
Bioethics Outlook

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Aged and healthcare silos create a life-and-death tragedy

Toby Hall

There's no shortage of analysis about the horrific COVID-19 crisis in Victoria's aged care facilities and what it reveals about a system near collapse. But while the finger pointers slug it out in the news and opinion pages, we've largely ignored an issue that has been laid bare by this disaster and will remain long after the emergency has passed if we don't do something about it. It's the terrible way our health and aged care systems work together. Or don't.

St Vincent's Health is one of the few organisations in Australia that provides both hospitals and aged care services. That gives us a front-row seat to how badly these sectors interact and how every player has a hand in contributing to the mess.

In this issue:

Toby Hall explains one of the key deficits in Australia's health and aged care sector.

Xavier Symons argues that persuasion is better than compulsion when it comes to vaccination.

The Pope explains why we will come out of the pandemic better if we seek the common good of the human community.

Bernadette Tobin distinguishes two different meanings of the term 'the common good', only one of which is at home in the Catholic tradition of social ethics.

On the primary care front, many GPs are reluctant to continue caring for a patient once they enter aged care. This can be devastating for the patient because these are usually relationships that have been built up over years, sometimes decades.

Aged care centres then struggle to forge strong and long-lasting relationships with local GPs, which can make continuity of care for residents a serious challenge. As for on-call or after-hours GP services, they often have little understanding of aged care, and their quality varies dramatically.

I've been told of an after-hours GP service that provided two summaries of care to two separate residents at one of our facilities that was an exact copy with just a change of name – which speaks volumes.

As for hospitals, their relationship with aged care centres is often characterised by poor communication and little or no recognition of their specific challenges.

Hospitals regularly discharge aged care residents back to their facility with next to no notice or consultation. Most aged care facilities would have multiple shocking stories of "surprise discharges": of elderly residents returning home from the hospital in a taxi, at all hours of the day and night, having been discharged with no notice or information about their treatment. As a result, the aged care facility is in the dark about the resident's treatment or follow-up care plan.

And as for aged care sites, preventing unnecessary hospital presentations and admissions should be one of their important responsibilities – especially in the era of COVID-19 – but you wouldn't know it from the number of times we see residents in emergency departments for minor ailments.

It's common to find frail, elderly people in EDs, uprooted from their residence, waiting for hours to be seen about a minor issue, which could have been far more effectively treated at home. And for what? To be prescribed a course of antibiotics.

Of course, the incapacity of many aged care providers to offer appropriate standards of palliative, dementia and mental healthcare has also been well covered by the Royal Commission into Aged Care Quality and Safety.

And above all, governments and health and aged care authorities just haven't shown the leadership nor kept up with the required funding or reforms.

COVID has revealed how poorly the aged and health care sectors work together. Siloed. Ignorant of each other's challenges. Protecting their own interests.

Solutions

So what are we going to do about it?

Part of the solution comes down to the obvious: more funding to provide more specialist healthcare roles in aged care centres – such as nurse practitioners – and better-qualified staff who can more effectively take part in pain, wound and continence management, and detect and manage serious concerns such as dementia and palliative care.

But in a post-COVID environment where health and aged care funding will be under extreme stress, we're going to need solutions that break down the silos but don't break the bank.

One of the positive healthcare lessons we've learnt from the pandemic is the power and efficiency of virtual care and telehealth.

We're never going to be able to station a full-time geriatrician at every single aged care facility. But we should be trialling new virtual healthcare centres, staffed by a range of relevant specialities, which can provide expert care and advice specifically for aged care residents and their carers.

There's a precedent for this. The West Australian government runs an Emergency Telehealth Service which successfully provides specialist emergency medical support, 24 hours a day, to almost 80 small hospitals scattered throughout the state.

Initiatives like this would bring highly qualified care right into the heart of aged care facilities while reducing unnecessary ED visits and boosting the health of elderly residents, all while making financial sense.

The poor interaction between our health and aged care systems has been rudely exposed by the pandemic. While we deal with the emergency at hand, we must also start thinking of the long-term changes we have to make so aged care residents start receiving the healthcare they deserve.

Toby Hall is Chief Executive Officer of St Vincent's Health Australia.

This article first appeared in the *Sydney Morning Herald* on 6th August 2020

Persuasion better than compulsion in vaccinating the nation

Xavier Symons

The clinical trials for a coronavirus vaccine are a beacon of hope for governments seeking a definitive exit strategy from the COVID-19 pandemic. Should one become available – and early trial data looks promising – we could say goodbye to crippling lockdowns and border restrictions.

Prime Minister Scott Morrison has announced that a COVID-19 vaccine would be "as mandatory as you can possibly make it". This view certainly has a degree of intuitive appeal.

Yet a closer look at the socio-political landscape in Australia reveals this strategy could spectacularly backfire.

First, Australia is a highly vaccine-friendly society, unlike the United States.

Two recent independent studies of Australian attitudes to vaccination – one published by Roy Morgan and another published in *The Lancet* by researchers from the University of Sydney – indicate about 86 per cent of Australians would probably avail themselves of a COVID-19 vaccine.

Only 5 per cent to 7 per cent of Australians say they definitely would not. We should be careful, therefore, about relying on overseas data. We cannot squander that good will. Trust in the health system is a fragile commodity and once it is broken, there is no telling what will happen.

A mandatory vaccination policy could easily erode positive attitudes towards immunisation. Consider how wearing masks has become politicised in the US. We must not turn a COVID-19 vaccine into a proxy skirmish in America's culture war.

Rather than mandating yet another restriction of personal freedom, the real question health authorities should be asking is how to respond to the concerns of the 10 per cent or so of undecided Australians to ensure they choose to get vaccinated.

Certainly, it is important for all vaccines to be clearly safe and effective. Scepticism about flu vaccines accounts for the low take-up in Australia. This must not happen with a COVID-19 vaccine.

There may be a temptation to fast-track clinical trials and approve a vaccine based on limited evidence. Yet as three leading US ethicists recently wrote in the *Journal of the American Medical Association*, "[rigorous] adherence to the scientific method is the only way to safeguard against a SARS-CoV-2 vaccine that is ineffective, or worse, carries unacceptable adverse effects".

Ethical issues

In addition, many people will not trust a vaccine they regard as unethical.

A coalition of Australian Christian groups recently sent a letter to Scott Morrison about using cell lines derived from aborted fetal tissue in vaccine development. Several leading vaccine candidates – such as Oxford/AstraZeneca's viral vector vaccine – have used a cell line known as HEK-293, which was derived from the kidney of an aborted fetus in the early 1970s. To be clear, fetal tissue is not an ingredient of the vaccines; rather, the HEK-293 cell line is used to produce the viral vector on which the vaccine relies.

These groups have asked the government to consider manufacturing an ethically derived vaccine to avoid the moral problems associated with research involving a cell line originally sourced from aborted fetal tissue. The federal government should – as far as possible – consider making multiple vaccines available, or choose among the less ethically contentious vaccines under development.

Be less combative

Along the way, health authorities will need to shift the views of at least some people affected by anti-vaxxer misinformation. This is not an easy task. Vaccination experts such as Jessica Kaufman and Margie Danchin, from the Murdoch Children's Research Institute, say it is better to be less combative and more empathetic in our engagement with individuals who have reservations about vaccination.

A strategy of respectful discussion between healthcare workers and families has worked to increase MMR vaccination rates. Hopefully it would work for COVID-19, too.

Indeed, federal and state health authorities should begin now by gathering reliable data on the likely reasons why people will refuse a COVID-19 vaccine. Preliminary data suggests individuals who say they would not get a vaccine are more likely to believe the threat of COVID-19 has been exaggerated. Health literacy is clearly a problem, as evidenced by the

Essential poll in May showing one in eight Australians believe the 5G network is a vector for COVID-19.

Foster Health Literacy

New research from Sydney University's Health Literacy Lab has also shown a correlation between vaccine hesitancy and factors such as being younger, male, less educated and primarily speaking a language other than English at home.

Detailed, reliable data like this will ensure authorities can more effectively reach out to people who are sceptical about coronavirus and the safety and efficacy of vaccination.

There is a basic principle in social ethics that we should always choose the least restrictive policy alternative, all things being equal. This maxim will be especially relevant to COVID-19 vaccination policy. We should begin planning now for the roll-out of a COVID-19 vaccine, focusing on how we can combat vaccine hesitancy while avoiding coercion.

Careful forethought, ethics and empathy will be crucial in this task. Otherwise our exit strategy could fail.

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Love and the common good

Pope Francis

The crisis we are living due to the pandemic is affecting everyone; we will emerge from it for the better if we all seek the *common good* together; the contrary is we will emerge for the worse. Unfortunately, we see partisan interests emerging. For example, some would like to appropriate possible solutions for themselves, as in the case of vaccines, to then sell them to others. Some are taking advantage of the situation to instigate divisions: by seeking economic or political advantages, generating or exacerbating conflicts. Others simply are not interesting themselves in the suffering of others, they pass by and go their own way (see *Lk* 10:30-32). They are the devotees of Pontius Pilate, washing their hands of others' suffering.

The Christian response to the pandemic and to the consequent socio-economic crisis is based on *love*, above all, love of God who always precedes us (see *1 Jn* 4:19). He loves us first, He always precedes us in love and in solutions. He loves us unconditionally and when we welcome this divine love, then we can respond similarly. I love not only those who love me – my family, my friends, my group – but I also love those who do not love me, I also love those who do not know me or who are strangers, and even those who make me suffer or whom I consider enemies (see *Mt* 5:44). This is Christian wisdom, this is how Jesus acted.

And the highest point of holiness, let's put it that way, is to love one's enemies which is not easy, it is not easy. Certainly, to love everyone, including enemies, is difficult – I would say it is even an art! But an art that can be learned and improved. True love that makes us fruitful and free is always expansive, and true love is not only expansive, it is inclusive. This love cares, heals and does good. How many times a caress does more good than many arguments, a caress, we can think, of pardon instead of many arguments to defend oneself. It is inclusive love that heals.

So, *love* is not limited to the relationship between two or three people, or to friends or to family, it goes beyond. It comprises civil and political relationships (see *Catechism of the Catholic Church [CCC]*, 1907-1912), including a relationship with nature (see Encyclical *Laudato Si' [LS]*, 231). Love is inclusive, everything. Since we are social and political beings, one of the highest expressions of love is specifically social and political which is decisive to human development and in order to face any type of crisis (*ibid.*, 231).

We know that love makes families and friendships flourish; but it is good to remember that it also makes social, cultural, economic and political relationships flourish, allowing us to

construct a “civilisation of love”, as Saint Paul VI used to love to say[1] and, in turn, Saint John Paul II. Without this inspiration the egotistical, indifferent, throw-away culture prevails – that is to discard anything I do not like, whom I cannot love or those who seem to me not to be useful in society. Today at the entrance, a married couple said to us: “Pray for me (us) because we have a disabled son.” I asked: “How old is he?” “He is pretty old.” “And what do you do?” “We accompany him, help him.” All of their lives as parents for that disabled son. This is love. And the enemies, the adversarial politicians, according to our opinion, seem to be “disabled” politicians, socially, but they seem to be that way. Only God knows if they are truly thus or not. But we must love them, we must dialogue, we must build this civilisation of love, this political and social civilisation of the unity of all humanity. Otherwise, wars, divisions, envy, even wars in families: because inclusive love is social, it is familial, it is political...love pervades everything.

The coronavirus is showing us that each person’s true good is a common good, not only individual, and, *vice versa*, the common good is a true good for the person. (see CCC, 1905-1906). If a person only seeks his or her own good, that person is egotistical. Instead, the person is kinder, nobler, when his or her own good is open to everyone, when it is shared. Health, in addition to being an individual good, is also a public good. A healthy society is one that takes care of everyone’s health, of all.

A virus that does not recognise barriers, borders, or cultural or political distinctions must be faced with a *love* without barriers, borders or distinctions. This love can generate social structures that encourage us to share rather than to compete, that allow us to include the most vulnerable and not to cast them aside, that help us to express the best in our human nature and not the worst. True love does not know the throw-away culture, it does not know what it is. In fact, when we love and generate creativity, when we generate trust and solidarity, it is then that concrete initiatives emerge for the common good.[2]

And this is valid at both the level of the smallest and largest communities, as well as at the international level. What is done in the family, what is done in the neighbourhood, what is done in the village, what is done in the large cities and internationally is the same, it is the same seed that grows, grows, grows and bears fruit. If you in your family, in your neighbourhood start out with envy, with battles, there will be war in the end. Instead, if you start out with love, to share love, forgiveness, there will be love and forgiveness for everyone.

Conversely, if the solutions for the pandemic bear the imprint of egoism, whether it be by persons, businesses or nations, we may perhaps emerge from the coronavirus crisis, but certainly not from the human and social crisis that the virus has brought to light and accentuated. Therefore, be careful not to build on sand (see *Mt 7:21-27*)! To build a healthy, inclusive, just and peaceful society we must do so on the rock of the common good.[3]

The common good is a rock. And this is everyone’s task, not only that of a few specialists. Saint Thomas Aquinas used to say that the promotion of the common good is a duty of justice that falls on each citizen. Every citizen is responsible for the common good. And for Christians,

it is also a mission. As Saint Ignatius of Loyola taught, to direct our daily efforts toward the common good is a way of receiving and spreading God's glory.

Unfortunately, politics does not often have a good reputation, and we know why. This is not to say that all politicians are bad, no, I do not want to say this. I am only saying that unfortunately, politics does not often have a good reputation. Why? But it does not have to resign itself to this negative vision, but instead react to it by showing in deeds that good politics is possible, or rather that politics^[4] that puts the human person and the common good at the centre is a duty.

If you read history of humanity you will find many holy politicians who trod this path. It is possible insofar as every citizen, and especially those who assume social and political commitments and positions, roots what they do in ethical principles and nurtures it with social and political love. Christians, in a particular way the laity, are called to give good example of this and can do it thanks to the virtue of charity, cultivating its intrinsic social dimension.

It is therefore time to improve our social love – I want to highlight this: our social love – with everyone's contribution, starting from our littleness. The common good requires everyone's participation. If everyone contributes his or her part, and if no one is left out, we can regenerate good relationships on the communitarian, national and international level and even in harmony with the environment (see *LS*, 236).

Thus, through our gestures, even the most humble ones, something of the image of God we bear within us will be made visible, because God is the Trinity, God is love, God is love. This is the most beautiful definition of God that is in the Bible. The Apostle John, who loved Jesus so much, gives it to us. With His help, we can heal the world working, yes, all together for the common good, for everyone's common good. [5]

[1] *Message for the X World Day of Peace, 1 January 1977: AAS 68 (1976), 709.*

[2] See Saint John Paul II, Encyclical *Sollicitudo rei socialis*, 38.

[3] *Ibid.*, 10.

[4] See *Message for World Day of Peace, 1 January 2019 (8 December 2018).*

[5] Talk given at the General Audience, 9th September 2020

The ‘common good’: two different meanings

Bernadette Tobin

When the Pope says that each person’s good is a ‘common good’, what does he mean?¹ One thing at least should be clear: he does not mean what is often meant by that term today, that is, ‘the greatest happiness for the greatest number’.

To see why this is so, do the following thought experiment. Imagine you are in charge of a ward in a hospital in which there are six patients. Five patients will die without transplants. Two need lungs. Two need kidneys. And the other needs a new heart. In the next room is another person recovering from the anaesthetic after surgery to fix a badly broken leg. Other than that, he is perfectly healthy.

It occurs to you that you could painlessly cause him to die so that his organs would be available for transplanting into the others. You could sedate him so well that he won’t feel any distress as he dies. Let’s imagine that he has no immediate family, so it’s unlikely that anyone else will be distressed by his death. And you won’t tell the other patients where their life-saving organs come from.

Doing whatever brings about ‘the greatest happiness for the greatest number’ suggests that you should ‘do the maths’. Five rather than one. And if we add in the relief (indeed pleasure) of the families of the recipients it might be fifty-five or a hundred and five rather than one.

Perhaps it’s not as clear-cut as this. The man recovering from a broken leg may have friends who will be distressed at his death. So you need to factor their likely distress into your calculations, both its intensity and duration, and measure that against the distress which will likely be felt by the families of the five very sick people if they are to die for want of a life-saving organ.

Is it even possible to have any confidence in the accuracy of the calculation? How far out do you have to go in measuring the consequences? The relatives of the relatives? The friends of the friends? Other people who may come to hear of it? Is it possible to do the ‘moral

¹ *“The coronavirus is showing us that each person’s true good is a common good, not only individual, and, vice versa, the common good is a true good for the person. If a person only seeks his or her own good, that person is egotistical. Instead, the person is kinder, nobler, when his or her own good is open to everyone, when it is shared. Health, in addition to being an individual good, is also a public good. A healthy society is one that takes care of everyone’s health, of all.” Pope Francis, 9th September 2020*

mathematics' without drawing an arbitrary line between those consequences which are to be taken into the calculation and those which aren't? Of course, the further away you go from the initial proposal, the more you seem to be missing the moral question at the heart of the exercise: the legitimacy of deliberately bringing about the death of one person for the sake of others.

Now it is true that this thought experiment is a parody of a way of thinking about morality. But sometimes even a parody can be instructive. What the parody brings to light is an idea that is at the heart of some recent suggestions about how we should allocate our healthcare resources if we do not have enough for everyone who needs treatment, that is, that our thinking should be oriented to some 'end state', some overall goal such as 'maximize lives saved' or 'save as many life-years as possible' (that is, favour the young ahead of the old) or, worse, 'save as many quality-adjusted life years as possible' (that is, save the young and otherwise healthy ahead of the old, the incapacitated, those with disabilities, etc). Unless corrected by morality's traditional commitments (such as its prohibition on killing the innocent - or deliberately letting them die - and its exhortation to give preference to the disadvantaged), these ways of thinking actually *corrupt* our thinking about the common good.

What this shows is that there must be two (at least) very different ideas abroad of what it means to act for the sake of 'the common good'. (For this is certainly not what the Pope means when he talks about the common good!)

One version, the version just parodied, holds that we should always do *whatever* brings about (or 'maximizes') the greatest happiness (or pleasure or benefit) for the greatest number. When we are deciding what we should do, consequences are all that matter. We should act for the sake of the so-called 'greater good'.

Another version holds that we should protect and promote that whole range of things that are aspects of the well-being every human being. Consequences matter, but other things matter too.

The former ('consequentialist') idea implies that acting for the sake of the common good means doing *whatever* conduces to the maximization of happiness (or pleasure or benefit) or the minimization of harm for all. The latter ('deontological') version implies (amongst other things) that, in acting for the sake of the common good, there are some things that one should never do *whatever their consequences*.

On this latter view, negative duties take precedence, since there are some things that are wrong in and of themselves. (So deliberately killing the man who is recovering from surgery, or even deliberately not taking proper care of him as a result of which he dies – even for the sake of saving the lives of the five others - is out of the question.) The obligatory force of positive duties towards others depends on a whole range of factors such as one's relationship with others, one's capacity to assist them, etc; that is to say, they are largely context-dependent.

The Pope says that the coronavirus is showing us that each person's *true* good is a *common* good. There are two things noteworthy about what he says. First, it makes sense to talk of things that are 'true' or 'genuine' goods. Second, a true good is a good for everyone (that is to say, it is a good not only for me but also for you and for everyone).

The example the Pope uses of such a genuine and common good is *health*. The idea is not just that health is a good for me and a good for you. It is also that *my* health is a good for *you* and *your* health is a good for *me*.

In ordinary circumstances, this is easy to see in the case of one's own family. It's obvious that *my* health is a good thing for *my family members* and *their* health is a good thing for *me*.

In circumstances of a pandemic, it's easy to see in the case of the whole society. In a pandemic it's obvious that the health of *each member of society* is a good thing for *each other member of society*.

Of course, health is only one such good. There are others goods, other basic aspects of human well-being.² When we pursue any one of these goods, we are not acting exclusively for ourselves (so-called 'egoism') nor exclusively for the sake of others (so-called 'altruism'). We are acting for '*a*' common good. And the ensemble of these basic human goods comprises '*the*' common good.

The common good is thus the flourishing of a community, a family, a group of friends, a school, a sports club, a political party, a whole society.

There is much more to say about this idea of 'the common good', an idea which comes to us from Aristotle with key elaborations, corrections and expansions by Aquinas and others. I have not tried to give a comprehensive account of it.

In this short note, all I have tried to do is to show that there is a fundamental difference between one contemporary, 'consequentialist', way of understanding the term 'the common good' and the way in which Pope Francis uses it when he reflects on what the pandemic *ought* to be teaching us. Failing to distinguish between them leads us into confusion, and worse.

Indeed, if we are to prioritize the common good in the context of this pandemic - as the Pope urges us to do - we need to be clear at least about what he does *not* mean!

Bernadette Tob

² John Finnis and others have argued that life itself, knowledge, play, aesthetic experience, friendship, practical reasonableness and religion (that is, the personal search for, appropriation of, and adherence in practice to the truth about God as one can grasp it) are the basic human goods. See Finnis, J. *Aquinas*, Oxford University Press, 1998, 293