



Plunkett Centre

Annual Report 2019



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 of some very complex healthcare issues. For example, our thinking about collaborating with other organizations has benefited from initiation into a disciplined way of thinking about issues of cooperation and complicity.

Ethics Formation Sessions have continued with our Executive Teams. The Executive Team at St Vincent's Community Hospital in Griffith appreciate their inclusion in this program.



Julian Hughes' Plunkett Lecture challenged us to see that promoting the authenticity of people with dementia should be the organizing principle for the care we try to provide. This proposal would certainly challenge much in the conventional thinking about care of people with this debilitating condition. In this regard I'd like to commend the work of Steve Matthews and Philippa Byers for their research into the ethical issues associated with truth telling to people with dementia.

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. 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.

In 2019, we were indebted to the Centre for its guidance in response to the legalisation of physician-assisted suicide in Victoria. In addition we acknowledge the Centre's assistance in articulating our ethical commitments in contexts such as the conduct of clinical trials and the provision of effective palliation 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

It has been deeply inspiring working with Dr Tobin and the team this year in the Centre. Dr Tobin and I have had the pleasure of meeting with hospital leaders, Mission Directors and others interested in the future of Catholic bioethics in this country. We have heard directly of the views and the needs of senior healthcare leaders. This will be of great assistance to the Management Committee in crafting the Centre's future growth and direction.

The implementation of the Victorian *Voluntary Assisted Dying Act*, in the face of constant Catholic ethical and bioethical teaching, has been a major challenge. The Centre has excelled in critical engagement in the ethics of the situation and advice in the face of the clinical realities. I believe the service to the University and the Church here has been exemplary.

On behalf of the University, I would like to make clear our commitment to bioethics in the Catholic tradition and to confirm our commitment to the Plunkett Centre. The future will require training up future bioethicists with an excellent foundation in the complex academic debates surrounding bioethical issues and a commitment to clinical engagement and professional development activities. This is an obvious role for a University to play.

Now more than ever, we need the blend of clinical experience and engagement and excellent training in bioethics as an academic discipline. A key part of care for the human person is the clear and gentle presentation of the truth. The dual commitment to truth and to deep love of the person, particularly the most vulnerable, clearly mark the main research projects, clinical contribution and public engagement of the Centre.

Once again this year, the University is proud of the work of the Plunkett Centre and deeply grateful to our hospital partners within this critical collaboration.



Professor Hayden Ramsay
Deputy Vice Chancellor, Coordination
Australian Catholic University

Management Committee

Dr Richard Colledge, Head, School of Philosophy, ACU (until May 2019)

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 (from May 2019)

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

Dr Bernadette Tobin, Director



At the Annual Meeting of the Pontifical Academy for Life, Rome, 2019

From the Director

In the first six months of the year, we were actively engaged in assisting the Catholic hospitals and aged care institutions in Victoria to prepare for the implementation of the *Voluntary Assisted Dying Act*. This involved contributing to the analysis of the intellectual challenges (for example, 'assisted dying' as an euphemism for 'assisted suicide') and to preparing for the clinical challenges (for example, what should our clinicians do if a patient in a Catholic hospital seeks assessment of eligibility?).

Later in the year, at the invitation of both the Vice Chancellor of the University and the Catholic Archbishop of Melbourne, we explored the desirability and practicality of extending the work that the Plunkett Centre already does in Melbourne. We anticipate that the focus of this extension will be on the training of the next generation of bioethicists to work in Catholic institutions around Australia.

A key project which continued from 2018 into 2019 was the research project, led by 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 (and Honorary Visiting Scholar at the Plunkett Centre) who continues to work on the project. The project involves an analysis of the moral psychology of dementia, its effects on agency and identity. In this regard, the Centre sponsored a workshop in 2019 on *Truthfulness as a moral norm in care for people with dementia*. Proposals will shortly 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.

Later in the year, Professor Kay Wilhelm, another Visiting Scholar at the Centre, addressed the International Association of Catholic Bioethicists on the subject *Decision making and consent in healthcare involving persons with vulnerability*. Her focus was on the ethical challenges facing caregivers, and her paper will shortly be published in *Medicina y Etica* and will inform the Consensus Statement to be published in the *National Catholic Bioethics Quarterly*.

Once again I wish to acknowledge the achievements and hard work of my colleagues at the Centre.

Bernadette Tobin
18th February 2020

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 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.
- **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.

Teaching

- ACU: PhD supervision, Xavier Symons (**Matthews**)
- ACU: PHIL623 Healthcare ethics: Taught by Sean McKenna (ACU), overseen by **Matthews**
- UNDA & UNSW Medical Students at Sacred Heart Hospice: Ethical reflection on palliative medicine (**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 Plunkett Centre is responsible for providing services needed for the functioning of the Committee.



Prof Terry Campbell

Clinical Ethics

Ethics for Executives

- Determining justice in allocation of resources, St Vincent's Public, Sydney
- Differences in terminology between the *Code of Ethics* and NSW Abortion Law Reform Act, St Vincent's Public, Sydney
- Request to display body parts collected in the past, St Vincent's Public, Sydney
- Care of the manipulative patient (with Marg Kenny), St Vincent's Private.
- Clarifying the four SVHA 'values', Mater Hospital, Sydney
- How to identify and respond to conflicts of interest, Mater Hospital, Sydney
- Ethical issues in institutional restructuring, Mater Hospital, Sydney
- Responses to the implementation of VAD, Calvary Hospital, Kogarah, Sydney
- Care of a young man with MND, Calvary Hospital, Kogarah, Sydney

Ethics for Staff

- Unrealistic expectations: how best to respond, Grand Rounds, Children's Hospital, Westmead (with Dr Ted O'Loughlin).
- Immunization for asplenia: ethical issues, Grand Rounds at Sydney Children's Hospital Randwick (with Drs David Isaacs & Brendan Murphy)
- Individual patient access to expensive and/or novel therapies for compassionate reasons, Children's Hospital at Westmead.
- Navigating conflict in children's end of life care, Grand Rounds at Sydney Children's at Westmead (with Dr Shree Basu and Ms Anne Preisz)
- Care of a woman who lacks financial support, Social Work, St Vincent's Sydney
- Key principles in *Code of Ethical Standards*, St Vincent's, Sydney.
- Update on preparations for implementation of VAD. Medical Council, St Joseph's Auburn
- Key ideas in *Code of Ethical Standards*, Mater Hospital, Sydney
- How far should a private hospital mimic a hotel? Mater Hospital, Ethical Standards, Sydney
- Ethical standards for obtaining consent in obstetrical settings, Mater Hospital, Sydney
- Care of a man who needs palliative care, St Vincent's Private Hospital, Griffith
- Care of a woman who stops eating, St Vincent's Private Hospital, Griffith
- Managing inappropriate behaviour, St Vincent's Private Hospital, Griffith
- Suffering at end of life (with Scalabrinian Sisters), St Vincent's Private Hospital, Griffith
- Respect for personal embodiment (with Scalabrinian Sisters), St Vincent's, Griffith
- Care of a man with MND, Calvary Hospital, Bethlehem, Melbourne
- Preparing for implementation of VAD, Cabrini Hospital, Melbourne
- Hospital policy re surrogacies, Obstetrics & Gynecology, Cabrini Hospital, Melbourne.

Publications

Peer-reviewed articles

Byers, P. 2019. Michael White's particularist ethics in a biological age. *International Journal for Narrative Therapy and Community Work*, Vol 3, 2019, pp. 106-115.

Byers, P. Eudaimonia and well-being: questioning the moral authority of advance directives in dementia. *Theoretical Medicine and Bioethics*, forthcoming, 2020

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

Matthews, S. Addiction and Mandatory Treatment, Hanna Pickard and Serge H. Ahmed (eds.), *The Routledge Handbook of Philosophy and Science of Addiction* (London: Routledge, 2019), 554-564.

Matthews, S. Habit, *International Encyclopedia of Ethics*. Hugh LaFollette (ed). Wiley-Blackwell, forthcoming, 2020

Matthews, S. 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: Cambridge University Press. 2019.

Tobin, B. Is it justifiable to compel performance by a doctor in violation of conscience? A recent view examined. *Australasian Catholic Record*, 2019: Vol 96, No 1, 14-24

Other articles

Tobin, B. Commissioned review: Gorazd Andrejc (ed.), Wittgenstein and Interreligious Disagreement: A Philosophical and Theological Perspective (Basingstoke, UK: Palgrave Macmillan, 2016); in *Philosophical Investigations*, 2019

Tobin, B. Inverting medical ethics to suit politics, *Bioethics Outlook*, 2019. 30,2: 9-11

Tobin, B. Euphemistic 'voluntary assisted dying' undermines the meaning of medicine, *Bioethics Outlook*, 2019. 30,3: 15-16

Tobin, B. Mitochondrial Donation: Why the need for a public consultation? *Bioethics Outlook*, 2019. 30,4: 5-6

Consultancies

A selection of ethical issues addressed (Tobin):

- Pill testing
- Advance care planning for people with motor neurone disease
- “Still birth” after elective termination
- “Voluntary assisted dying”
- Complicity in wrongdoing

Summary by source:

Year	St Vincent’s Health Australia	Calvary Healthcare	Other Institutions	Total
2019	30	9	18	57
2018	14	2	23	39
2017	32	N/A	11	43
2016	11		23	34
2015	16		22	38
2014	18		23	41
2013	14		16	30
2012	17		44	61
2011	15		18	33
2010	34		20	64
2009	26		38	64

Summary by profession:

Year	Admin	Medical	Nursing	Allied Health	Other	Total
2019	34*	9	2	3	9	57
2018	11	13	1	2	12	39
2017	12	19	-	2	10	43
2016	7	12	2	1	12	34
2015	3	13	6	2	14	38
2014	6	17	4	2	12	41
2013	7	12	2	1	8	30
2012	4	11	6	10	30	61
2011	9	11	3	1	9	33
2010	31	7	3	3	10	54
2009	24	17	4	1	18	64

*Includes 18 bioethicists

Annual Plunkett Lecture

On Thursday 15th August, Julian Hughes, the RICE Professor of Old Age Psychiatry at the University of Bristol, delivered the Annual Plunkett Lecture. The title of his lecture was 'To thine own self be true. Reflections on authenticity, citizenship and dementia'. In this lecture, Professor Hughes argued that people with dementia can and do exercise both social citizenship and individual authenticity, two of the marks of genuine personhood.

Alzheimer's discoveries at the start of the twentieth century were a turning point in the understanding of dementia: tangles and plaques were identified in the brain of a lady with early onset dementia, and the term Alzheimer's disease was coined. Medical discoveries followed which helped to confirm and establish modern understandings of the neuropathology of the dementias. Thus, the modern understanding of dementia had been primarily biomedical, a fact which explains why even today's psychosocial treatments are evaluated in accordance with scientific paradigms. Though this had been to the good, it has skewed research: the search for 'impact' generally has *not* included the kindly manner in which a research participant has been treated by the researchers: someone showing an interest in the person, trying to help, treating that person like a human being. But, argued Julian Hughes, these things count. When the drugs for Alzheimer's first came on the market, there was an imperative to use them. Might the work of a dedicated nurse have been more beneficial than the administration of these drugs?

In a new culture of dementia care — *person-centred care* — attempts were made to understand the person. The mantra was that any behaviour that carers might find challenging should be thought of as the consequence of *unmet need*. Person-centred care came to epitomise the psychosocial approach. However person-centred care, with its emphasis on the person's embodiment as well as wishes and preference, has generally not been well translated into practice. For this reason, Julian Hughes argued that the concept of *citizenship* should be employed. Citizenship is, among other things, about people with dementia standing up *themselves* and demanding their rights.

Citizenship, the new kid on the conceptual block, is to do with rights and duties (as well as with voting). What, then, are the duties of an old citizen and in what ways might the duties of someone living with dementia differ from those of others? Hughes argued that people with dementia are often more than capable of fulfilling their civic duties. Pertinent to people with dementia is the idea of *social citizenship*, that is, any relationship, practice or status in which a person with dementia is entitled to experience freedom from discrimination, and to have opportunities to grow and participate in life to the fullest extent possible. It involves justice, recognition of social positions, the upholding of personhood and an appreciation of a fluid degree of responsibility for shaping events at a personal and societal level.

The issue of rights is, argued Hughes, central. In an important paper published in the journal *Dementia*, Tom Shakespeare, Hannah Zeilig and Peter Mittler concluded that a relational model of dementia lays the basis for a human rights approach to the condition, based on collaborative partnerships between people with dementia and people from other

disability communities. “Nothing about us without us” has been the rallying cry of people with a disability, and this has now been firmly adopted by people who live with a diagnosis of dementia.

Hughes pointed out that one of the central moves here is to see dementia *as a disability*. Indeed, in the book he edited with Williamson entitled *The Dementia Manifesto, Putting Values-Based Practice to Work*, Hughes set out a manifesto based on three principles, the second of which is that we should see dementia *both* as disease *and* as disability. This is to emphasise “the rights of people living with dementia to all the usual benefits of citizenship, whilst also recognizing its effects as a physical disease on people’s lives.”

From there he moved to the notion of authenticity. Why? Because he notes the richness of the notion (in comparison with, say, autonomy), because there are good reasons to link authenticity with ageing, and because the notion of authenticity is embedded in literature about citizenship in connection with dementia. Drawing attention to the work of Ferrara (who sets out four dimensions or characteristics of authenticity derived from the psychoanalytic tradition, namely: coherence, vitality, depth and maturity), Hughes insisted that it makes sense to talk of people living with dementia as capable of being *true to themselves*: and that — of course — is the nub of *authenticity*.

The Greek *authentikos* suggests the idea of being “genuine”. More frequently, authenticity is summed up in the advice spoken by Polonius to his son Laertes in *Hamlet*: “*This above all: to thine own self be true*”. And in the remainder of this spell-binding lecture, Julian Hughes sketched the forms of illumination, as well as the challenges to conventional medicine, suggested by the idea that promoting authenticity should be at the heart of responding to people with dementia.



Professor Julian Hughes
Professor of Old Age Psychiatry
University of Bristol, UK

Media

Matthews

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

Tobin

Interviewed on ABC News re surrogacy (January)

Background interview for Tom Stayner, SBS, re surrogacy (February)

Background interview Rachel Baxendale, *The Australian*, re impact of Catholic hospitals of implementation of VAD in Victoria (February)

ABC Opinion and Analysis: <https://www.abc.net.au/news/2019-03-22/alp-abortion-policy-must-give-catholic-hospitals-right-to-choose/10917974> (March)

Background interview Melanie Philipps, *Ballarat Courier* re VAD: quoted in subsequent article in *Ballarat Courier*, 20.4.19 (April)

Challenges for Catholic Hospitals: what have we come to when allegiance to the Hippocratic Oath is treated as 'conscientious objection'? *Catholic Weekly*, (April)

Euphemistic 'voluntary assisted dying' undermines the meaning of medicine, *The Weekend Australian*, 15th June 2019

Interviewed on ABC News Radio re legalization of assistance in suicide (with Glen Bartholomew) (June)

Background interview re Catholic Hospitals and services for reproductive health: Annika Blau (July)

Quoted in 'IVF sex selection sparks ethical debate' by Jessica Van der Loden, ABC News Online, August.

ABC TV News Interviewed re prohibition on sex selection for non-medical reasons by Jessica Van der Loden, September.

Submissions to Public Inquiries

Submission to Western Australian Consultation re VAD (Tobin, May)

Submission to the NSW Parliament's Standing Committee on Social Issues (Legislative Council) re Reproductive Healthcare Reform Bill, (Tobin, August)

Invited Appearance before NSW Parliament's Standing Committee on Social Issues (Legislative Council) re Reproductive Healthcare Reform Bill (Tobin, August)

Submission on Exposure Draft of Religious Freedom Bill 2019 (Tobin, October)

Submission to NHMRC re 'mitochondrial donation' (Tobin, November)

Presentations

Byers

Truthfulness and its relevance to a vulnerability to stigma, Workshop on *Truthfulness as a moral norm in care for people with dementia*, Plunkett Centre, Sydney

Matthews

Truth and intimacy in dementia care, Workshop on *Truthfulness as a moral norm in care for people with dementia*, Plunkett Centre, Sydney

The Ethics of Advance Care Planning, Sacred Heart Hospice, Sydney

Moral self-orientation in Alzheimer's dementia, Workshop on 'Dementia Care: Moral Theory and Practical Challenges', Macquarie University.

Autonomy, dementia, and death, Wisdom Forum, Sancta College, University of Sydney.

The ethics of organ transplantations, School of Medicine, University of Notre Dame.

Tobin

CHA's Ethics Working Group on the impact of the implementation of VAD in Victoria, CHA Seminar, Melbourne.

CHA Taskforce re policy on requests for 'on site assessment' of eligibility for VAD in Catholic hospitals.

Care of an 'undocumented' immigrant, Parish, Griffith

Imagine that FGM were legal! Implications for respect for conscientious objection, Sancta Sophia College, University of Sydney (with Dr Steve Matthews)

Why the Catholic hospitals in Australia will not permit on-site assessment of eligibility for 'voluntary assisted dying', Colloquium of International Association of Catholic Bioethicists, Quebec City, Quebec.

Catholic Healthcare: challenges and opportunities, Donors to the Catholic Archdiocese of Sydney.

Religious Liberty: its proper scope and limits, Parish, Griffith

Religious Freedom (Panelist with Gerard Bradley), ACU North Sydney and ACU Melbourne

Caring for people at the end of their lives, Curran Foundation (Panelist with Bruce Brew, Tony Carroll and Margaret Rice)

The scope and limits of conscientious objection in medicine, Australian Catholic Bioethics Conference, Melbourne.

Four conceptions of what justice in distribution of healthcare resources requires, Outreach Team, St Vincent's Health Australia.

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
Member, Reference Group, Queensland Bioethics Centre
Assessor: Australian Research Council
Referee: *Bioethics, Ethics and Information Technology, Journal of Applied Philosophy, Mind, Topoi, Pacific Philosophical Quarterly, Point of Interest, Philosophical Psychology, Springer Handbook, Routledge*
Examiner: Connor McCammon, Hons, Wollongong University; Matthew Tieu, PhD Flinders University

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 of Council and Chair, St John's College Council
Director, Scalabrinian Village
Referee: *Journal of Bioethical Inquiry*
Member: Editorial Board, *Theoretical Medicine and Bioethics*

***Bioethics Outlook* Volume 30**

No 1: March

Abusing new genetic technologies: Ed Yong explains CRISPR and the case of Dr He Jianui (Ed Yong)

Respecting the human form (John Haldane)

Pope Francis' speech to the Pontifical Academy for Life – February 25, 2019 (Pope Francis)

No 2: June

Felicity (Anonymous)

Doctor-assisted *dying* or Doctor-assisted *suicide*? An exchange between Arthur Caplan and Farr Carlin

Inverting medical ethics to suit politics (Bernadette Tobin)

No 3: September

To thine own self be true: Dementia, citizenship and authenticity (Julian Hughes)

Euphemistic '*voluntary assisted dying*' undermines the meaning of medicine (Bernadette Tobin)

No 4: December

Were legislators right to think they could avoid the 'slippery slope'? (John Keown)

Mitochondrial Donation: Why the need for a public consultation? (Bernadette Tobin)

Twenty opinions common among modern Anglo-American philosophers (Elizabeth Anscombe)

Financial Report 2018/2019

		2018	2019
Carried Forward		36,859	70,444
Income			
	Hospitals	208,703	213,920
	University	208,703	213,920
	Other income	8,734	11,819
Total Income		462,999	510,103
Expenditure			
	<i>Salaries</i>	340,963	391,561
	Non-Salary Items		
	Conferences	308	1,342
	Consultancies	8,950	8,970
	Info Tech	137	1,056
	Library	898	29
	Plant and Equipment	312	-
	Rent & Utilities	37,412	38,605
	Travel Domestic	9,371	17,452
	Travel International	2,489	19,979
	Other	5,283	5,708
	<i>Internal Expense Transfer</i>	-13,568	
	Total non-salary expenditure	51,592	93,141
Total Expenditure		392,555	416,962
Carried Forward		70,444	25,401