



# Plunkett Centre

Annual Report 2018



# 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

The Plunkett Centre has once again provided a great resource for St Vincent's Health Network in Sydney, giving us access to expertise in ethical review on some very complex healthcare issues. For example, since doctor-assisted suicide has been legalised in Victoria, we have carefully clarified our institutional conscientious objection to this practice.



Ethics Formation Sessions have continued with our Executive Teams on various relevant and stimulating topics. The Executive Team at St Vincent's Private Community Hospital in Griffith were gratified to be included in this program in 2018.

Daniel Sulmasy's Plunkett Lecture helped us to appreciate the social forces which increasingly pressure doctors to provide 'whatever service the patient requests'. In addition, the work of Steve Matthews and Philippa Byers, on the responsibilities of truth telling to people with dementia, will provide topical advice, particularly in the context of the Royal Commission into Aged Care.

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

## From Calvary Healthcare

The work of the Plunkett Centre aligns with Calvary's commitment to demonstrate a visible and effective framework for the development, monitoring, learning and evaluation of ethical practice in our services. In our current focus on deepening the understanding of our clinicians of the *Code of Ethical Standards for Catholic Health and Aged Care Services in Australia*, the Plunkett Centre is our critical partner.



We are indebted to the Centre for its guidance as we have sought to clarify our response to the legalisation of physician-assisted suicide in Victoria. In addition we have been grateful to the Centre staff for assistance in articulating our ethical commitments in contexts such as the conduct of clinical trials and the provision of nutrition and hydration when a person is dying. Overall, it has been a pleasure and privilege to strengthen collaboration between the two organisations over the last twelve months.

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

# From the University

2018 was a year marked by significant achievement, acute challenge, and increasing opportunity, all of which were gracefully and professionally managed by the Centre's Director, Dr Bernadette Tobin.

Achievement is marked by the increasing academic profile of the Centre and its staff. Dr Steve Matthews continues to progress the research agenda set out by his ARC Discovery Grant, *Dementia, Moral Agency and Identity* which he holds with Professor Kennett of Macquarie University. In addition to several high-quality publications in leading international journals, Steve has made substantial contribution to the Faculty's developing postgraduate coursework on Ethics particularly *PHIL623 Healthcare Ethics* (co-taught by Dr Philippa Byers): the course received excellent student evaluations in its first outing in Semester 2, 2018. This unit is the first of several that will emerge through the Faculty and which provide measured and informed responses to the emerging and often emotional issues that have come to dominate the healthcare sector.



Such issues were front and centre in the 2018 Plunkett Centre Lecture delivered by Professor Daniel Sulmasy of Georgetown University. His lecture, *Should we take away Hippocrates' licence? Professionalism, conscience, and tolerance in a good society* was delivered before a full-house at St Vincent's: it provided a probing, provocative, and fully participatory engagement with the issue of conscientious objection to the use of medical intervention.

Over the past year, Bernadette extended the nature and range of Plunkett's services to those who support this unique and joint venture. 2018 saw her expertise, her wisdom, and her intuition called into service on many fronts as Catholic Health agencies sought to respond to Victoria's *Voluntary Assisted Dying Act 2017*.

Where there is challenge, there is always opportunity. Such opportunity presented itself in the form of a generous philanthropic donation from the Trustees of the Mary Philippa Brazill Fund. With the support of Professor James McLaren (PVC Research) and the ACU Foundation, the University has now established the Mary Philippa Brazill Scholarship. It is to be awarded on an annual basis (as additional scholarship funding to a Research Training Program Stipend Scholarship) held by Higher Degree by Research students who undertake a project in the area of *Health Care Ethics in Australian Catholic Contexts*. Further donations were also received through 2018. I would particularly like to mention the generous decision of the Board of the Caroline Chisholm Centre for Health Ethics to bequeath its resources to the Plunkett Centre. Such gifts are not simply recognition of the status and significance of the Plunkett Centre within the Australian healthcare sector but equally its capacity to provide for future growth and to respond to future need.

As a final note I would like to extend a special welcome to Ms Pip Wilson who was confirmed as a Plunketeer in 2018 and to colleagues in the Faculty for the levels of support they provide to the work and operations of the Centre.

**Professor Dermot Nestor**  
**Executive Dean, Faculty of Theology & Philosophy**  
**Australian Catholic University**

# Management Committee

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

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

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

**Dr Richard Colledge**, Head of School, School of Philosophy (National), ACU

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

**Dr Bernadette Tobin**, Director

## From the Director

A key part of the work of the Centre in 2018 was preparation for the implementation, in Victoria, of a law which permits 'doctor-assisted suicide'. Of course, we are committed to ensuring that dying patients end their lives in comfort and with dignity. But the social context in which we fulfil that commitment has now changed significantly, at least in one Australian state, so there is much to be done to prepare our clinicians and prospective patients. At the centre of our preparations is the conviction that, even though it may employ techniques which doctors acquire during their training, assisting a patient to commit suicide is not an authentic medical treatment. In addition, it goes against our long-standing commitment, as Christian institutions, to affirm the inviolability of every human life.

A second key project in 2018 was the research, lead Dr Steve Matthews (in collaboration with Professor Jeanette Kennett of Macquarie University), entitled 'Dementia, moral agency and identity: respecting the vulnerable'. The project is funded by the Australian Research Council. Dr Philippa Byers, a researcher who is trained in both Philosophy and Social Work, is a Research Assistant on the project. For this reason, Philippa has been awarded the status of honorary Visiting Scholar at the Plunkett Centre for the three year duration of the research and her publications are listed in this Report. The project involves an analysis of the moral psychology of dementia, its effects on agency and identity. 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.



The past year was the first of the current five-year agreement between Australian Catholic University and St Vincent's Network Sydney and (for the first time) Calvary Healthcare. In addition, Cabrini Healthcare in Melbourne now has a formal connection with the Centre: we are delighted to have the opportunity to work with their clinicians.

I wish to acknowledge the achievements and hard work of my colleagues at the Centre, including Ms Pip Wilson who joined us at the beginning of the year as our new Administrative Assistant.

**Bernadette Tobin**  
**18.2.19**

## Academic Staff

**Steve Matthews** BA (Hons) (Monash), PhD (Monash)  
Senior Lecturer in Philosophy, Australian Catholic University  
Senior Research Fellow, Full time



**Bernadette Tobin** MA MEd (Melb), PhD (Cantab)  
Reader in Philosophy, Australian Catholic University  
Conjoint Associate Professor, University of New South Wales  
Conjoint Associate Professor, University of Sydney  
Director, Full time



## Honorary Staff

**Gerald Gleeson** STB (CIS), MA (Cantab), PhD (Leuven)  
Vicar General, Archdiocese of Sydney  
Research Associate, Part time



## Administrative Assistant

**Pip Wilson**



# 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 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.
- **Computer ethics (in medical contexts)**, in particular the role online therapies play in treatment, reduction in costs, effectiveness and in threatening the clinician-patient relationship.

# Teaching

- ACU: PhD supervision, Xavier Symons (**Matthews**)
- ACU PHIL623 Healthcare ethics: Initiation, development and delivery of the course, (**Matthews**, assisted by **Tobin**)
- UNDA and UNSW Ethical Reflections with medical students undertaking Palliative Care Rotation, (**Tobin**)

## Bioethics Committee St Vincent's Hospital

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 Deputy Chair is Professor Jane Ingham, Associate Director of Clinical Governance – Advance Care Planning St Vincent's Health Network (Sydney) and St Vincent's Clinical School, UNSW.

The Plunkett Centre is responsible for providing services needed for the functioning of the Committee.



**Prof Terry Campbell**

# Clinical Ethics

## Ethics for Executives (Tobin)

- Caring for overseas patients with no means to pay: allocating resources justly: St Vincent's Public, Sydney
- Morally relevant criteria in setting resource allocation priorities: St Vincent's Public, Sydney
- Withdrawing ventricular assist devices: is there a special ethical concern? St Vincent's Public, Sydney
- Key principles in *Code of Ethical Standards for Catholic Health Services in Australia*: St Vincent's Private, Sydney
- Why Catholic hospitals limit interventions they offer to authentic therapies: St Vincent's Private, Sydney
- Ethical issues in the care of the maternity patient: Mater Hospital, Sydney
- Why Catholic hospitals resist cooperation in excessive cultural emphasis on appearance: Mater Hospital, Sydney
- Request for the sterilisation of an intellectually-disabled adult: Mater Hospital, Sydney

## Ethics for Staff (Tobin)

- Ethical issues in the care of the maternity patient: Mater Hospital, Sydney
- Why we will not assist patients to commit suicide: Mater Hospital, Sydney
- Demanding case loads: what ethical principles should inform 'priority' decisions? Social Work Department, St Vincent's Hospital, Sydney
- Ethical issues in end of life care: St Vincent's Private Community Hospital, Griffith
- Informing and advising patients: the lessons of Rogers v Whitaker: St Vincent's Private Community Hospital, Griffith
- Ethical evaluation of proposals to accept donations from the gambling industry: St Vincent's Clinic, Sydney
- How best to respond to unreasonable requests for treatment: Cabrini Hospital, Melbourne
- When is cooperation in wrongdoing complicity? Cabrini Hospital, Melbourne
- Ethical issues in maternity care: Cabrini Hospital, Melbourne
- Preparing for the implementation of VAD Act in Victoria: Cabrini Hospital, Melbourne
- Provider to consumer? Doctor to patient? The role of the healthcare practitioner in the care of a person who is dying: Calvary Bethlehem Hospital, Melbourne.
- Withdrawal of life-prolonging treatment: non-invasive ventilation for patients with motor neurone disease (with Susan Mathers and Heidi Gregory): Calvary Bethlehem Hospital, Melbourne.
- Foundations of the *Code of Ethics*: Sisters of Scalabrinian Village & St Vincent's Community Hospital Griffith
- Lessons from the tragedy of Dr Bawa-Garba: Children's Hospital, Westmead
- Is immunisation ever morally obligatory? Children's Hospital, Westmead
- Why Catholic hospitals resist cooperation in excessive cultural emphasis on appearance: Mater Hospital, Sydney

# Publications

## Chapters in books

**Matthews, S.** Addiction and self-stigma, in *The Stigma of Addiction: An Essential Guide*. J.D. Avery and J.J. Avery (eds). Springer: Switzerland, (Forthcoming, 2019).

**Matthews, S.** Addiction and Mandatory Treatment, in *The Routledge Handbook of Philosophy and Science of Addiction*. Hannah Pickard & Serge Ahmed (eds). (Routledge, London, Forthcoming, 2019), 554-564.

**Matthews, S.** Habit, in *The International Encyclopedia of Ethics*. Hugh LaFollette (ed). Wiley-Blackwell, (Forthcoming).

**Matthews, S.** (with Jeanette Kennett). Diminished autonomy, consent, and chronic addiction, in *Beyond consent: limits and alternatives to respect for autonomy in human research ethics and law*. Bernadette Richards & David Kirchhoffer (eds). Cambridge University Press, Cambridge. (Forthcoming).

## Peer-reviewed articles

**Byers, P.** (with D. Newman). A first person principle: philosophical reflections on narrative practice within a mainstream psychiatric service for young people. *International Journal for Narrative Therapy and Community Work*, (Forthcoming.)

**Tobin, B.** Is it justifiable to compel performance by a doctor in violation of conscience? A recent view examined. *Australasian Catholic Record*, (Forthcoming, 2019).

## Other articles

**Byers, P.** I won't lie: the end of the latest Helen Mirren film left me furious. Opinion Piece, *Sydney Morning Herald*, July 11, 2018.

**Tobin, B.** Review: Gorazd Andrejc (ed.), *Wittgenstein and Interreligious Disagreement: A Philosophical and Theological Perspective* (Basingstoke, UK: Palgrave Macmillan, 2016). In *Philosophical Investigations*, (Forthcoming, 2019)

# Consultancies

## A selection of ethical issues addressed (Tobin):

- ‘Informed consent’ requirements of pharmaceutical companies
- Why assisting a patient to commit suicide is not a medical treatment
- Ethics of sterilising adults with disabilities
- End of life care for patients with muscular dystrophy
- Care of the impaired physician offered in the setting of a private hospital
- Innovative treatment in a private hospital setting

## Summary by source:

Year	St Vincent's Sydney	Calvary Healthcare	Other Institutions	Total
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>
2009	26		38	<b>64</b>
2008	15		22	<b>37</b>

## Summary by profession:

Year	Admin	Medical	Nursing	Allied Health	Others	Total
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>
2009	24	17	4	1	18	<b>64</b>
2008	15	7	7	3	5	<b>37</b>

# Annual Plunkett Lecture

On Thursday 22<sup>nd</sup> March, Daniel Sulmasy, the Professor of Biomedical Ethics at Georgetown University, delivered the Annual Plunkett Lecture. His subject was 'Should we take away Hippocrates' Licence? Professionalism, Conscience and Toleration in a Good Society'. In this lecture, he argued against a current claim, viz that every doctor must perform every legally-permitted and medically-sanctioned intervention that he or she is qualified to perform upon a patient's request.

In order to show why he thinks this claim is unconvincing, Dr Sulmasy set out a series of 'conceptual clarifications' of the key concepts employed in the literature: conscience, conscientious action, professional judgment, conscientious objection, conscience clauses, civil disobedience and tolerance. He then pointed out that conscience is often misunderstood as a little voice that 'tells' us what to do. Rather it is a two-fold commitment: to have and to hold fundamental moral principles and to act according to those principles. Of course, we have a duty to form our consciences appropriately: to take due diligence, to know the moral rules and to act on correct information. Nonetheless, an erring conscience binds!

We need persons of conscience in all walks of life, but certainly in health care. Patients need to be able to trust their doctors, whose decisions have an inescapable moral (and not simply technical) dimension. Indeed, the professional judgment of a doctor is informed by the internal morality of medicine: medicine is oriented to the good of the patient and ought to be undertaken conscientiously (that is, not influenced by financial or other personal gain or by such vices as laziness). Given the uniqueness of each patient's situation, wide discretion is necessary for the doctor. Practitioners will differ, and insistence on uniformity would be counter-productive (which explains why good doctors bristle at the requirement to follow algorithms in their practice!).

In medicine there is widespread conscientious practice and, so far at least, no evident need for formal processes (as exist in the military) to assess conscientious objection. Someone asks for a procedure. A doctor says "I don't do that procedure", and the person finds someone else. Thus do citizens respectfully work out their differences.

Tolerance for difference is not the belief that there are no right or wrong answers in ethics, but the belief that we care enough to argue precisely because we do believe there are correct answers to ethical questions. True pluralism is mutual respect for differences in our ethical views.

Should tolerance for difference be unlimited? No. Views or practices that are destructive to society go beyond the proper limits of tolerance. That said, doctors should be free not to participate in practices that are legally permitted. Neither the state nor the market should encroach too far on professional autonomy and, within the profession, there should be a wide berth for individual practices. It is good for doctors and for their patients that doctors argue with each other and so sharpen their professional judgment. It is good for doctors and their patients that doctors are able to specialise and limit the scope of their practice.

If the principle were that every doctor must perform every legally permitted and medically sanctioned procedure that they are qualified to perform upon patient request, then surgeons would not be free to refuse surgery simply on the basis of their assessments and tolerance for risk. Obstetricians and gynaecologists would not be free to refuse to perform sex-selection abortions, obstetricians and gynaecologists would not be free to refuse to perform ‘female genital mutilation’ in nations where this is legal, and surgeons would not be free to refuse to perform plastic surgery on individuals like the “Bird Man” who wishes to look more like a bird.

Should tolerance be unlimited in medicine? No, but the bar for compelling behaviour should be set high. Sulmasy set out three criteria which would justify compelling behaviour: (1) the doctor’s refusal would entail immediate risk of serious illness, injury or death to a potential patient; (2) the doctor’s refusal is based on pure characteristics of the person and not on his or her attitude to a behaviour or practice (for instance, a doctor who refuses to perform necessary surgery for a person just because that person is a member of the Klu Klux Klan); and (3) the doctor’s refusal pertains to a *refraining from* action (i.e. a higher standard is needed to compel someone *to do* something than to compel someone to *refrain from doing something*, (for example, compelling every doctor to *prescribe medical marijuana upon request* would be much harder to justify than compelling every doctor *to refrain from prescribing LSD*).

In summary, a good society will permit its doctors wide discretionary space in the matter of their professional judgments.

The lecture was subsequently broadcast on the ABC’s Big Ideas Program under the heading ‘A doctor’s right to refuse treatment’.



**Professor Daniel Sulmasy**  
**Professor of Biomedical Ethics**  
**Georgetown University, Washington DC**

# Media

Interview on ABC Illawarra Mornings with Nick Rheinberger: The meaning of marriage (with Kerri Sackville). **(Tobin)**

Interview on ABC's The Spirit of Things re 50 years after *Humanae Vitae* (with Noel Debien). **(Tobin)**

Interview on ABC Illawarra Mornings with Nick Rheinberger: 'Frozen alive': the status of the body of a person who has died but who wished to have his or her body frozen in case of the possibility of reanimation. **(Tobin)**

Interview for the Faith at Work Series, Tony Farley, Catholic Commission for Employment Relations. **(Tobin)**

## Submissions to Public Inquiries

Submission and Testimony to Review of Religious Freedom in Australia by a Committee of Prime Minister and Cabinet. **(Tobin)**

Submission and Testimony to the Senate Standing Committee on Community Affairs into the Science of Mitochondrial Donation and related matters. **(Tobin)**

Submission to Australian Health Practitioners Regulatory Agency re: proposed revisions to Good Medical Practice: Code of Conduct. **(Tobin)**

Submission to the Chief Health Officer re Statutory Review of NSW Human Tissue Act (with Dr Suhel Al-Sufi). **(Tobin)**

# Presentations

- Genetic testing and its likely impact on affluent members of society (with Dr Jerry Greenfield & Dr Kathy Wu): Private Wealth Network, St Vincent's, Sydney **(Tobin)**
- Genomics and the applications of genetic testing (with Dr Jerry Greenfield and Ms Mary-Anne Young), Curran Foundation, Garvan Research Institute **(Tobin)**
- Pre-mortem procedures in the context of donation for transplantation: which ones are ethical? Medical Students, University of Notre Dame Australia. **(Tobin)**
- 50<sup>th</sup> Anniversary of *Humanae Vitae*: Australian Catholic Historical Society. **(Tobin)**
- A new generation of church in the way of Mary: Response to Bishop Vincent Long (with Prof Greg Craven). **(Tobin)**
- Organ donation and pre-mortem procedures: how to decide ethical permissibility, Graduate Certificate in Leadership and Catholic Culture, Sydney. **(Tobin)**
- 'I help my patients to die in comfort and with dignity: no reasonable person should want me to assist them to commit suicide'. Sacred Heart Catholic Parish Hall, Griffith. **(Tobin)**
- Ethics of Genomic Medicine, University of New South Wales Clinical School, St Vincent's Hospital. **(Tobin)**
- The '4 Principles' and the ethics of medicine, Phil 623 Healthcare Ethics, Australian Catholic University, Melbourne. **(Tobin)**
- Faith at Work: a Discussion with Tony Farley: Catholic Commission for Employment Relations. **(Tobin)**
- Why we won't help patients to commit suicide: Trustees of Calvary Ministries. **(Tobin)**
- How can St Vincent's Clinic maintain and develop the mission of the Sisters of Charity? St Vincent's Clinic Board. **(Tobin)**
- How much risk is acceptable in the care of the elderly? NSW Spring Division Meeting, Australian and New Zealand Society of Geriatric Medicine. **(Tobin)**
- Recommendations for a Global Palliative Care Advocacy from the Pontifical Academy for Life: Sacred Heart Parish, Griffith. **(Tobin)**
- Philosophy and Ethics. Philosophy Group, North Sydney Stanton Library. **(Matthews)**

# Appointments

## **Gerald Gleeson**

Vicar General, Catholic Archdiocese of Sydney  
Member of Council and Deputy Chair, St John's College (University of Sydney)

## **Steve Matthews**

Member, ACU School of Philosophy Committee  
Member, ACU Human Research Ethics Committee  
Member, ACU Institute of Religion and Critical Inquiry  
Fellow, ACU Centre for Moral Philosophy and Applied Ethics  
Member, Reference Group, Queensland Bioethics Centre  
Assessor: Australian Research Council  
Referee: *Neuroethics, Bioethics, American Philosophical Quarterly, Journal of Medical Ethics, Social Theory and Practice, Springer Handbook, Routledge*  
Convenor, ACU Seminar Series  
Examiner: Grant Castelyn (MQ) Master of Research

## **Bernadette Tobin**

Member, Mission, Ethics & Advocacy Committee, St Vincent's Health Australia  
Member, Blood Borne Viruses Advisory Panel, NSW Ministry of Health  
Member, Clinical Ethics Advisory Panel, NSW Ministry of Health  
Member, Governing Council, International Association of Catholic Bioethicists  
Member, International Board of Regents, Bethlehem University  
Assessor: Australian Research Council  
Member, State Wide CytoReductive Surgery Service, NSW Ministry of Health  
Member of Council and Chair, St John's College Council  
Director, Scalabrinian Village  
Referee: *Journal of Bioethical Inquiry*

# ***Bioethics Outlook* Volume 29**

## **No 1 March**

Should we take away Hippocrates licence? Daniel Sulmasy's argument **(Tobin)**

Religious Freedom Review: A submission from director of Plunkett Centre **(Tobin)**

Dementia, Moral Agency and Identity: Respecting the Vulnerable **(Matthews)**

## **No 2 June**

Sydney Catholic Archdiocesan Stem Cell Grant awarded to Professor Robert Graham **(Tobin)**

Mitochondrial Donation: A Plunkett Centre submission to Senate Standing Committee on Community Affairs **(Tobin)**

Healing relationships and transformations in health care: Ethical discernment and practical recommendations **(Tobin)**

## **No 3 September**

On truthfulness and dementia **(Byers)**

Neither neutral nor appropriate: Why the profession of medicine should reject physician-assisted suicide **(Tobin)**

Equal beginnings, but then? Ethical issues in a globalised world **(Pope Francis)**

## **No 4 December**

Excellence in end-of-life care: a restatement of core principles **(Tobin)**

Frequently asked questions! Some responses to the statement of our ethical commitments in end of life care **(Tobin)**

The doctor's vocation **(Kheriaty)**

# Financial Report 2017/2018

		<b>2017</b>	<b>2018</b>
<b>Carried Forward</b>		85,084	36,859
<b>Income</b>			
	St Vincent's Health Australia, Sydney	203,612	208,703
	Australian Catholic University	203,612	208,703
	Other income	4,807	8,734
<b>Total Income</b>		<b>497,115</b>	<b>462,999</b>
<b>Expenditure</b>			
	<b>Salaries</b>	379,829	340,963
	<b>Non-Salary Items</b>		
	Conferences	1,000	308
	Consultancies	7,950	8,950
	Info Tech	4,505	137
	Library	1,682	898
	Plant and Equipment	-	312
	Rent & Utilities	39,010	37,412
	Travel Domestic	5,159	9,371
	Travel International	14,524	2,489
	Other	6,597	5,283
	<i>Internal Expense Transfer</i>	-	-13,568
	<b>Total non-salary expenditure</b>	<b>80,427</b>	<b>51,592</b>
<b>Total Expenditure</b>		<b>460,256</b>	<b>392,555</b>
<b>Carried Forward</b>		36,859	70,444