

ADDRESS TO THE ANNUAL GENERAL MEETING OF THE ADELAIDE HEALTH FOUNDATION

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BY

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About a year ago, as I made my way around the diocese, I visited St Brendan's Church, Birr and I was shown in the preachers' book my signature from the last time I visited. The date was Sunday, 24th May 1990 and the occasion was the annual Adelaide Hospital Service in Birr.

I preached about what we were then calling the ethos of the Adelaide Hospital, centred as it was on patient autonomy, which itself is rooted in our Church's belief in creation – that each person is created by God as an individual with free will and the ability to make decisions, and society's responsibility to allow freedom to make such decisions, within clearly defined parameters. In a hospital context we call that 'patient autonomy'.

They were heady but also difficult days as that small hospital in inner Dublin accepted the logic of moving out of the city to much larger premises, and the logic of amalgamation with the Meath Hospital and the National Children's Hospital.

Change and development were not only accepted but welcomed, but not at the price of something which was central to the heart of the Adelaide Hospital – its commitment to value the centrality of patient autonomy at the heart of healthcare.

Archdeacon Gordon Linney and Professor David McConnell were at the forefront of this debate about the ethos of the Adelaide Hospital, which itself was simply an expression within healthcare of a wider principle, central to the Church of Ireland and other Protestant Churches – that of personal autonomy and the central place of individual conscience in personal decision-making.

Since then, 26 years ago, this whole debate has taken two directions. One was the resolution of the management structure of the hospital here in Tallaght, which enabled the values of the Adelaide and of that associated Protestant ethos to be embedded in the hospital and thus into our national health service.

More importantly, however, those principles have been taken up by wider Irish society, so much so, that a whole generation today would wonder why such a debate would be necessary at all. The values espoused today by a modern Irish, liberal and tolerant society would assume personal autonomy and in a hospital context its derivative, patient autonomy.

That debate is over, the Adelaide Health Foundation has moved on and the issue has been resolved – or so I thought.

I wonder if you were as surprised as I was to read of the very public disagreement over the proposed move of the National Maternity Hospital in Holles Street to St Vincent's Hospital Group site on Merrion Road, and the row about the management structure, and the apparent insistence that the management structure of the National Maternity Hospital be subsumed over a period of time into the St Vincent's Hospital Group management structure?

Crucially, with that management structure would come the Catholic ethos of the St Vincent's Group. There have been references in the media to forbidding vasectomies and sterilisations – where have we heard all that before?

No doubt there are many more factors at play in this debate than simply ethos but there is no doubt that ethos is a significant factor in this

current debate. However, what is different today is that it is a debate between an apparent Catholic ethos and the ethos of a secular, liberal society in Ireland. The Adelaide Health Foundation has had its debate in the 1990s and we must move on.

What are the ethical issues that face us today in modern healthcare and which I believe, should concern this Foundation today? Of course, there are many, but I want to name just two.

One is access to appropriate medical care in Ireland today. I have no problem with private healthcare, provided people are prepared to pay for it.

However, where I do believe we ought to be concerned is when the only way to get adequate and timely healthcare in a public system is to pay privately for that care. I think we all ought to have an issue with that institutionalised inequality. Long queues for medical treatment or even medical examinations and tests are not only a scandal, they are morally wrong and must be treated as such – and addressed as an issue of moral responsibility, not just a regrettable consequence of an economic recession.

The second ethical question I have in mind is access to, and ownership of, medical and – increasingly – genetic personal information. When I used to speak regularly on issues in medical ethics, I noticed a divide in audiences when I mentioned genetics. Non-medical audiences inevitably wanted to talk about cloning, Dolly the sheep and Frankenstein foods – you can recognise the sort of headlines in the tabloid papers.

When I spoke with a medical audience, people inevitably raised issues of ownership of medical and genetic information and access to records. Who does own your DNA? Who should have knowledge of the results of a genetic test? What are the implications of agreeing to a genetic test?

Insurance companies, for example, need to be able to assess risk and to do that they need to know all the known facts, which must surely include any genetic information about you. And if a test has uncovered a higher risk of some major condition late in life (and many tests today indicate risk and not certainty), that may mean a young person may not have access to life insurance and, because of that, may not be able to get a mortgage and so on. Yet, if you hide that risk, then you are certainly behaving illegally. On the other hand, if you refuse to take a test because of what it may possibly uncover, then are you acting responsibly with respect to your own health?

It's easier to ask the questions than to answer them but ethical issues are there and we need to address them, preferably sooner.

So ethics and ethos – this Foundation was immersed in this 26 years ago. Irish society has certainly moved on since then – but the need for ethical reflection and questioning continues and great challenges and opportunities still lie before us. The language of ethics and ethos needs to be recovered in public discourse.

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