

# The Plunkett Centre for Ethics

## Annual Report 2020



## **Mission**

The Mission of the Centre is to promote the values of compassion and fellowship, intellectual and professional excellence, and fairness and justice. Its primary focus is on the realisation of these values in the provision and allocation of health care. The Centre expresses this commitment through research, teaching and community engagement, as these are informed by the Catholic tradition.

## **Objectives**

- To deepen and advance knowledge and understanding of the ethical standards relevant to human health and well-being, and in particular to clinical practice, medical research, business and management practices, and the allocation of healthcare resources.
- To offer courses in philosophical ethics and in the ethics of healthcare provision, medical research and healthcare resource allocation.
- To engage and where appropriate to collaborate with local, national and international bodies as they seek to respond to their intellectual and ethical needs.
- To foster collaboration on ethical matters between Australian Catholic University, St Vincent's Health Australia, Sydney, and Calvary Healthcare.

## **Functions**

- Conducting and promoting research.
- Providing research training and supervision.
- Developing and teaching courses.
- Conducting reviews of professional practice.
- Providing an ethics consultation service.
- Participating in public discussions.

# John Hubert Plunkett

John Hubert Plunkett was the first Catholic Solicitor-General and the first Catholic Attorney-General of New South Wales. He was, at various times, a member of both the Legislative Council and the Legislative Assembly, a member of the first Senate of the University of Sydney and an early Vice-Chancellor of the University. He was the first Chairman of the Board of Education of New South Wales and a founding fellow of St. John's College at the University. He was also a great friend and benefactor of the Sisters of Charity in Australia.



Plunkett was born in Roscommon in Ireland in June, 1802. In 1830 he was appointed Solicitor-General in New South Wales. In 1836, he became Attorney-General, a remarkable achievement for an Irishman and Catholic. As chief law officer, Plunkett made an important contribution to the slow and difficult process by which the penal colony of New South Wales developed the institutions of a free society.

Plunkett was a leader in establishing civil rights in Australia. He drafted the Magistrate's Act, which abolished summary punishment, the administration of justice by private householders and the excessive use of the lash. He argued successfully for the abolition of convict assignment. He secured jury rights for emancipists. He extended the protection of the law to convicts and assigned servants. After securing the conviction of seven white men for the killing of an Aborigine at Myall Creek in 1838 (in a massacre in which the whole tribe was killed), he extended the protection of the law for the first time to Aborigines. But as a Catholic who knew what emancipation meant, Plunkett himself considered the Church Act of 1836, which disestablished the Church of England, his most important single achievement.

When the Sisters of Charity arrived in Sydney from Ireland in 1838, Plunkett organised a public appeal to establish their first hospital in Sydney and helped the Sisters to acquire the narrow strip of land along Victoria Street in Darlinghurst to which the first St. Vincent's Hospital, which had opened its doors in Potts Point, was relocated in 1870. Plunkett's two great recreations were the violin and Irish folk music. He died in May, 1869, and was buried in Sydney's Devonshire Street cemetery.

Thousands of Australians, of every religious belief and of none, have experienced the first-class health care that is inspired by the Sisters of Charity. Others have been educated by the Sisters. There are, thus, many Australians with reason to be grateful for the kind and practical help which John Hubert Plunkett gave to the women who founded the Sisters of Charity in Australia.

## From St Vincent's

In a very challenging year, the Plunkett Centre proved itself a great resource for the staff of St Vincent's Private Hospital, Sydney (and I know I speak on behalf of the other hospitals in our St Vincent's Health Network in Sydney).

The pandemic threw up new and often unforeseen ethical issues, and our decision-making benefitted from disciplined contributions of staff of the Centre. True, the pandemic interrupted our normal Ethics Formation Sessions with our Executive Teams, but by the end of the year we were back 'on track'.



In a pandemic-occasioned innovation, the Annual Plunkett Lecture was presented on line as part of the Grand Rounds Program at St Vincent's Public Hospital. Dr Bill Sullivan of St Michael's Hospital, Toronto, Canada, argued that 'ableism' is a kind of discrimination experienced by people with disabilities when their abilities are overlooked, ignored or dismissed. He made a compelling case for the ethical desirability of eliciting 'supported decision-making' from people with cognitive impairments, and left us with a better understanding of how to foster this kind of decision making.

**Mr Tim Daniel**  
Chief Executive Officer,  
St Vincent's Private Hospital

## From Calvary Healthcare

The work of the Plunkett Centre aligns with Calvary's commitment to demonstrate a visible and effective framework for ethical practice in our services. This year much of our focus has revolved around the introduction of euthanasia legislation in jurisdictions where Calvary offers services to people living with life-limiting illness. Our partnership with the Plunkett Centre has assisted Calvary to analyse proposed legislation and articulate critical points of departure.



In our ongoing effort to deepen our clinicians' understandings of the *Code of Ethical Standards for Catholic Health and Aged Care Services in Australia*, the Plunkett Centre is our critical partner. In 2020, we were indebted for guidance in response to a range of ethical issues including the provision of effective palliation when a person is dying – in particular, when the use of palliative sedation is clinically and ethically appropriate, the articulation of an institutional policy on vaccination, and the clarification of services which are in accordance with a Christian anthropology which respects personal embodiment. Overall, it has been a pleasure and privilege to collaborate with the Centre over the last twelve months.

**Mr Mark Green**  
National Director, Mission  
Calvary Healthcare

# From the University

2020 had its obvious challenges—challenges which highlighted the importance and relevance of ethics research.

Dr Bernadette Tobin and the team this year responded diligently to increased demand upon their services. There have also been significant new developments – such as the successful expansion of the Plunkett Centre to the Melbourne campus, following the relocation there of Dr Steve Matthews.



The Centre has amplified its critical engagement within the context of the Coronavirus, providing sound guidance on real medical situations and complications as they arise. Centre staff, including Dr Xavier Symons, who joined the Centre in September last year, were requested for multiple media interviews concerning COVID-19 vaccinations and ethical dilemmas the pandemic has brought to light.

The services offered by the Plunkett Centre have especially benefitted our hospital partners but also the wider society this past year in particular.

Given the increasing prominence of the need for ethical awareness and leadership across various sectors, ACU is proud of the contribution of the Plunkett Centre in the clinical and hospital setting through its ethical consultancy, research output and civic engagement. On behalf of the University, I would like to reiterate our commitment and support of the Plunkett Centre and its dedication to bioethics in the Catholic tradition.

Above all, I want to salute our hospital partners.

Learning at our meetings about their intense work and devoted service during the pandemic was deeply moving and also uplifting. ACU is grateful for the rich partnership and professional friendship we enjoy with our great Catholic hospitals.

**Professor Hayden Ramsay  
Deputy Vice Chancellor, Coordination  
Australian Catholic University**

# Management Committee

**Mr Tim Daniel**, Chief Executive Officer, St Vincent's Private Hospital, Sydney

**Mr Mark Green**, Director of Mission, Calvary Healthcare

**Professor Dermot Nestor**, Executive Dean, Faculty of Theology & Philosophy, ACU

**Professor Hayden Ramsay**, Deputy Vice-Chancellor, Coordination, ACU

**Professor Anthony Schembri**, Chief Executive Officer, St Vincent's Health Network Sydney

**Dr Bernadette Tobin**, Director

## Director meets colleagues in Rome



### At the meeting of the Pontifical Academy for Life, Rome, 2020

Standing, L to R: Prof Maureen Condic, Archbishop Anthony Fisher, Prof John Keown, Prof Neil Scolding, Prof Christopher Kaczor, Dr Bill Sullivan.

Seated, L to R: Dr Bernadette Tobin, Prof Kevin Fitzgerald SJ, Prof John Haldane.

# From the Director

In 2020, we welcomed Dr Xavier Symons to the Centre. Xavier, who was awarded a PhD in 2020, already has an outstanding track record in contributing to the field of ethical reflection on health care. In addition, he is sought after by the public media for reliable commentary, not only because of the depth of his knowledge but also because of his capacity to explain and defend good ethical practices in ways which respond to people's levels of understanding.

In common with most institutions, the Plunkett Centre was significantly affected by the pandemic in 2020. Indeed, as one of the two Australian members of the Pontifical Academy of Life, the other being Archbishop Anthony Fisher, I returned to Australia after our Annual Meeting in Rome just before border restrictions came into effect.

From then on, however, we had to change some of the ways in which we work. The person most directly affected was Dr Steve Matthews who, alongside all Victorians, endured a long 'lockdown'. Our Annual Lecture changed in two ways: it went 'online' and it took place within the context of the most important educational event in St Vincent's Public Hospital: that is, the weekly 'Grand Rounds'.

And we instituted a new 'community of practice' composed of people who work in or around the ethics of healthcare in Catholic organizations around Australia. Informally known as the 'Plunkett Ethics Catch-Up', we meet by Zoom every two weeks to reflect on both the work on which we have been engaged and the developments we each face.

That said, many things have remained the same. For instance, our consultation service has always been conducted mostly by phone or on-line meeting. And a key project that continued from 2019 into 2020 was the Australian Research Council-funded research, led by Dr Steve Matthews (in collaboration with Professor Jeanette Kennett of Macquarie University), entitled 'Dementia, moral agency and identity: respecting the vulnerable'. Dr Philippa Byers, a researcher who is trained in both Philosophy and Social Work, continued at the Centre working on the project as an honorary Scholar. The project itself involves an analysis of the moral psychology of dementia, its effects on agency and identity, with implications for clinical and care practices. Proposals will be made as to what can be done to maintain relationships and address impairments in this vulnerable group in a way that is both practical and respectful of their dignity.

As usual, I wish to acknowledge the achievements and hard work of my colleagues at the Centre.

**Bernadette Tobin**  
**18<sup>th</sup> March 2021**

# Staff

## **Philippa Byers**

M Social Work, University of Sydney  
PhD, University of Sydney  
Honorary Fellow



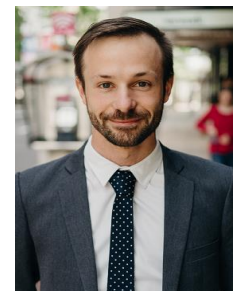
## **Steve Matthews**

BA (Hons) Monash University  
PhD, Monash University  
Senior Research Fellow in Philosophy, ACU



## **Xavier Symons**

BA Adv. Hons, University of Sydney  
MA (Res.), University of Sydney  
PhD, Australian Catholic University  
MSt, Practical Ethics (Oxon)  
Postdoctoral Research Fellow, ACU  
Honorary Research Assoc, Institute for Ethics and Society, UNDA



## **Bernadette Tobin AO GCSG**

MA MEd University of Melbourne  
PhD, University of Cambridge  
Reader in Philosophy, ACU  
Conjoint Associate Professor, UNSW  
Conjoint Associate Professor, University of Sydney



## **Pip Wilson**

Administrative Assistant





# Research

## The Plunkett Centre conducts research in the following areas:

- **Contemporary normative theory**, in particular virtue theory, and its relation to Kant's ethics and to consequentialism.
- **Clinical ethics**, in particular the goals of medicine, the canons of therapeutic responsiveness; competence, consent and decision-making about sick children; end-of-life decision-making; advance care planning; assisted reproductive technologies; organ and tissue donation; professional role ethics, the law and clinical ethics; regenerative medicine; public health ethics.
- **Psychiatric ethics**, in particular the threat of psychopathology to moral identity and moral agency, respect for autonomy, competence and coercion, moral responsibility of impaired persons, law and psychiatry, and the ethical challenges posed by developments in neuroscience.
- **Bioethics**, in particular the Catholic Christian contribution and its debates with and relationships to contemporary secular bioethics, human sexuality and procreation; the history of parental involvement in medical treatment at the end of life treatment of their children; the meaning of suffering in the Intensive Care Unit; the history of organ donation; issues associated with the care of dead bodies.
- **Research Ethics**, in particular traditional debates about ethical standards with respect to research involving human participants and research involving animals; contemporary debates about genetic technologies, biotechnologies, stem cells, bio banking, etc.
- **Resource allocation**, in particular debates about the roles of the individual, the family, the market and the state in the provision of health care; policies for the just allocation of scarce medical resources.
- **Artificial Intelligence (in medical contexts)**, in particular the role online therapies play in treatment, reduction in costs, effectiveness and in threatening the clinician-patient relationship, artificial intelligence.

# Clinical Ethics

## Ethics with Executives

- Justice in resource allocation in circumstances of a pandemic, Mater Hospital, Sydney, and St Vincent's Health Network Sydney Clinical Council
- When treatment is reasonably judged to be futile or overly-burdensome, St Vincent's Public Hospital, Sydney
- When a pandemic interrupts a clinician's expectations in healthcare practice, St Vincent's Private Hospital, Sydney
- Does the removing of an implantable cardiac device raise novel ethical questions? Cabrini Hospital, Melbourne
- Admitting a patient who has 'starvation syndrome', St Vincent's Public Hospital, Sydney
- Artificial Reproductive Technologies and questions of institutional ethics, Mater Hospital, Sydney

## Ethics with 'community of practice of ethics'

- The effects of the pandemic on ordinary patient services
- Moral distress and its toll on individuals and institutions
- Realistic expectations of private hospitals towards disadvantaged people
- Connections between healthcare ethics and Catholic social teaching
- Ethical issues in vaccine development
- The concept of 'institutional conscience'
- Dignity, autonomy and allocation of scarce medical resources
- *Samaritanus Bonus*: a critical analysis
- Undertaking 'horizon scanning' in healthcare ethics
- Assisted suicide: when law 'reform' embraces only legalization

# Publications

## **Byers, P.**

Truthfulness and Deceit in Dementia Care: An argument for truthful regard as a morally significant human bond. *Kennedy Institute of Ethics Journal*, Forthcoming, 2021.

## **Matthews, S.**

“Habit”. *International Encyclopedia of Ethics*. Hugh LaFollette (ed). Wiley-Blackwell, Forthcoming, 2021.

“Moral self-orientation in Alzheimer’s Dementia.” *Kennedy Institute of Ethics Journal*, 30(2), 141-166, 2020.

## **Symons, X.**

“Respect for Persons and the Allocation of Lifesaving Healthcare Resources”. *Bioethics*, DOI: <https://doi.org/10.1111/bioe.12857>.

Persuasion, not coercion or incentivisation, is the best means of promoting COVID-19 vaccination (with Susan Pennings), *Journal of Medical Ethics*, DOI: <https://doi.org/10.1136/medethics-2020-107076>.

Reflective disequilibrium: a critical evaluation of the complete lives framework for healthcare rationing, *Journal of Medical Ethics* 2021;47: 108-112.

Rationing, responsibility and blameworthiness: an ethical evaluation of responsibility-sensitive policies for healthcare rationing (With Reginald Chua), *Kennedy Institute of Ethics Journal* Forthcoming, 2021.

Persuasion better than compulsion in vaccinating the nation, *Bioethics Outlook* 2020, 1 31, 3.

COVID-19 vaccine rationing and mass immunisation: challenges and solutions. *Ethics Matters*, November 2020.

## **Tobin, B.**

Suffering and end of life medical care, *Journal of Paediatrics and Child Health*, Forthcoming 2021.

Allocating healthcare resources in a pandemic: who decides, and how? *Bioethics Outlook*, 2020, 31,2: 1-4.

The common good: two different meanings, *Bioethics Outlook*, 2020, 31,3, 9-12.

William Sullivan, Heng, J; DeBono, C, Jamieson, C; Labrecque, C; Taboada, P; **Tobin, B**, Welie, J: Promoting capabilities to make healthcare decisions, *National Catholic Bioethics Quarterly*, 20,2, Summer 2020.

# Consultancies

## A selection of ethical issues addressed:

- Ethics of medically-supervised injecting services
- Palliative sedation in end-of-life care
- Ethics of inducing labour outside clinical guidelines
- Ethics of using 'quality-adjusted life years' in funding decisions
- Resource allocation in a pandemic
- Use of life-prolonging treatments in end-of-life care

## Summary by source:

Year	St Vincent's Health Australia	Calvary Healthcare	Other Institutions	Total
2020	39	5	34	<b>78</b>
2019	30	9	18	<b>57</b>
2018	14	2	23	<b>39</b>
2017	32	N/A	11	<b>43</b>
2016	11		23	<b>34</b>
2015	16		22	<b>38</b>
2014	18		23	<b>41</b>
2013	14		16	<b>30</b>
2012	17		44	<b>61</b>
2011	15		18	<b>33</b>
2010	34		20	<b>64</b>

## Summary by profession:

Year	Admin	Medical	Nursing	Allied Health	Other	Total
2020	23	9	1	3	42	<b>78</b>
2019	34*	9	2	3	9	<b>57</b>
2018	11	13	1	2	12	<b>39</b>
2017	12	19	-	2	10	<b>43</b>
2016	7	12	2	1	12	<b>34</b>
2015	3	13	6	2	14	<b>38</b>
2014	6	17	4	2	12	<b>41</b>
2013	7	12	2	1	8	<b>30</b>
2012	4	11	6	10	30	<b>61</b>
2011	9	11	3	1	9	<b>33</b>
2010	31	7	3	3	10	<b>54</b>

\*Includes 18 bioethicists

# Bioethics Committee: St Vincent's Health Network Sydney

The Bioethics Committee of St Vincent's Hospital reviews current practices within the facilities of St Vincent's Health Australia (NSW) in the light of the ethical teachings of the Catholic Church and the *Code of Ethical Standards for Catholic Health and Aged Care Services in Australia*.

The Committee is chaired by Professor Terry Campbell, Deputy Dean of Medicine, UNSW Sydney and Director of Research at St Vincent's Hospital. The Plunkett Centre supports the work of the Committee.

Issues considered in 2020 included:

- Ethical issues associated with Telehealth
- Proposed amendments to the NSW *Human Tissue Act*
- Disclosing genetic risks, in particular 'incidental findings'
- The ethics of clinical trials
- Justice in the allocation of healthcare resources in a pandemic

## Teaching

PhD Supervision: Matthews and Symons

Medical Ethics, UNSW & UNDA medical students on palliative care round: Tobin

Bioethics, UNDA Studies in Bioethics: Symons

# Annual Plunkett Lecture

## 'Ableism':

### Is it a malady of modern medical decision making?

On Tuesday 13<sup>th</sup> October, Dr Bill Sullivan gave the Annual Plunkett Lecture from his office at St Michael's Hospital in Toronto, Canada. The term 'ableism' refers to the kind of discrimination and social prejudice experienced by people with disabilities when their abilities are overlooked, ignored or dismissed. He challenged healthcare providers to enable people with disabilities better to participate in medical decision-making, and outlined an aspect of person-centred approaches to health care which aims to avoid this form of discrimination and to be *supportive* of patients when they make decisions.

Dr. Sullivan is the founding director of the Developmental Disabilities Primary Care Initiative which drew up the Canadian consensus guidelines for the care of adults with developmental disabilities and established tools and learning resources for health professionals and caregivers. His clinical work is based in Medical Services at Surrey Place Centre and in the Department of Family and Community Medicine at St. Michael's Hospital, Toronto.

Adults with intellectual and developmental disabilities or progressive neuro-cognitive impairments are likely to be found on the margins of healthcare systems. They experience high rates of poverty, exploitation, and trauma. Many are socially isolated. Their health needs, which often are multiple and complex, sometimes go unrecognized and unaddressed. Compounding these challenges is the experience they have of being on the periphery of decision-making regarding their own health care. They are sometimes treated as though they lack any capacity to make healthcare decisions on their own.

Dr Sullivan outlined an approach to decision-making that challenges the fundamental premises of contemporary western bioethics and health law, as well as some healthcare practices, an approach which is intended to overcome such 'able-ist' forms of discrimination. Calling it 'supported decision-making', he argued that it affirms the inherent dignity of patients with intellectual and developmental disabilities or progressive neuro-cognitive impairments; it enhances their participation in making healthcare decisions with supports as needed; and it enables their authority to make those decisions to be ethically and legally recognized. That said, supported decision-making overlaps with what good clinicians are accustomed to doing when they determine *with* patients their unique health needs and collaborate *with* patients and their caregivers in shared decision-making concerning the patient's goals of care and treatment options.

Dr Sullivan said that a major impetus to adopt supported decision-making in law had been the United Nations' *Convention on the Rights of Persons with Disabilities*. The *Convention* obliges participating states to recognize the right of persons with disabilities "to enjoy legal

*capacity on an equal basis with others in all aspects of life.”* It stipulates that persons with disabilities should have “*access to the support they may require in exercising their legal capacity.*” And so, as understood by this *Convention*, supported decision-making entails a radical re-thinking of who should authorize the treatment of patients. It questions prevalent practices such as assessing patients for decision-making capacity or competence, the need for substitute decision makers or surrogates of patients who are deemed to lack capacity or competence, and involuntary medical treatments for such patients in their “best interests”.

In fact, there is a fundamental difference between supported and substitute decision-making approaches in health care. The moral agency and legal authority of the patient who is supported to make a healthcare decision is retained and recognized, whereas in substitute decision-making approaches, that agency and legal authority for the decision ultimately rests with the substitute decision maker *acting on behalf of* the patient.

It is sometimes said that designating a patient to be “incapable” or “incompetent” to make healthcare decisions in no way undermines respect for their personhood or inherent dignity. But Dr Sullivan said that many persons with disabilities and their advocates say that that does not reflect their experience.

Can people with intellectual and developmental disabilities or progressive neuro-cognitive impairments hold and express authentic values? Dr Sullivan argued that they can. They might articulate values in very concrete terms (e.g., “Singing makes me happy” or “I like you.”). They might indicate them by drawings, gestures or other non-verbal behaviours (such as when a person with dementia recognizes and enjoys a favourite song from youth or a young adult with an intellectual disability claps joyfully to a tune). Those close to them, who know them well, can learn to interpret reliably their indications of value. In addition, many caregivers affirm that people with such disabilities can manifest genuine agency. But to appreciate this, a ‘relational’ understanding of respecting a person’s autonomy is needed, one which recognizes that, to some degree or other, we *all* depend on others. The challenge then is to establish sufficient supports to enable the individual to exercise his or her capabilities and to select from offered healthcare options. This requires making sure that the patient has whatever supports he or she needs in making healthcare decisions and then recognizing that the patient’s decision-making — with such supports — is authoritative.



**Dr Bill Sullivan**  
**Family Care Physician**  
**St Michael’s Hospital, Toronto**  
**Academic Chair, International Association of Catholic Bioethicists**

# Media

## Matthews

ACU Podcast with Deborah Stone on the ethics of dementia care (November).

## Symons

'The ethics of COVID-19 vaccine trials'. Interview with Simon Lauder *ABC Statewide Drive NSW* 16th Dec 2020.

'Cancellation of University of Queensland's COVID-19 vaccine trial 'reassuring'' *ABC News*, 12 Dec 2020.

'Experts call on Federal Government for vaccine roll-out plan'. *ABC News* 18th September 2020 (interview with Ros Childs).

Interview for *ABC TV 7:00pm national news bulletin* -- 'Oxford COVID-19 vaccine trial paused after serious adverse event'.

'Bad reaction to Oxford COVID-19 vaccine likely 'life threatening': Expert'. *The New Daily* 9th September.

'The ethical complexities of rationing healthcare'. *ABC Religion and Ethics Report* 12th August 2020.

'Persuasion better than compulsion in vaccinating the nation'. *Australian Financial Review* August 20th 2020.

## Tobin

Quoted in article in *Sydney Morning Herald Good Weekend* ('Cell Block') re forthcoming decision of government re removing the legislative obstacles to mitochondrial donation, March.

Interviewed by Dione Greene of Bay FM: Healthcare rationing and COVID 9, March.

*ABC God Forbid* Programme (with James Carleton & Scott Stephens), March.

ABC Religion and Ethics re Allocating Healthcare resource, April.

'Father's fable raises ethics of allocation', *Aurora*, (Maitland-Newcastle Diocese Magazine), April  
Interviewed on *ABC Religion and Ethics Report* programme, April.

Quoted in article in *Financial Review* re the ethics of an 'immunity passport scheme', April  
*Life and Death Ethics*, ACU podcast, April.

25.8.20 Interviewed by Glen Bartholomew, *ABC News Radio*, re ethical issues in research on vaccines for COVID-19, August.



# Submissions to Public Inquiries

Submission to UNSW Parliamentary Enquiry re proposed amendment to *Anti-Discrimination Act 1977* (to include prohibition on discrimination on basis of religious belief or activity): August (Tobin).

Further submission to UNSW Parliamentary Enquiry re proposed amendment to the *Anti-Discrimination Act 1977* in response to questions on notice, November (Tobin).

New South Wales Ministry of Health, re End of Life Guidelines, November (Tobin).

# Presentations

## **Symons**

Catholic social teaching and the pandemic, NSW Catholic Medical Association, September 2020.

Christian bioethics and euthanasia, Association of Independent Schools of NSW, October 2020.

The ethics of vaccinations, Institute for the Study of Christianity in an Age of Science and Technology (ISCAST), November 2020.

Conscientious objection: a debate with Julian Savulescu, University of Melbourne School of Law, August 2020.

## **Tobin**

Some current issues requiring ethical analysis in Australian Catholic hospitals, Bioethics Council, New York City Health & Hospitals, January.

Planning for a surge: principles and process, Senior Medical and Nursing Staff, Mater Hospital, Sydney, May.

Religion within Medicine and the likely impact of the Religious Discrimination Bill, Medical Students at University of Melbourne (with Mr Ed Santow & Dr John Parker), June.

Grand Rounds at St Vincent's: Justice and Compassion: Resource allocation in a pandemic (with Dr George Skowronski), September.

# Appointments

## **Steve Matthews**

Member, ACU Human Research Ethics Committee

Member, Plunkett Centre Reading Group

Member: Australian Neuroethics Network

Assessor: Australian Research Council

Referee: Ethics and Information Technology, Journal of drug issues, Addictive Behaviors, Monash Bioethics Review

Organiser: Dementia conference 2020. Postponed due to pandemic

Reader: PhD thesis, Kamila Drapalo "The Art of Imagining: Martha Nussbaum Between Vulnerability and Autonomy." (Supervisor: Dr. Robyn Horner)

Reader: Reality 2.0. Book manuscript by David Chalmers

Preliminary Report on Impact and Engagement of ARC DP dementia grant activities (with Jeanine Parsons)

## **Xavier Symons**

Assessor, University of Notre Dame School of Medicine Admissions, Sept 2020

Visiting Scholar, Anscombe Centre for Bioethics, University of Oxford

Referee: Bioethics, Journal of Medical Ethics, BMC Medical Ethics, Political Research Quarterly

Reviewer: *ANU University Press*

## **Bernadette Tobin**

Member, Mission, Ethics & Advocacy Committee, St Vincent's Health Australia

Member, Blood Borne Viruses Advisory Panel, NSW Ministry of Health

Member, Health Ethics Advisory Panel, NSW Ministry of Health

Member, Governing Council, International Association of Catholic Bioethicists

Member, International Board of Regents, Bethlehem University

Member of Council and Deputy Chair, St John's College Council

Director, Scalabrinian Village (until June)

Referee: *Journal of Bioethical Inquiry*

Member: Editorial Board, *Theoretical Medicine and Bioethics*

# ***Bioethics Outlook* Volume 31**

## **No 1: March**

The XXVIII World Day of the Sick 2020 - *His Holiness Pope Francis*

Do we need new laws to protect religious freedom in Australia? - *Frank Brennan SJ*

## **No 2: June**

Allocating healthcare resources in a pandemic — who decides, and how? - *Bernadette Tobin*

What the virtues have to offer in the midst of COVID-19 - *Julian C. Hughes*

Resource allocation and ventilators: Catholic principles - *David Albert Jones*

Ethical Principles of Resource Allocation in the Event of an Overwhelming Surge of COVID-19 Patients - *MedStar Georgetown University Hospital*

## **No 3: September**

Aged and healthcare silos create a life-and-death tragedy - *Toby Hall*

Persuasion better than compulsion in vaccinating the nation - *Xavier Symons*

Love and the common good - *Pope Francis*

The 'common good': two different *meanings* - *Bernadette Tobin*

## **No 4: December**

Promoting capabilities to make healthcare decisions - *Consensus Statement of the 9th IACB International Colloquium*

# Financial Report 2019/2020

		<b>2019</b>	<b>2020</b>
<b>Carried Forward</b>		70,444	25,401
<b>Income</b>			
	Hospitals	213,920	219,268
	University	213,920	219,268
	Other income	11,819	11,169
	ACU Foundation	0	57,531
<b>Total Income</b>		<b>510,103</b>	<b>532,637</b>
<b>Expenditure</b>			
	<b><i>Salaries</i></b>	391,561	447,758
	<b>Non-Salary Items</b>		
	Conferences	1,342	0
	Consultancies	8,970	9,310
	Info Tech	1,056	26
	Library	29	414
	Plant and Equipment	0	4,579
	Rent & Utilities	38,605	44,795
	Travel Domestic	17,452	751
	Travel International	19,979	5,026
	Other	5,708	6,355
	<b>Total non-salary expenditure</b>	<b>93,141</b>	<b>71,256</b>
<b>Total Expenditure</b>		<b>416,962</b>	<b>519,014</b>
<b>Carried Forward</b>		25,401	13,623