

## Pastoral Letter IV, April 16<sup>th</sup>, 2020

### Living Modestly, Living Together: Some Thoughts about COVID-19

Hi Everyone

I have been thinking – as you no doubt – about COVID-19 as it hangs about, between and in us. My thinking has taken me to the question of the ethics which become paramount at times like these: in fact, at times such as these, life becomes all the more obviously shrouded in ethics: how to think, how to relate, how to act. Let me make two observations that may be useful to you.

**The first observation is this: that the pandemic which faces us, offers us an opportunity to *rethink ourselves with greater humility, to reconsider ourselves as finite creatures.*** This is not altogether a common trait of the contemporary human being, nor of “can-do” market globalism. Part of bearing a “can-do” posture is that we have expectations of immediate gratification. The coronavirus however, brings us face to face with the reality that we have limitations. We have a limited number of hospital beds. Our health care personnel are limited, and our knowledge is limited. That is not to suggest that these limitations are set in concrete, but they can only expand gradually, after much re-jigging of resources to make it possible: the production of ventilators, the re-employment and partial retraining of retired medical personnel and the introduction into the medical workforce of final year nursing and medical students, to enhance the numbers of people on the front line, that we will almost certainly need. But it does not end there. Humility also requires us to draw limits upon what we want to do and when. We have to learn to recalibrate, our usual and desired activities, learn to live together as families, with all the tensions that exist in smaller spaces than those we are used to.

But if that were not enough, there is another form of limitation and humility which faces us: and that pertains to the challenging question of the particular distribution and use of medical resources. A former student of mine, now a medical doctor at Royal North Shore Hospital in the Emergency Unit, is already working to establish ethical guidelines for the medical staff’s employment of things like ventilators: who gets what when? Clearly, factors such as age, health and likelihood of survival are all fundamental and necessary questions in determining who will gain access to full care, and who will be provided with comfort care, in the expectation that they will die.

The questions fly around as if in an echo chamber: Should care be given first to the sickest people or to those with the best prospects of recovery? Should ventilators go to those who may be able to pay more? - perhaps not so much a question in Australia, but very much so in the US and most developing countries. Can we take resources, such as a ventilator, away from one patient to help another? In all of this, we may do well, to respect and follow the tradition that allows patients to refuse medical treatments they find inappropriate. A distinction between “ordinary” and “extraordinary means” is based on choices by patients about the ways they would want to live. The wisdom of that tradition ought not disappear in a time of pandemic.

So, we are learning about the humility of our limitations. **The second observation concerns the revelation that this pandemic reminds us *that we do not live alone.*** We are human beings, and we live in communities with one another. As Australians, we should have a concern for the common good. Too often, we think of health care as if it were like any other consumer product that we buy – private health insurance for those of us who can afford it, reinforces this belief – when, in fact, the truth is that health care is built on a model of knowledge supported by public investment and infrastructure. This pandemic reminds us that health is not simply about the individual patient, or as we like to say today, client; rather it is about the community. Many countries have failed to understand this and today the fractures in the social and economic systems are being revealed as never before, with people surviving in private care, but not public.

Through these coming months we will witness, as we already have, human selfishness and grace in our society. This pandemic confronts us with the limits of our physical health, our resources and our knowledge.

It can also remind us of what is possible through the grace and love of others and especially of God. Throughout all of this, we are reminded once again that Good Friday is not the end of the human story, but a theological prelude to Easter Sunday and Resurrection. Geoff+