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Rediscovering the practice of hospitality in the twenty-first century hospital

Xavier Symons

No one wants to end up in hospital. The experience of illness or injury is unpleasant at the best, and spiritually devastating at worst. It doesn't help that hospitals are often impersonal and hostile places where one struggles to get the care that one needs. Two years of a global pandemic have only exacerbated the stress on hospitals, with staff shortages and resource scarcity leading to a situation in which people are, ironically, avoiding hospital as much as they would illness itself.

In this issue

Dr Xavier Symons argues that an understanding of the virtue of hospitality - conceived of as social virtue whereby one welcomes strangers into one's home and provides spiritual and material care - can act as a corrective to the conception of a hospital as a setting for 'providers and consumers' to interact as though they were simply parties to a contract.

Dr Daniel Fleming uses an imaginary example - of a young woman who comes to think that she should not participate in any aspect of our practices of eating animal products - to explain what it means to make a conscientious judgment in a pluralist society in which people have different views on an issue.

The impersonal, unwelcoming character of many hospitals, however, is not solely the result of COVID-19. Nor is there an easy economic or material explanation for the fact that many people feel uneasy and uncomfortable in hospitals, as if “more government funding” or “increased efficiency” would provide an answer to the dehumanisation of the delivery of healthcare in contemporary hospitals. The issue is just as much an existential and spiritual matter as it is an economic or material one.

As bioethicist Charles Camosy has recently written:

Contemporary medicine has limited itself to an “immanent frame” that focuses its attention completely on physical human flourishing ... [P]hysicians are being robbed by their own secularized culture of the chance to engage their patients (and to engage the practice of medicine itself) with explicit attention [to] transcendent human goods.

The alienation that people experience in hospitals, in other words, is not just the result of a depletion of material resources like beds in the intensive care unit (ICU) and surgical equipment, or human resources like nurses or doctors. It is also a matter of a depletion of *spiritual resources* — the kinds of resources that allow a doctor to be fully present to her patients, and to accompany them along the journey of illness and injury.

Part of the solution to this spiritual crisis lies in a rediscovery of the virtue of hospitality — a virtue that was once at the centre of what we might call *the hospital project*. Hospitality provides a framework for accompanying patients along the journey of illness and injury. Policy-makers should look to this forgotten virtue to discover what it really means to welcome the stranger and create a healthcare environment that allows for healing of both body and soul. It would greatly complement already existing and promising developments in contemporary healthcare, such as the flourishing of the hospice movement.

Hospitality and the hospital project

Ironically, hospitals are, in their origins, places where one would seek refuge rather than somewhere that one would seek to avoid. Early hospitals were closely linked to Christianity and the monasticism and religious life of the Middle Ages. Religious orders such as Knights Hospitaller built hospitals to care for pilgrims on their way to sacred sites in Europe and the Holy Land. Hospitals were a kind of one-stop in which pilgrims could find lodging and food, healthcare if they needed it, and spiritual care from the religious and priests who staffed the institution. Indeed, the oldest surviving hospital in the world, the *Hôtel-Dieu* in Paris (literally,

“God’s hostel”), was originally a multipurpose institution which catered for the sick and poor, offering shelter, food, and medical care.

The mission of these institutions was much richer than a humanitarian goal of providing lodging and healthcare to friend and foe alike. Medieval Christian hospitals were profoundly oriented by an ethos of charity and concern for souls; and activities of worship, piety, and spiritual counsel were just as much a part of the life of the institution as were the provision of lodging and healthcare. “Sickness and death were not individual experiences”, writes historian [Elaine Stratton Hild](#). On the contrary, illness had a deeply spiritual and communal dimension, and monks sought to provide both spiritual and medical support to the infirm. By way of example, Stratton Hild provides an account of physical illness and religious practice in the life of a typical fourteenth-century Augustinian monastery:

The leader of the community, the prior, came to the brother’s sickbed to hear his confession. The others gathered and processed to the infirmary with oil for anointing, incense, the communion host, a cross, and candles. They assembled in the room, singing antiphons and psalms as their sick brother was anointed. After the anointing, the brothers arranged a schedule so that at least one person remained always at his bedside.

While we cannot presume that this was the norm in every medieval hospital, it provides some indication of the ethos that underpinned these institutions.

Sickness and death in the medieval hospital, then, were a spiritual and communal matter. Readers might be tempted to reject this historical account as pietistic Christian propaganda. But the medieval hospital movement was not confined to the institutions of Christian Europe. On the contrary, The [United States National Library of Medicine](#) credits the hospital as being a product of medieval Islamic civilisation. In Islam, there exists a moral imperative to treat the ill regardless of financial status. With this goal in view, medieval Islamic rulers established large and elaborate institutions such as the Qalawun Complex in Cairo, a multipurpose healthcare facility built by Sultan Qalawun in 1283-1285 CE. Such institutions served several purposes: they were a centre of medical treatment, a convalescent home for those recovering from illness or accidents, an asylum for people with mental illness, and a retirement home giving basic maintenance needs for the aged and infirm who lacked a family to care for them.

A philosophy of hospitality

The notion of hospitality, however — conceived of as social virtue whereby one welcomes strangers into one’s home and provides spiritual and material care — has received perhaps its

richest elaboration within the Christian tradition. The parable of the Good Samaritan provides a uniquely clear and detailed articulation of one's obligation to care for strangers. In the parable, a Samaritan — a man who, for racial and cultural reasons, ought to have been deeply hostile to Jews — rescues a gravely wounded Jewish priest from the roadside near Jerusalem, binds his sores, anoints him with oil and wine, and takes him to an inn for rest and care. Hospitality, then, is most fully expressed when one is tasked with caring for someone who is a complete stranger — when the only possible reason for offering refuge is the perception of the guest's need.

What does it mean to welcome a stranger into one's home? The twentieth-century French existentialist philosopher Gabriel Marcel suggested that expressions such as "being at home" and "being in another's home" are best understood in terms of a harmony that one has with one's surrounds. Where we are trying to understand what it means to be "in another's home", we must go beyond a conception of the subject being alienated from their own familiar surrounds, towards an understanding of the self-giving and communion that occurs when one subject welcomes another into their home. Thus, Marcel wrote in his 1964 book *Creative Fidelity*, "to provide hospitality is truly to communicate something of oneself to the other".

Integral to understanding Marcel's work is his notion of *disponibilité* (roughly translated as "availability" or "disposability"). According to Marcel, all personal relationships exist on a spectrum ranging from alienation to communion, and they are to some extent defined by the manner in which each subject makes themselves "available" to the other. To say that a subject is truly available to the other is to say that they have put all their resources, material, intellectual, emotional, and spiritual, at the service of the other — to treat the other as a subject, not an object.

The challenge of hospitality in contemporary hospitals

Unfortunately, physicians today are educated in such a way that they are led to be wary of emotional attachment and cautious of spirituality. The hidden curriculum of medicine is all too often one in which physicians are led to protect themselves from the emotional engagement that humanly they may feel drawn to have with their patients. This is not just a psychological defence mechanism; it's got to do with the way we think about medicine as being distinct from other forms of social support — in particular, spirituality care. As Harvard physicians Tracy and Michael Balboni put it, "most clinicians are amazingly compassionate persons, but a separation of medicine from spiritual resources is now increasingly taking its toll on our social systems aimed to care for and heal the seriously ill".

On the contrary, we need to allow individual clinicians to be fully open and available to patients. This requires adequate medical resources and good staffing ratios, but it also requires a fundamental change in culture. Marcel’s conceptualisation of human relationships is particularly relevant to understanding the challenges of the physician-patient relationship today. The challenge for individuals in the modern world is to see others as a unique individual and not a “case to be solved”. Illness is the real problem, and patients should not be led to feel like a number or diagnostic category rather than a human being with their own unique subjectivity.

From hostility to hospitality in the twenty-first century hospital

The virtue of hospitality is more important to hospitals in the twenty-first century than it arguably ever has been before. Lacking an adequate understanding of hospitality, hospitals have gone from institutions that welcome strangers and provide a home, to becoming institutions that often alienate patients and make them long for home. This is not to say that hospitals ought to take on roles that they need not play. It is good, for example, that people are increasingly choosing to die at home rather than in hospital.

We need, in a modest way, however, to correct the course of the contemporary hospital movement. Hospitals need to rediscover the tradition of welcoming guests and to think about what it means to provide authentic care for strangers. Nobody wants to end up in hospital. But we never feel more at home than in the presence of someone who really cares for us.

Naysayers will no doubt cynically categorise this idea as an economically naïve proposition (“how many billions of dollars would such a proposal cost?”). But to some extent this is not a question of additional funding, but of what money can’t buy — the human face of healthcare.¹

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This Opinion Piece was first published on the ABC’s Religion and Ethics Website.

¹ [Rediscovering the practice of hospitality in the twenty-first century hospital - ABC Religion & Ethics](#); accessed 7th February 2022. References can be found here.

Understanding conscientious commitments and conscientious objections

Daniel Fleming

Introduction and overview

Discussions about conscience are sometimes heated and difficult. Just think of how the concept has recently been used – in conjunction with the category of conscientious objection – in debates about mandatory vaccines and ‘Voluntary Assisted Dying’ legislation. Conscience is contested, and so is the idea that someone might commit or object to an activity based on conscience.

This can create difficulties for education about conscience. Many an ethicist has had the experience of introducing the term and a discussion quickly shifting into debate about whether or not a right to conscientious objection should exist for this or that contentious issue. Important as such debates are, they lack integrity and rigour if we haven’t first come to appreciate what conscience is, how it functions, and why we ought to take it seriously.

Conscience is constitutive element of our humanity. It is that dimension of ourselves by which we come to appreciate the call to do good and avoid evil, seek an understanding of what that call requires, and ultimately choose a way of life, or a particular action, on the basis of our sincere searching.

This article introduces conscience through the story of, Jane, a fictional character. It accompanies Jane on her journey of conscience formation, through which she develops conscientious commitments over time in relation to animal products, and ultimately chooses to exercise several conscientious commitments and conscientious objections.

Of course, ethics does not stop with considerations of individual conscience. The search for moral truth does not rest in the individual alone and, as we all know, a sincere conscience can

make errors in judgment. But critically analysing the truth in relation to specific issues is for exploration elsewhere: for now, the focus is on the individual and her conscience.

The document is written as a teaching tool. From time to time when reading it you might think “that would never happen”, and that’s because it exaggerates certain aspects of Jane’s story deliberately to advance our thinking about conscience. The story is offered as an allegory. Many of us know people like Jane who are vegan, but the same features of her story apply to many other cases, such as the energy industry, different elements of medical practice, the global supply chains, and political issues, e.g. the treatment of asylum seekers and refugees in Australia.

Part 1 – A Foundational Commitment of Conscience

Jane is in her mid-thirties. She grew up in a suburb of Melbourne, and for the first twenty years of her life enjoyed eating meat often and without much reflection: it never occurred to her that she might one day hold a conscientious objection to this practice. However, when she began her studies at University, she happened upon a book about animal rights and suffering. Jane had never considered that there might be something morally objectionable about eating meat. This book troubled her deeply, and spurred on her thinking more deeply.

Jane undertook to better understand the production of meat for consumption and, after three years of serious research and reflection, decided to commit to being a vegetarian.

When people ask Jane why she does not eat meat, she explains that it is on ‘ethical grounds’. Whenever Jane goes out to dinner with her closest friends, one of them often jokes that the restaurant has to be chosen to accommodate Jane’s conscientious objection to eating meat – and this means making sure there’s a vegetarian option. Jane likes that her friends can talk about this with good humour, but also appreciates that they respect her position. Jane is comfortable that she is doing her bit by choosing not to eat meat, and feels that this is the best way to express her values.

In observing the beginnings of Jane’s story we can come to understand several features of conscience, which culminate in her conscientious objection to eating meat.

The first thing we should note is that Jane’s position arises out of sincere reflection on an issue to which her ethical attention has been drawn. This is the first dimension of conscience: we notice, and attend to, something of ethical salience, and begin to consider what it would mean to “do good and avoid evil” in this context. This exploration leads Jane to a conscientious commitment which includes the idea that animals deserve better treatment than they receive in the meat industry. It is on this basis that Jane has made a judgment that eating meat contradicts her values. This underpins her conscientious objection.

Jane's commitment is well thought-through – it combines both rational argument and emotion, and accords with Jane's general set of beliefs. In any case of conscientious objection, it is helpful to consider the commitment of conscience that underpins it. In this setting, Jane is comfortable holding on to this position at a level that is individual (i.e. it is only a decision for her, so she does not try to convince others of her position) and also isolated (i.e. it is a decision to object to eating meat, not a decision to boycott non-vegetarian restaurants, other animal products, etc.).

Part 2 – Complicity

As the years move on, Jane begins to explore further her commitment of conscience. She learns more about the meat industry and becomes more and more uncomfortable with how animals are treated when they are destined for human consumption. Jane also discovers a lot about other animal products, and finds this equally troubling. Jane makes a number of further commitments of conscience which are also based on her core principles regarding the treatment of animals. First, she resolves to avoid purchasing any animal related products. Second, she resolves not to be complicit in the meat industry as far as possible. Jane becomes very serious about this second point: if there's a chance that an action of hers (such as purchasing a product) might contribute to the meat industry's success, she tries to avoid it.

Jane now falls into the category of 'vegan'.

This makes things difficult for Jane and her friends when they go out for dinner. Whilst Jane does not try and convince her friends to adopt her same view, she now requests that they eat at vegan restaurants. This is so that Jane can be sure that she is not being complicit in any way with an industry that she finds morally objectionable. This holds together a full range of possibilities – from eating food that has been cooked in animal fats or on the same surfaces as meat, to spending money at a restaurant that might use its income to purchase raw meat for other meals.

There are two schools of thought that emerge in Jane's friends: one group believe that Jane's veganism is her own decision and they accept that, but the idea that eating at a restaurant which also has meat is somehow complicit is a stretch too far. The other group is more patient with Jane and, whilst not necessarily agreeing with her commitment of conscience, can see that she is working hard to be consistent and express her commitment in the best possible way. Some of Jane's friends begin to think more about their own position, and make commitments of conscience of their own: either for, or against, eating meat and using animal products.

The next thing we should notice about conscience is that it regularly moves beyond an individual decision about individual acts and into a concern with being complicit with that which

the person has resolved not to do. In this second stage of the scenario, we can see Jane grappling with these elements of conscience in greater depth. Arising out of this is her decision that it is not enough to not eat meat, she also wants to limit – as far as possible – her complicity in the meat industry, and the animal industry more broadly. This reflects broader trends in our current times around ethical consumption and fair trade goods: moral consistency invites us beyond the consideration of our actions in isolation and into the broader sphere of influence that we are always bound up in.

Notice how this more extensive commitment of conscience begins to have an impact on Jane's community of friends, because they now need to consider where they stand in relation to the commitment she has made. They also need to consider whether or not it is reasonable for Jane to have a more extensive conscientious objection, which includes non-complicity. One can imagine them taking a number of courses of action here: they might respectfully accommodate Jane's position and choose vegan-only restaurants, or they might choose to go to whatever restaurants they think best, and give Jane the option of opting out if these do not suit her commitment of conscience.

Part 3 – Doing Something and the Challenge of Being Consistent

Jane has been a vegan for ten years now, and in that time has trained as a chef. She decided that she wanted to work for change in the food industry not only by not eating meat or being complicit with the meat industry, but also by providing people with another option. It's a struggle for Jane to source ingredients that contain no animal products, but she does, and she even works with those who she sources equipment and furniture from to ensure that no animal products were used in their manufacturing process. Some of Jane's friends think that Jane is too hung up on this and that her diligence is a waste of time: Jane responds to them with a smile, stating that she's just doing her best to be consistent. Opening night was a hit, and Jane's restaurant is becoming a favourite among Melbournians.

Every now and then, customers will arrive and ask Jane if there is any meat available on her menu. She named the restaurant "Salt, Thyme and Kumara", and did not believe it necessary to make clear on signage that the restaurant did not have meat, and so can understand why some customers expect otherwise. Most in this situation enjoy choosing something new, and Jane is always happy when they love the food. Some are frustrated, and they let Jane know about it.

She's happy to take the critical feedback: her commitment is worth it. Some customers take things a little further: they get up and leave. Jane never tries to stop them. She understands that some people don't want to eat an entirely vegan meal. In a gesture of good-will, she never charges these customers for any drinks they might have had before they chose to leave.

Two interesting encounters stick in Jane's mind. One was a customer who, when he found out the restaurant did not serve meat, demanded that Jane book him in to a nearby restaurant that

did. It was a particularly busy night in Melbourne, and he claimed that if she did not do this he might not get a table. Jane refused. Her rationale was based on a thought experiment she learnt back in uni: if a person asked you to help him rob a bank, would you be justified in refusing but putting him in contact with someone who would help him? Jane believes this is close to what she was being asked to do: what was the point of setting up a restaurant which didn't serve meat for deeply held ethical reasons if she'll so easily help someone access to the very thing she has committed to avoid? When they hear this story some of her friends again say she's being too diligent, but Jane responds with her same smile and statement: "I'm just trying to be consistent".

The second encounter was with the owners of the BBQ restaurant across the road. Jane became good friends with them when she set up the restaurant. She told them the story of the man demanding a booking elsewhere, and they asked her if she wanted a pile of flyers for their restaurant just in case something like this happened again. They'd even be happy to prepare a meal and run it over to her restaurant if she'd like. This would save the awkwardness, after all, and would mean that Jane wouldn't have to be involved in cooking meat. Jane politely refused this, too. Whilst she respected her friends, she was not comfortable with the flyer on the same grounds that she refused to book the man into another restaurant, and even less so about their bringing the meal across.

She appreciates that people have different commitments of conscience to her, but she doesn't think it's her role to help them achieve goals that she doesn't agree with. After all, they're all capable of finding other restaurants themselves – it's not like that information is hidden. And, if the other restaurants in the area want to make it clear that they do sell meat, she won't stop them. Even so, Jane does think she can be clearer about her own restaurant's position. She includes a by-line in her sign which notes that it's a vegan restaurant, and tells a little bit of her story at the start of the menu. Since she's done this, there haven't been any more issues like the two above.

In the first two parts of the story, we saw how Jane expressed her commitment of conscience through her own choices, largely as a consumer. In this next scenario, Jane's position changes: she now delivers a service. Jane does so in accordance with her commitment of conscience, and she goes to great lengths to uphold her conscientious objection to the meat industry.

Jane also discovers what it is like to encounter people who disagree with her in this context, and the variety of responses they have. She has to think carefully through the challenging issue of whether or not to facilitate people's access to meat products if they demand it, and whether or not to have a partnership with another restaurant to provide meat to customers. In both cases, she attempts to uphold of conscientious objection by not being complicit. Jane also recognises that there is an important role for her to be more clear about what she stands for, and so takes efforts to do this through signage and through her menu.

Part 4 – Activism

After five years of great success at her restaurant, Jane has made a name for herself as a chef who is pioneering a ‘new way’ for food consumption – one which does not require any animal products. Jane continues to study the meat and animal product industries – and she discovers more and more about the harmful effects these industries have, now not just on animals, but on the environment as well.

Given the public profile Jane has, and based on the encouragement of many of her old friends, new friends and colleagues, Jane takes a courageous step into the public square and begins to advocate for more restrictions on the meat and animal product industry, and a broader shift towards vegan eating amongst Australians. Jane engages with media, writes a book, and begins speaking with politicians and business leaders about her views. She has some success, and a lot of failure, but she believes the cause is worthwhile and so advocates for it.

Jane understands that not everyone agrees with her, and she’s respectful of those who don’t. In a liberal democracy she believes that it is important to honour freedom of conscience. Jane has experienced the best of this approach from those she has encountered, even though sometimes it hasn’t been straightforward when navigating different commitments of conscience. She’s committed herself to forming the consciences of others so that they can make their own commitments of conscience, in the hope that she can further the principles that she committed to way back in her university years for the common good.

Jane is also concerned to ensure that other vegans know that their commitment of conscience is shared by others, and that it doesn’t have to be limited to the ‘vegetarian option’ when they’re out with friends. They can take their commitment further.

In this final scenario, we see Jane take her conscientious commitment into the public and political square in a more intentional way. Here she is not only convinced that her veganism is good for her, but that it would be better if society as a whole was more accepting of this practice *and* indeed was able to promote it as an equal, if not better, choice to promoting animal products. Jane is realistic about this: she’s not interested in an approach that would force everyone into her position, but she does see a gap here and is interested in advancing her community’s understanding of this.

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Webinar Event

Tuesday 22 March 10 – 11am

Professor James McLaren – Deputy Vice-Chancellor (Research and Enterprise)
is pleased to invite you to

**Relational Care Framework for Dementia
Person-centred Care
post the Royal Commission**

Dementia is a leading cause of death and disease in Australia.

Australia's Royal Commission into Aged Care Quality and Safety found unacceptable levels of substandard care across the Australian aged care system, identifying dementia care as an area of focus for improvements in the system. The proposed amendments to the Aged Care Act offer a new definition of high quality care that sees people at the centre of the care they participate in. Such care does more than 'respect the individual' – it includes the richer moral vocabulary of dignity, choice, agency, responsibility, community and quality of life.

Speakers at the launch will include

Dr Bernadette Tobin – Director, Plunkett Centre for Ethics, ACU

Dr Steve Matthews – Senior Research Fellow, Plunkett Centre for Ethics, ACU

Mr Colin McDonnell – Dementia and Wellbeing Consultant – Calvary Care

Please contact Jeanine.Parsons@acu.edu.au to register

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