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SEEK THE TRUTH AND SERVE HUMANITY



The essence of capitalism

EDITORIAL

The essence of capitalism is to turn nature into commodities and commodities into capital. The live green earth is transformed into dead gold bricks, with luxury items for the few and toxic slag heaps for the many. The glittering mansion overlooks a vast sprawl of shantytowns, wherein a desperate, demoralized humanity is kept in line with drugs, television, and armed force.

Michael Parenti, Against Empire

This is an unhappy but unfortunately apt description of the society in which we live.

The body politic has been corrupted. We all recognise cancer as an invasive corruption of our bodies. The medical profession utilises its skills to remove the corruption and hopefully restore our bodies to health; if unsuccessful, we die.

Today, our society is riddled with the cancer of corruption. If it is not removed and dealt with decisively, the society in which we live will also die, just as ancient Rome did.

When the corruption in sport was exposed, all of Australia was horrified. We are a nation of sports lovers. We have always thought of ourselves as the pinnacle of that field: healthy, fair-minded sports lovers. The media was full of this corruption and the need to restore our sports to health. This struck at the very heart of our complacency.

However, corruption exists and continues to flourish in sport and in almost every area of our society. Among politicians; in the police force; the armed forces; in the legal system; the medical field; in the banking industry; in the unions; in the media; in the churches; in big business, including finance and the pharmaceutical and mining industries, in particular.

The old adage 'Power corrupts and absolute power corrupts absolutely' is as true today as ever before, yet we read of this abuse of power every day, and shake our heads, mutter that 'something should be done' and then forget it. We cannot continue to do that because the corruption in our body politic is spreading.

We have moved away from the very basic tenets of democracy. We have forgotten that we elect governments to manage our affairs. We have forgotten that it is the people who must own the vast infrastructure in our society, much of which has been sold off illegally because those who sold it didn't own it and neither did they consult the people who do.

When any tier of government says we can't tell you what you need to know in order to make an informed decision about vital issues such as going to war, the selling of infrastructure, doing deals with foreign interests, polluting our land and destroying our environment, preventing demonstrators from utilising public areas for peaceful protest, all under the guise of democracy, we need to say emphatically, 'Hang on! We didn't elect you to manage our affairs in secret. You are our employees, not our employers. The people have every right to total transparency. Secrecy allows corruption to flourish'.

When the police, armed forces, the legal system are exposed as corrupt in some areas, we shouldn't allow them to conduct 'internal' reviews. They should be tried and punished publicly. When a union behaves corruptly we don't tell them to have an internal review and remedy the problem. They are taken to court and their mischief exposed and dealt with by law. Why doesn't this correct method of work apply to all areas?

There is always something we can do individually or collectively to prevent this pernicious spread of corruption. 'All that is necessary for the triumph of evil is that good men/women do nothing.' (With apologies to Edmund Burke.) ■

PART TWO

Moral medicine: *the Cuban way*

A revolutionary example of efficient and affordable healthcare,
by *John M Kirk* and *Chris Walker*

Chernobyl: solidarity in hard times

The 1986 nuclear meltdown in Chernobyl resulted in Cuba treating (at no cost to the patients) some 26,000 victims – mainly children – in a beach resort outside Havana. This program started in March 1990, just as the Soviet Union was imploding. Along with the break-up of the Soviet Union went some 80 per cent of Cuba's trade – definitely not an opportune moment to provide free medical care, accommodation and meals to thousands of victims from the nuclear accident. The program continued until December 2011, and Havana is now waiting for the Ukrainian government to follow through with its commitment to fund the treatment of patients.

Since Hurricane Katrina, Cuba has been involved in medical emergencies in many countries, and has formed a special medical contingent (several thousand-strong) to respond to natural emergencies – the Henry Reeve Brigade (named after a US volunteer who had participated in Cuba's first war of independence from Spain, from 1868 to 1878). This group of specialists trained in disaster medicine has been involved in 12 overseas missions. The largest was to Pakistan, where some 2,250 Cuban personnel worked following a major earthquake.

The most significant involvement was in Haiti. Most people can remember Cuba's role after the January 2010 earthquake, and its major contribution in stopping a countrywide cholera outbreak. What is often overlooked, however, is that Cuban medical personnel had been working in Haiti since 1998, when Hurricane George wreaked havoc there. Cuba immediately sent 500 medical staff, and when the earthquake struck 12 years later there were still 340 Cubans working throughout the country.

The Cuban contribution to a sustainable public healthcare system is also significant. Cuban medical training has been provided to Haitian students, and by 2011 some 625 had graduated as doctors. Supported by Venezuela and Brazil, Cuba is now engaged in developing a national healthcare system for Haiti.

BRAIN GAIN

A major initiative resulted from Cuba's role in Central America – the foundation in 1999 of the world's largest medical university, the Latin American School of Medicine

(ELAM), in Havana. The national naval academy was converted into a medical school, principally for students from the regions devastated by Hurricane Mitch. The idea was simple – to provide enough medical personnel for the region.

Students were generally selected from impoverished backgrounds, as it was thought that they would have more 'buy in' to their local under-served communities than their wealthier peers, and would want to assist after graduation. The plan was to develop a policy of 'brain gain' rather than 'brain drain', and to have medical support where it was needed – among the poor and in rural areas. Approximately 1,500 students enrol at ELAM each year, and to date over 10,000 doctors, mainly from Latin America and the Caribbean, have graduated following a six-year program. There are no tuition costs, books are provided for free, and a small allowance is given to the students. There is, however, a basic stipulation: students make a moral commitment to work with the underprivileged and those most in need of medical care after graduation.

Students make a moral commitment to work with the underprivileged after graduation.

From this significant contribution a variety of other medical education initiatives has grown. The largest is in Venezuela, where over 25,000 students are being trained as doctors by Cuban medical professors. The first graduating class of some 8,000 'comprehensive community doctors' (77 per cent of whom are women) finished their training in February 2012. Cuban professors have helped to found medical schools in Yemen, Guyana, Ethiopia, Uganda, Ghana, Gambia, Equatorial Guinea, Haiti, Guinea Bissau and Timor-Leste.

MAKING THE MIRACLE

One of the more recent medical programs is 'Operation Miracle', a successful ophthalmology initiative. This started in 2004 when it was discovered that a major problem facing Cuba's international literacy program 'Yo, sí puedo' (Yes, I Can ...) was that many of the students had vision problems. (This program has taught basic literacy to some 7 million people in 28 countries, and is in its own right an extraordinary example of South-South cooperation).

The Cuban leadership decided to set up ophthalmology programs where they were needed. To date, over 2 million people in 34 countries have been treated by

Cuban specialists, mainly straightforward procedures for conditions such as cataracts and glaucoma. I visited three of these clinics in Guatemala, and was impressed by the dedication of the Cuban medical staff, that lived in difficult conditions among their patients. Again, all medical services were at no cost to the patients, most of whom could never have afforded the operations in the private sector.

Cuban medical internationalism is a flag-bearer of Cuba's commitment to accessible and sustainable healthcare, free to all (especially the marginalised). Any one of the initiatives noted here could stand alone as remarkable – together, they are truly exceptional.

In Timor-Leste

At the time of Timor-Leste's independence from Indonesia in 2002 there were only 47 physicians in the entire country. Following a request from the government in 2003, Cuban medics started to arrive and by 2008 there were 350 Cuban healthcare workers there. Today some 700 Timorese are in the process of training as doctors, both in Havana and in a Faculty of Medicine set up in Dili and staffed by Cuban medical professors. The first cohort graduated two years ago.

Cuba has clearly managed to make an enormous difference in scores of poor countries, and has done so for over five decades, despite its own economic challenges. Cuban medical specialists have saved the lives of millions of people, given millions more the ability to see, trained thousands of doctors from developing countries, performed millions of operations, assisted at over a million births, and continue to provide medical care around the globe – to approximately six times the population of Cuba. All of this, at no cost to patients or students. How can this be possible?

In essence it comes down to political will, combined with a determination to provide support – cooperation – to the world's impoverished and marginalised populations. For decades this has involved significant sacrifice on the part of Cuba (although financial support from Venezuela in payment for the services of some 30,000 medical personnel in recent years has turned this into a major source of foreign income). It requires great long-term vision, a sense of humanitarian ethics, and a commitment to the wellbeing of others. It means placing value on human capital rather than in the marketplace. Yet these profound policy initiatives spanning over 50 years have largely been ignored by the international media. Sadly, none of the nations of the 'developed' world has the humanitarian commitment to pursue this approach – North-South 'aid' has yet to learn from South-South cooperation *a la cubana*. ■

John M Kirk is Professor of Latin American Studies at Dalhousie University in Canada. He is the author/co-editor of 13 books on Cuba, and for the last seven years has been studying the significance of Cuba's medical internationalism.

Chris Walker is a postgraduate student in International Development Studies at Dalhousie University researching improving medical accessibility for rural and marginalized populations.

Source: *New Internationalist* November 2012

DID YOU KNOW...

Prior to the beginning of the 'War on Terror' US national debt **was under 6 trillion dollars**. Today, it has more than doubled and currently sits at a whopping 14.3 trillion dollars.

If Bill Gates gave every penny of his fortune to the US government, it would only cover the US budget deficit for **15 days**.

The US government borrows an average of about 168 million more dollars **every single hour**.

If you went out today and started spending one dollar every single second, it would take you **over 31,000 years** to spend one trillion dollars.

Since 2001, the total cost of the wars in Iraq and Afghanistan breaks down to **well over \$3,600** for every man, woman and child in the United States.

Just one day of the war in Afghanistan **costs more money** than it took to build the entire Pentagon.

Our church is a public and usable asset with portable seating and excellent conference, meeting and function facilities. We welcome its use by those who support our motto 'Seek the Truth and Serve Humanity'. Interested individuals or groups can contact the church office – we would be delighted to speak to you. A donation is payable.

PAYPAL ACCOUNT

The church has now opened a PayPal account. If you have access to PayPal – all you need do is log on and the church's PayPal address is **admin@melbourneunitarian.org.au** Visit our web page and click on the link. You will be able to pay your subscription and make donations.

Return **Power** to the **People**

by Henry Beissel

If further proof were needed to demonstrate that we live in a sham democracy (*CounterAttack 1*, HP 180) i.e. that the ability to determine their affairs has slipped from the hands of citizens, a glance at a couple of recent arbitrary decisions by the Ontario Provincial Government and the Government of Canada should persuade even the most sceptical that it's time steps are taken to return that power to the people.

'Our minority government has hit a roadblock, so we're going to tackle it another way', declared Ontario Premier Dalton McGuinty in September. The 'roadblock' was his government's failure to negotiate a new contract with the Ontario Secondary School Teachers' Federation; the 'other way' was to deprive the union of the right to strike and impose a wage freeze on teachers. The arrogance of this denial of collective bargaining is brought *home* dramatically by the fact that polls give McGuinty the support of only around 20 per cent of Ontarians.

This is the Premier who has also continued public funding for Catholic schools, for which the Ontario Provincial Government and the Federal Government of Canada have been condemned by the United Nations High Commissioner for Human Rights. Having left the school system in shambles, and with another political scandal threatening to blow up in his face, Dalton McGuinty resigned a month later, on October 15 – but not before shutting down the government indefinitely. Over two-thirds of Ontarians were glad to see McGuinty go, but they were also outraged that, for purely self-serving reasons, he prorogued parliament, denying the province the right and the ability to continue to deal democratically with the many pressing problems in a time of high unemployment and a deteriorating environment.

On the federal scene, we were stunned on 7 September 2012, to hear our Minister of Foreign Affairs, John Baird, announce that Canada was closing its embassy in Iran and declare all remaining Iranian diplomats in Canada *personae non gratae*. Iran had done absolutely nothing to provoke such humiliation. If Canada has issues with Iran, the last thing to do is to sever diplomatic relations and rule out rational discussions and negotiations.

Discredited by the robo-calls scandal and its mendacity over the F-35 costs, Stephen Harper's government enjoys, like McGuinty's, only about 20 per cent popular support, yet it continues to act in defiance of the will of the

people. The hidden rationale for breaking diplomatic ties with Iran is the need for the Conservative Party to secure the electoral and financial support of the Jewish community in the next election. By stepping aside on the international stage, Canada now allows Israel to pursue its plans for military aggression against Iran. This same motive would also account for John Baird's shameless opportunism and moral hypocrisy in personally lobbying, last year at the UN, against Palestinian statehood.

Another example of our government's antidemocratic conduct is the recent omnibus budget Bill C-45. The Bill has 443 pages and includes proposed changes to the Indian Act, the Canada Labour Code, the Navigable Waters Protection Act and many other non-fiscal matters. By burying so many diverse legislative changes in a single bill, the government makes a detailed and responsible debate in the House impossible and commits MPs to a take-it or leave-it vote. Is it unreasonable to suspect that the government is trying to slip an unpopular agenda past scrutiny? Last spring's omnibus budget of 425 pages also covered extensive heterogeneous ground and provoked 3,200 pages of responses from Canadians, not a single one of them approving. The government seems not to care what its citizens think.

As their minority approval demonstrates, the majority of Canadians do not condone or support autocratic government procedures or decisions. But do our various levels of government listen? No. They are beholden only to their corporate sponsors and their own appetite for power and privilege. So what can we do to put the dogs of greed and egomania on a leash?

At the risk of repeating myself, I want to stress that we need to take the first step in our own minds. We need to disabuse ourselves of the notion that governments rule and we are the ruled. The function of government is to carry out the wishes, instructions and decisions of

the electorate. To that end, politicians must be constantly consulting with the public, and in important matters, like declarations of war and fundamental changes in education, economics and healthcare, put the issue to a referendum vote unless there is consensus.

It isn't enough for politicians to pay lip service to the idea that they are public servants; they must demonstrate that they are by listening to the voice of the public and acting accordingly. Whatever power we invest in our government representatives to enable them to discharge their mandate honourably, ultimate power must remain in the hands of the people and politicians must be accountable to them at all times. Each one of us – the electorate and those we elect – must know and understand this in every recess of our minds and put an end to paternalistic government secrecy, obfuscation and manipulation.

We have already discussed the first essential systemic Step 1 towards democracy, one that has been adopted already by many of the major democracies in the world: proportional representation. It is fundamental because it enables a government to better and more truly reflect the multiple perspectives and values of the electorate. This is especially important at a time when rapidly growing population numbers make it increasingly difficult for governments to maintain meaningful contact with members of the public. But it is a first step only and cannot, in and of itself, guarantee sagacious democratic government.

It is not enough to elect a body of politicians that properly represent the community. We must also make sure that that got them elected. This is why Step 2 must be made a requirement for parties and individuals running for election, namely to state concretely and specifically, in print (or digitally) before the election, which policies they plan to pursue in office. Once elected, they must adhere to these policies. If they feel compelled to deviate from them, they must either seek approval from the public in a referendum or resign from government. If a ruling political party proposes to operate on a different platform, it must call another election. We need to put an end to the current practice of making opportunistic promises only to promptly abandon them once in office.

Next we want to make sure that all parties in the election process have an equal chance to get their message to the people. We need politicians to be elected for their policies, not their personalities. To communicate their policies, they must have equal access to the media. Since their use, especially on TV, is astronomically expensive, individuals and parties are significantly advantaged when they enjoy the support of the wealthy sector of society and can raise large amounts of money to finance their promotions and campaigns. These 'benefactors' expect them to legislate for their benefit i.e. the benefit of large corporations and wealthy individuals, and their interests are most often diametrically opposed to those of the people at large. So, to create a level playing field and avoid conflicts of interest, I propose as Step 3 that all political contributions be deposited in an impartially controlled fund that will be distributed among political

parties in proportion to their actual representation in parliament. A special arrangement would have to be made for independent candidates. Perhaps the media should be obliged to provide equal time and space free of charge to all parties and their candidates so that they can argue their case and better inform the general public.

Once elected, members of parliament must be free to vote according to their conscience and in the interest of their constituents. The current practice of being obliged to vote according to the dictates of the party leader is undemocratic in the extreme. Step 4 must, therefore, abolish the role of the party whip and the power of the party leader to determine a member's vote and to penalise those who choose to vote in the best interest of their constituencies. No political party shall penalise a member for not voting with the party. It makes a mockery of democracy to permit members a 'free vote' only on rare occasions. This is dictatorship, not democracy.

In order for citizens to participate meaningfully in the political process, they must be honestly and fully informed. To that end, Step 5 must make government transparent. No government official shall have the power to declare any document SECRET, except for a short period not exceeding a month for the purpose of showing cause before

a judge why the document should be withheld from the public. Except where national security is demonstrably jeopardised, such court approval shall be denied. The default position for all official political and legislative activities must be unrestricted public accessibility.

It is crucial for an effective democratic government that an elected member of parliament be a part of the community he or she represents. While handshaking and ribbon cutting may create a semblance of such kinship, the problem goes deeper. The representative must share the burdens (and the advantages) of life in the community, and this can be achieved only by sharing the economic circumstances of fellow citizens. Step 6 should, therefore, provide members of parliament with an income that lies within the ballpark of the average national. Since conflict of interest and other considerations militate against politicians determining their own salaries, as in most cases they still do, the precise salary scale must be determined by an independent body of citizens at arm's length from political interference. This body would also be charged to award special indemnities for additional work. Whatever procedures are chosen, their income should be brought closer to the income of the people they are supposed to represent.

Some might argue that average salaries would fail to attract the best minds for the job. But do we really want to entrust the nation's business to individuals whose public spirit is inspired by the public purse? Besides, given that our MPs now earn more than four times the average national income, do we really believe we now

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Some might argue that average salaries would fail to attract the best minds for the job. But do we really want to entrust the nation's business to individuals whose public spirit is inspired by the public purse?

A talk given at the church on 10 February 2013 by *Catherine Kelly*, Respecting Patient Choices Volunteer Austin Health

Respecting patient choices

– *who will make medical decisions for you if you can't?*

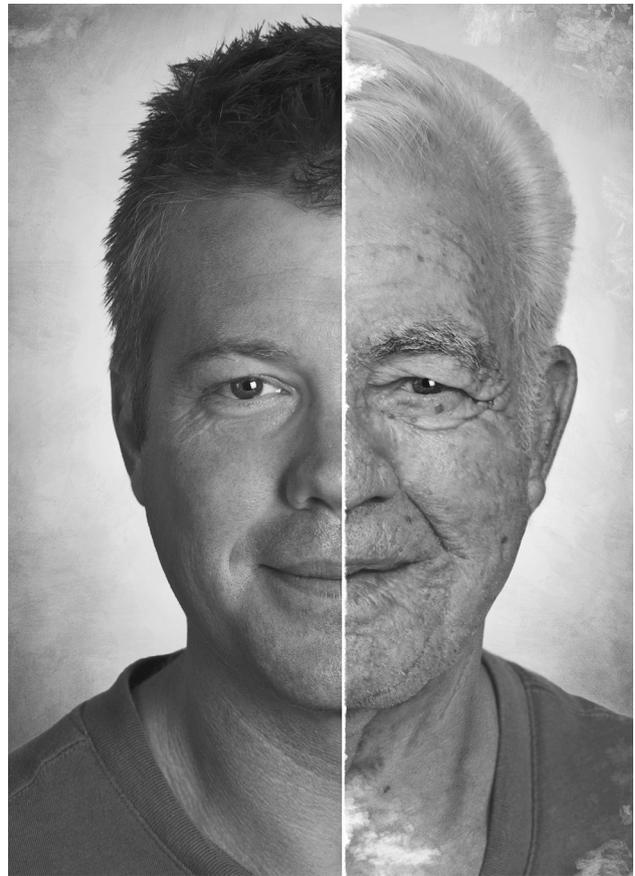
I'm here today to provide you with some basic information about advance care planning – What is it, Why we should do it, and finally, How to go about it. Advance care planning has been practised internationally for over 20 years in such countries as Canada, United States and England. It was first introduced to Australia at the Austin Hospital as the Respecting Patient Choices® program just over 10 years ago, and since that time has been taken up by the majority of public hospital networks in Victoria as well as much of the Aged Care and Palliative Care sectors. It has also been adopted in other States throughout Australia.

Advance care planning is all about informing your family and treating doctors about the type of medical care you would like for yourself if you reached a stage where you couldn't make these decisions for yourself – such as following a severe head injury where that loss may be temporary, or following a severe stroke or a diagnosis of dementia where the loss may be permanent. My comments today relate more to a permanent loss of decision-making capacity such as toward end of life.

Why do we need to do advance care planning? We never had to worry about this previously! What's changed? I'd ask you to think about the changes in medical knowledge that have occurred in the last 50–60 years. We've witnessed an explosion in the number of new treatments, plus many health conditions are able to be better managed now. We also have medical interventions that can simply keep us alive such as cardio pulmonary resuscitation (CPR) and kidney dialysis, where just 50–60 years ago we would simply have died. Yes, we've all benefited from an increasingly sophisticated medical system.

However, with every 'upside', there's a 'downside'. The sheer number of medical interventions available to be given has made decision-making more difficult for medical staff, particularly as people approach the end of their lives, and more particularly if they're no longer competent to make their own decisions. The benefits of a particular treatment are not the same for every person. It's one thing to undergo treatment that can often be uncomfortable, intrusive and undignified when we know that recovery is the expected norm, but entirely another matter if recovery is unlikely. Doctors don't know how much treatment a particular person wants for themselves unless we tell them. They'll continue with treatments that have some medical benefit however small, but is this what you want?

In 1988, following Government enquiry and much public discussion regarding personal medical decision-making, the Medical Treatment Act (Vic) was passed. This important



piece of legislation gave every competent Victorian over the age of 18 years, the right to decide the type of medical treatment they wanted or didn't want, and also the right to appoint a *Substitute Decision Maker* to make these decisions for them if they became unable to do so.

Let me explain exactly what advance care planning is about. Advance care planning is a process that enables you to inform your family and doctors about the type of medical care you want for yourself if you ever lose the ability to make decisions for yourself. It also enables you to appoint a *Substitute Decision Maker* to make medical decisions on your behalf if you lose that decision-making capacity.

Your decision-making capacity is central to advance care planning. This is your ability to understand information, consider options and make decisions with an awareness of the consequences of those decisions. If you lose that decision-making capability then you cannot do advance care planning – you cannot state your wishes nor appoint a *Substitute Decision Maker*. Current estimates are that over 50% of us will have lost that decision-making capacity as we approach the end of our lives. Which 50% are you going to belong to? Advance care planning is similar to an insurance policy. You hope you don't need it, but if you do, you're very glad you had the forethought to put it in place.

An Advance Care Plan has two components – first of which is appointing a *Substitute Decision Maker*. Contained in the information pack (obtained by contacting the Respecting Patient Choices® office at the Austin Hospital), is the single sheet of paper necessary to appoint a *Substitute Decision Maker*, known in Victoria as a Medical Enduring Power of Attorney. This is a legal appointment giving a trusted person the authority to make decisions on your behalf. You don't need a lawyer to complete the document; you just need to make sure it's witnessed correctly. You appoint one person to be the *Substitute Decision Maker* and you can, if you wish, also appoint an 'alternate' person to act if the first person is unavailable (deceased, unwell, overseas, unwilling).

Now we'll look at what a *Substitute Decision Maker* can do. While you are competent to make decisions for yourself your *Substitute Decision Maker* does nothing! Doctors will continue to communicate with you – you can consent to treatments or refuse treatments. Your *Substitute Decision Maker* is able to make decisions for you **only** if you lose your decision-making capacity.

Appointing a *Substitute Decision Maker* makes it easier for the medical staff to identify the person who has legal authority for decision-making. People are worried that this places an intolerable burden on that one person. Family members are certainly not excluded from discussions. In practice, a collaborative approach is adopted between your *Substitute Decision Maker*, your family and the medical staff aimed at determining the best treatment for you that is in line with your stated wishes.

Your *Substitute Decision Maker* is the only person who can fill out a *Refusal of Treatment Certificate* on your behalf if you're no longer competent. A *Refusal of Treatment Certificate* states your wishes about treatment refusal in a legally binding way. It isn't required for every person or for every situation, but may be invaluable if there is disagreement within the family or with the treating doctors that can't be resolved any other way. Your next of kin **cannot** sign a *Refusal of Treatment Certificate* for you. Again, appointing a *Substitute Decision Maker* is like taking out an insurance policy.

How do you go about choosing your *Substitute Decision Maker*? It's important to choose the right person for the 'job'.

- They must be over 18 years.
- Above all, they must be someone you trust implicitly to be able to respect **your** wishes over their own. You're not asking them to necessarily agree with your wishes but to respect your wishes.
- They need to be the sort of person able to ask questions and make decisions in circumstances that are often stressful – they need to be prepared to ask questions, such as: What's the purpose of this treatment? What does this treatment involve? Is the burden of the treatment worth the expected benefit? Are there any side effects to be expected? Are there any other options? What happens if we do nothing? The answers to these questions are then measured up against the stated wishes and preferred outcomes expressed in your Advance Care Plan.
- Lastly, and most importantly, they have to understand what the appointment entails and they have to agree to accept the appointment.

Your *Substitute Decision Maker* will gain a lot of support from family members if they also are fully aware and supportive of your wishes as well.

The second component of your Advance Care Plan is called a *Statement of Choices*. The information pack contains a template you can use to record your wishes – it's called a *Statement of Choices*. It's also the instructions and guide you leave for your *Substitute Decision Maker* to consult. It doesn't have to be a formal written document but there are advantages to having it in writing. There is provision to record 3 types of information.

1. Firstly, you are asked about your attitude to life-prolonging treatments such as cardio pulmonary resuscitation, kidney dialysis and surgery, and how you wish decisions to be made about them.

2. Second part is information that describes the person you are – your values and beliefs. You're asked to think about what you would regard as a good or bad outcome from treatment. One person might see just being kept alive as a good outcome while another might see being kept alive but in need of 24-hour care a bad outcome. There's no right or wrong answer. This more personal information is invaluable as a guide for your *Substitute Decision Maker* and family when treatment decisions are being made, particularly in changed circumstances.
3. Lastly, you can record your non-medical end-of-life wishes in your Advance Care Plan. These might include your preferred place of dying, particular people you might wish to be informed/not informed, religious/spiritual rituals you might want or not want, favourite music or the Geelong theme song just one last time!

Who should you talk to about your Advance Care Plan? Having a conversation with your GP or medical specialist is a very important part of preparing your Advance Care Plan. To be able to make an informed document you need to have a good understanding of your health as it is today, and also what it might hold for you in the future. Even if you have no major health issues to contend with at present, it's important to have some idea of what 'growing old gracefully' will mean for you. The second important group of people you need to talk to when preparing your Advance Care Plan and certainly once you have completed your document is your *Substitute Decision Maker* and your family. They can often assist you in identifying relevant issues and preferred outcomes. Making sure your family knows what your wishes are is integral to having your wishes respected.

You own personal values, beliefs and attitudes are central to your advance care planning. Your attitude to advance care planning and the type of care you want for yourself, what you regard as a good or a bad treatment outcome for you, might be very different to that of your husband or wife or other family members. That's OK, for these decisions are very personal. There's no right or wrong answer.

Some people look at advance care planning solely from a quality of life perspective – 'If I can't look after my personal needs then I don't wish to be here'. Others may say, 'I want to be kept alive for as long as possible'. Some people with religious/spiritual beliefs may not want to focus entirely upon quality of life issues and may instead focus on the benefits or burdens of the treatments on offer to them. People from different cultural backgrounds may have quite a different approach to end-of-life decisions. There are no right or wrong answers.

Let me give you some simple examples of the types of choices that may have to be made. These are, of course, solely dependent of your own health problem at the time.

1. An elderly and extremely frail person catches a severe chest infection. Would you choose to be treated with antibiotics or would you choose to be made comfortable and allow nature to take its course. I know when I had pneumonia in my 40s I wanted to be treated because I fully expected that I would recover. Would this elderly frail person make the same choice – yes/no?
2. A person who has been chronically very unwell for some time decides that he no longer wants to have active treatment if he has another 'turn' as he calls it. The effort of 'getting better' seems to consume his whole life now and he's just had enough. He thinks he has had a good life and maybe it's time to let go!

3. A surgical procedure is recommended. It will keep a person alive but will leave them requiring a level of care that means they will be unable to return home again. Being able to live at home is very important for this person. So surgery is refused and palliative care is chosen.

You may be wondering about the legality of Advance Care Planning. What protections do you have? Currently in Victoria, your wishes as expressed in a *Statement of Choices* are not legally binding – they are a guide that needs to be consulted. They have some legal protection in Common Law but they are not legally binding.

The legal heavyweights in the advance care planning process are the appointment of a *Substitute Decision Maker* – you are giving legal authority to someone else to act for you. The second legal heavyweight is the *Refusal of Treatment Certificate*. Your *Substitute Decision Maker* is able to fill this out for you if you are no longer competent. A *Refusal of Treatment Certificate* enables you to refuse any/all treatments excepting palliative care for a **current** condition.

Review of your documents is very important. While you remain competent to make decisions it's important to review your advance care planning documents to make sure that your wishes as expressed are your current wishes and that your appointed *Substitute Decision Maker* is still suitable for the role. There's no set time for review, perhaps yearly or two yearly, but certainly when your health changes significantly. What we saw as a bad outcome some years ago e.g. being totally bedbound, may not be seen in quite the same light if we do actually become bedbound. We often adapt. So it's important that we review our wishes. If nothing has changed, ask your

doctor to countersign and date the document. If things have changed, destroy the documents and generate new ones.

What do you do with your completed documents? Complete both documents and have them witnessed correctly. You can contact your regular hospital and ask what you need to do to get a copy into your file. They may be able to give practical assistance in distributing copies of your documents to the relevant people for you. If this isn't possible, then you need to distribute the documents yourself. A certified copy needs to go to your *Substitute Decision Maker* and regular copies to your GP, and medical specialists plus close family/friends. Both original documents remain with you in a safe place that is accessible and known to your family.

Resources

There are plenty of extra sources of information available if needed.

1. You can contact the Respecting Patient Choices® office at the Austin Hospital – Advance Care Planning clinicians deal with these issues constantly so they are well equipped to assist with any queries or provide practical assistance with your Advance Care Plan.
2. Respecting Patient Choices® staff at other public hospitals are able to offer assistance as well.
3. There is the national Respecting Patient Choices® website that can be accessed as well.
4. The office of the Public Advocate Victoria has an advice service accessible by phone for questions specific to powers of attorney, plus their website can provide a great deal of information. ■

Moral bankruptcy on refugees

With the introduction last week of legislation removing *Terra Australis* from Australia's migration zone, thereby voiding any humanitarian claim to asylum made by those who arrive on these shores by 'irregular maritime voyages', a rather disgusting political drama comes full circle.

In 2006, the Howard government attempted to introduce unnervingly similar legislation as the final piece of its political repellent against boat-bound refugees. In many respects this was merely a logical extension of the 'Pacific Solution' itself – whose founding legislation had excised islands adjacent to Australia some five years prior. But as a kind of legal ruse, it seemed to strain credulity. And moreover, it was deemed needlessly harsh, even for a government as unrepentant as Howard's. Former Labor leader Simon Crean expressed the mounting opposition to the proposed legislation compellingly:

This bill is a complete antithesis of the positive, constructive and humane proposals that Labor has advanced over a number of years. It seeks to legislate away a problem by creating a legal fiction: excising Australia from Australia by pretending that for asylum

seekers Australia does not exist – terra incognita indeed. This is a foolish nonsense. It is worse than that though. It is a vindictive and vicious measure to take against unfortunate and desperate people. It does nothing to secure our borders and returns to the government's old policy of deterrence and punishment based on fear.

As did, now somewhat notoriously, the current Minister for Immigration and Citizenship, Chris Bowen:

If the Migration Amendment (Designated Unauthorised Arrivals) Bill 2006 passes the Parliament today, it will be the day that Australia turned its back on the refugee convention and on refugees escaping circumstances that most of us can only imagine. This is a bad bill with no redeeming features. It is a hypocritical and illogical bill. If it is passed today, it will be a stain on our national character. The people who will be disadvantaged by this bill are in fear of their lives, and we should never turn our back on them.

There was no choice but for the legislation finally to be abandoned before it even went to a vote. The fact that substantially similar legislation will now pass under a Labor government is thick with irony – or, from the Opposition's point of view, drenched in *Schadenfreude*.

Though the vain expedience of the political contest is here all too apparent, it is nonetheless instructive to observe the fundamental difference between the two parties, even in their very adoption of the same policy.

What gave John Howard's attempt to solve the 'problem' of asylum seekers a powerful sense of coherence was the muscular rhetoric of 'sovereign rights' over national territory, which had been his stock-in-trade since 1988. Humanitarian considerations were invariably and explicitly subordinated to the preeminent concern of border protection.

By contrast, both border security and such chest-beating nationalism have always been rather inimical to the dominant Labor narrative – a fact paradoxically underscored by Kim Beazley's flirtation with an enhanced coastguard in 2001. Hence Simon Crean and Kevin Rudd wagered that Labor's purportedly more 'compassionate', inclusive approach to social policy could be extended to asylum seekers as well.

But what every Labor leader since Keating has failed to appreciate – and none more than Rudd – is the extent to which the 'problem' of asylum seekers affects the electorate, and how vulnerable breaches of national borders leave the federal government. As Marilyn Lake has rightly argued, there is something about the appearance of refugee-bearing boats that uniquely, almost ontologically, irritates the national psyche.

But it is at precisely this point that we can begin to see what makes Labor's deranged treatment of refugees – from Rudd's initial dismantling of the 'Pacific Solution,' to his unconscionable moratorium on processing Afghan and Sri Lankan asylum seekers, to Julia Gillard's craven return to Howard-era deterrents – so reprehensible. The problem is not that Labor is being politically hypocritical. The problem is that they have bought in to the same brutal logic of *deterrence* that has dominated asylum seeker policy since 2001, but have done so in the name of the very 'compassionate' politics that they marshalled against Howard in the first place. In other words, when it comes to asylum seekers, Labor have shown themselves to be little more than political thugs in humanitarian drag.

And yet, while I would certainly agree with Waleed Aly's criticism of the hollowness of Labor's humanitarian concern, I do not believe that this is a problem peculiar to Labor. Perhaps the lesson of the past five years or so is that humanitarianism cannot provide asylum seeker policy with a frame that is at once coherent and politically viable – ultimately, only the rhetoric of national sovereignty can do that.

Similarly, the more Labor gropes after some kind of moral alibi for their apostasy – whether it be the ethically

problematic 'no advantage' clause enshrined in the Report of the Expert Panel on Asylum Seekers or the mantra of 'saving lives' – the more it becomes clear that deterrence and human rights do not belong to the same political lexicon.

Instead, I would suggest that Labor's bad faith points to a contradiction inherent to liberal humanism itself. While we grudgingly acknowledge that certain rights pertain to asylum seekers as human beings, the political reality is that these rights can be redefined, suspended, or else traded off against other political 'goods' (like that of dissuading imposters, deterring boats or foiling people smugglers).

In this way, the true nature of human rights – convenient fictions grounded in nothing substantial, and granted or withdrawn on the whim of an increasingly exhausted secular humanism – is disclosed. And so, while we are obliged to pay lip service to the inherent dignity of those seeking asylum – or of those with profound disability, for that matter, or the high-care elderly – we cannot help but feel it would be best if they did not exist at all.

The real problem with asylum seekers is that their claim is an irreducibly moral claim; both their desperation and their dignity are inseparable from their bodily existence. As such, their claim cannot be comprehended by either a merely proceduralist or a political response: their presence demands recognition, humility and even joy. This is why the Christian conviction about the *sacramental* character of the refugee remains so potent, especially when the dehumanising logic of deterrence is the only game in town.

I am not, of course, claiming that the State is required to bear the same ethical yoke as that placed upon the Church. But Labor's moral bankruptcy and the humanitarian exhaustion now everywhere apparent in the West are ample demonstrations that politics is running out of moral resources on which to draw.

Grappling with the problem of asylum seekers has always been politically costly. But to defer that cost onto those least able to pay it is to deny that politics is capable of serving any higher end than its own advantage. One suspects that, under Julia Gillard, Labor has already resigned itself to this base reality. But then the least they can do is abandon the pretence of occupying the moral high ground, especially on asylum seeker policy. ■

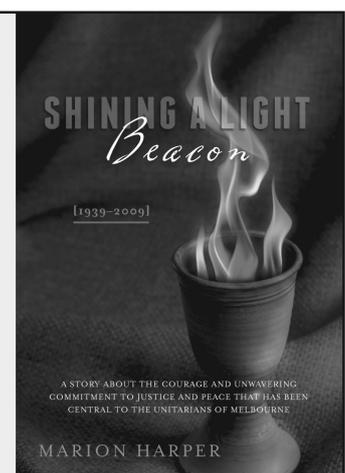
Scott Stephens

Source: Adelaide Voices Dec. 2012/Feb. 2013

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From page 5 **Return Power to the People**

have the nation's best minds in government? MPs earn approx. \$155,000; the PM gets double that amount; cabinet ministers approx. \$230,000. Considering that the House generally sits about 100 days a year, and assuming that every MP attends every session (which they don't) that constitutes about 5 months of a regular workload. I let you do the math to figure out what their real income is relative to the wages paid ordinary citizens for regular jobs.

And I invite you to attend a parliamentary session in Ottawa and decide for yourself whether the level of debate is compatible with the best minds of the nation. In Athenian democracy, which did attract the best of Greek minds, no one was paid to participate in the democratic process; only the less affluent received a small stipend to enable them to attend parliamentary sessions. Instead, we have made of politics a lucrative profession that is more likely to attract those who seek power, privilege and riches than individuals dedicated to public service.

Since, in the age of population explosion, large numbers of elected members are required to represent the public adequately, and since decision-making becomes notoriously difficult with growing numbers, an effective political process depends on a smaller body of members chosen from the whole. Currently, this is accomplished by Cabinet. Step 7 would need to abolish the current practice of the party leader choosing his Cabinet from his party faithful. The practice promotes sycophancy and favouritism, and does a disservice to democracy. The cabinet should consist of members from all parties, and ministers should be chosen by lot from among those who have put their name in the hat. Fears that this would promote ministerial incompetence should be quickly allayed by the common practice of cabinet shuffles that can move an individual overnight from, say, Health to Justice. I have yet to encounter a minister who can reasonably claim such multiple competences. The real know how in all ministries is always provided by the respective civil servants.

Every citizen is a potential politician: it requires nothing more than the application of common sense to public affairs. The Greeks defined Man as the *zoon politikon*, the *political animal*, and for Aristotle an individual became fully human only when he participated in the political process. An *idiot* in Greek is 'a person ignorant of politics'. Representative democracy has made *idiots* of too many citizens. Part of the reason is the absurd notion of the *professional politician*. Any ordinary citizen should be able to exercise the right to participate in government. That is what participatory democracy is about. To contribute to this ideal, Step 8 aims at ensuring greater turnover in government by prohibiting election more than twice to successive parliaments. It would also go some way towards reducing the growth of nepotistic old-boys networks and the corruption they spawn all too often.

There is a yet more radical way to involve ordinary

citizens in the decision-making process of government. I suggest as Step 9 that a percentage of the House of Commons, say 10 per cent of the total i.e. between 30 and 40 additional seats, be chosen from different regions of the country in the manner in which the courts select juries from groups of citizens picked at random from telephone directories. This would offer an opportunity to correct the undemocratic imbalance in our parliament which now favours males and of certain professions: almost 83 per cent of our MPs are men; 40 per cent come from business, finance, and management occupations, another 38 per cent are drawn from the legal professions. These are the very people interested in perpetuating their privileges. The additional MPs drawn from the general public should be used to add more women to government as well as people from the ranks of nurses, farmers, teachers, factory workers, artists, the unemployed, and the young.

Finally, Step 10; let us retire the Senate – that gravy train for men and women appointed to life-time sinecures by the party in power for toadying long and loud enough to them and their politics. This has become a legalised form of shameless patronage. The occasional distinguished Canadian amongst them does not change the entirely undemocratic nature of the institution. In place of this expensive extravaganza, I suggest an Assembly of Citizens, perhaps half the size of the Senate, composed of individuals appointed by or elected in the provinces on the basis of good citizenship. Two or three members from each province and territory should be sufficient. Their function would be to propose, scrutinise and veto government legislation.

These ten steps are fundamental to good, democratic governance. I offer them as proposals for a radical reform of our various forms of government. They need to be openly debated, refined and adjusted, but the principles that underlie them constitute the ethics of democracy. Those who believe with the Conservative Walter Lippmann that *the public must be put in its place ... so that each of us may live free of the trampling and the roar of the bewildered herd.* (*The Phantom Public*, New York 1927) will have to look elsewhere for their ideal form of government. A bewildered herd is the product of an educational system designed to instil individuals with an insatiable appetite for heedless consumption. Their behaviour is then used to justify the right of the wealthy to power and privilege. I prefer to put my faith in the inherent decency and common sense of ordinary humanity. They can flourish only in an environment whose supreme values are honesty, equality, kindness, love and compassion. To create that environment is the prime objective of these proposals for political reform. ■

Henry Beissel is a poet, playwright, essayist, translator and editor who has published over 30 books. He is Distinguished Emeritus Professor at Concordia University, Montreal, and now lives in Ottawa. www.HenryBeissel.com

Humanist Perspectives, Issue 183

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from our readers



Dear Donna

Your *Beacon* makes inspirational comment. Let's hope it's catching!

Yours sincerely

S Morey, Vic

Dear Editor

Please find enclosed \$40 cheque being a gift subscription and donation for this superb publication.

J Woodman, NSW

NOTE: A pity to excise A Jurriens excellent letter this issue.

B Yates, NSW

Dear Sir/Madam

Re: Frank Hammerstein

As a friend of Frank Hammerstein, I write to inform you that he died in October 2012 at the age of 82 years. Please amend your records accordingly.

I believe that Frank was a longstanding subscriber to the *Beacon* and that he found companionship as well as information from your journal. Knowing that Frank was an avid letter-writer, I am reasonably confident that you would have received some fascinating correspondence over the years on subjects dear to Frank's heart and in response to articles he would have read in the journal.

Yours sincerely

J Shepperd

Dear Sir/Madam

Re my subscription for 3 years, one year already owing: sorry for the long delays. Please find enclosed a cheque for 100 dollars for the next three years, the remainder being for a donation to *Beacon* cost structure.

Please note this is my usual subscription order, so it was the last three years, and for the last few years I have been a disability pensioner. For some years there I was not receiving the pension so that is when I started getting a 3-years' sub. So to make the point overall, I should have acquired some small kudos, so to speak, for at least paying up when I got to it, plus the donation extra. Still and all and nevertheless, humblest and sincere apologies for the delay. Looking forward to continuing to receive your stimulating publication for years to come.

Have also had health, transport and time issues, plus personal stress, especially this last year with a family passing, so this last year has not been easy, to say the least. I thank you very much for your unending patience and forbearance in this matter, and please find enclosed a cheque and a Christmas card for your trouble and also some photocopied copies of an article from the *Sydney Morning Herald* at Easter, written by Ross Gittins, and it's about what Jesus said about capitalism.

If you would like to make more copies, I could send you the original. They are just photocopies. Hope they are of interest. Perhaps you could send them to other subscribers. Sorry for the poor writing. I have just rushed this off in the vain hope of getting it to you before Xmas, but it's for the New Year.

Merry Xmas

Mark Erze

HUMOUR ...

An atheist was taking a walk through the woods, admiring all that the 'accident of evolution' had created. 'What majestic trees! What powerful rivers! What beautiful animals!' he said to himself.

As he was walking alongside the river he heard a rustling in the bushes behind him. He turned to look. He saw a 7-foot grizzly charge towards him. He ran as fast as he could up the path.

He looked over his shoulder and saw that the bear was closing in on him. He looked over his shoulder again, and the bear was even closer. His heart was pumping frantically and he tried to run even faster.

He tripped and fell on the ground. He rolled over to pick himself up but saw the bear right on top of him, reaching for him with his left paw and raising his right paw to strike him.

At that instant the atheist cried out: 'Oh my God! ...'

Time stopped. The bear froze. The forest was silent.

As a bright light shone upon the man, a voice came out of the sky. 'You deny my existence for all of these years, teach others I don't exist, and even credit creation to a cosmic accident. Do you expect me to help you out of this predicament? Am I to count you as a believer?'

The atheist looked directly into the light. 'It would be hypocritical of me to suddenly ask You to treat me as a Christian now, but perhaps could You make the BEAR a Christian?'

'Very well', said the voice. The light went out. And the sounds of the forest resumed.

And then the bear dropped his right paw ... brought both paws together and bowed his head and spoke:

'Lord, for this food which I am about to receive, I am truly thankful'.

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