealing is wrong".

The development of special ethics classes is not (and never has been) a response to a perceived weakness in the mainstream curriculum taught within NSW State Primary Schools. The State's teachers do much to promote critical thinking and to establish a solid ethical foundation amongst the children attending their schools. We are not trying to correct a deficit - but to

reinforce and extend good work amongst those children not attending SRE. This is the same approach taken by SRE providers who have made it clear that, amongst other things, they teach ethics. Our task has not been to draw children away from SRE but to provide a course for children who, until recently, were denied an opportunity to do something meaningful (not merely useful) during the time when others attend SRE. This may have good consequences - but lest Fr. Gleeson spot latent consequentialist tendencies, let me also be clear that it is the just, right and proper thing to do.

Sincere thanks to Gerry for a stimulating discussion.

Dr Simon Longstaff is Executive Director of St James Ethics Centre. Previous articles in this exchange can be found in Bioethics Outlook, December 2010, March 2011 and June 2011.

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www.acu.edu.au/plunkettcentre/
Tel: +61 2 8382 2869; Fax: +61 2 9361 0975: Email: plunkett@plunkett.acu.edu.au

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Health care is not an industry

Eric D'Arcy

In 1991, the implementation of the Nursing Home Agreement Act, narrowly passed by Federal Parliament, caused some controversy. The then Archbishop of Hobart, the philosopher Eric D'Arcy, argued at the time that the Government could not regard health care as an industry because it involves dealing with an infinite number of problems, each one needing an individual solution. This short article, which originally appeared in The Catholic Weekly of 13th February 1991, and which came to light during the Plunkett Centre's recent move from Leichhardt Street to Ice Street, contains ethical insights into the nature of health care that are worth recalling today.

Health care is not an industry: caring for a sick or aged person is not an industrial process. A person so cared for is not an industrial product.

Was it through ignoring these simple truths that three decent members of parliament dealing with the Nursing Home Agreement Bill were led into attitudes which were quite out of character? In the Senate the Government spokesman on the Bill declared that in Catholic nursing homes nurses or sisters, in conjunction with Catholic doctors, hasten the death of residents in their care. How could he ignore the fear and uncertainty this would strike into the hearts of many who believed their lives to be completely safe in the hands of these dedicated women? And did he really intend to accuse these women of such hypocrisy – practising in secret the opposite of what they profess in public? The Minister sponsoring the Bill seemed quite happy that those who have devoted their lives to a richly articulated Christian philosophy of health care should suddenly be required to bind themselves to acquiesce, on request, in violation of that philosophy in their own nursing home. A Government member of the House of Representatives issued a press release which spoke of the Catholic Church "jeopardising the interests of Residents in Catholic managed nursing homes".

Held captive

How could three perfectly decent men be led into such attitudes? Part of the reason is that, as Wittengstein says, "A picture held them captive". If you start with the false mode, you must expect a distorted outcome. To picture health care as an industry is to entertain a false model. Since it concerns the lives and the pain of human beings, and the vocation of those who care for them, the distortion can be cruel. An industrial relations commission may find that because of the inadequacy of the categories provided by its mandate, it must counterfactually "deem" health care to be an industry.

Shameful

But it would be a shameful day for any commission if it ever forgot that this was indeed nothing but stipulative definition. And it would be a tragic day for Australia's sick and helpless. Some aspects of health care resemble those of an industry: for instance the carer's wages, salaries, holidays, hour's rosters,maternity leave, superannuation, and similar matters. A commission may know of no way of dealing with these but by treating health care as if it were an industry. In many such situations there is little danger of the "deeming" being extended into life beyond the courtroom. For instance, one Australian statute stipulates that the meaning of the word "livestock" is to include "cockatoos, starlings and wild birds of prey". No farmer imagines for a moment that that changes the nature of these three enemies of his.

In the case of health care, however, one sees at work a strong tendency to slide from the fact that a commission has been treating it as if it were an industry, to the fiction that it really is so. In truth and in fact, of course, the intrinsic character of neither has been altered by one skerrick. A commission whose attitude was, "We are not interested in the intrinsic character of this activity: if there are people before us who are employed in it then for us it is an industry. It makes no difference to us whether the applicants are processing bauxite or shearing sheep or caring for aged human beings", such a commission would be comically unfit to remain in office.

Industrialisation has brought enormous blessing on millions of human lives. So has the marvellous progress of modern medical science. But we must not confuse the beneficiaries of the latter with the objects of the former.

Not an industrial process

A patient in a hospital or a resident in a nursing home is not the object of an industrial process, no matter how advanced or refined this may be. Every human being is unique. No human being is simply the clone of another. The development of every person is an entirely individual history. On the other hand, the epoch-making Industrial Revolution of the 18th and 19th centuries had, at the heart of its success, the ability to turn out the same thing over and over again. Every product is identical with every other product of a given industrial process: when the process hiccups, you simply discard or throw away the defective ones. This is the very opposite of health care.

Glorious and exacting

Every cared person's development is an individual history. Not one of them is merely the product of some process. This is the truth which makes the carer's work so glorious, but so exacting. Of twenty-five residents in a nursing home, not one is identical with any of the other twenty-four. This is totally different from the case of even the most sophisticated industrial process: every Rolls Royce or every electron microscope produced on a given day is identical with all the others. Francis Thompson once contrasted the industrial process with that of the Redemption itself:

There is no expeditious road

To pack and label men of God

And save them by the barrel-load.

The same is true of the beneficiaries of health care, just as it is false of the objects of an industrial process.

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Plunkett Lecture 2011

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School of Philosophical, Historical and International Studies
Faculty of Arts, Monash University
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The ethical treatment of depression: shortcomings in contemporary practice

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