the future of our WORKFORCE

Aged care for tomorrow: Minister for Ageing speaks

Dignity and organ donation: Monsignor Anthony Ireland
Growing Australia’s Indigenous health workforce
Federal Budget and Catholic care
Patients will be admitted, referred or discharged within four hours of arriving at an emergency department. Ninety-five per cent of patients seeking elective surgery will receive it within clinically recommended times.

These are just two of several headlines of the health reform agenda. No one, Catholic Health Australia (CHA) included, is arguing against these changes aimed at better meeting patient care. But surely we’re not alone wondering how these targets are going to be achieved.

One of many challenges in achieving these health reform targets, and the broader health reform agenda, is the ‘broken record’ like refrain: “Where are the staff to make the system work?”

The implementation of the health reform objectives will be crucial to the reform package’s success—so too will be the effectiveness of yet to be identified strategies to recruit, train, and retain the health professionals who will be called on to do the work of reform. Surprisingly, health workforce initiatives were not front and centre in the health reform announcements. This may have been because governments thought they’d addressed health workforce shortfalls by setting up Health Workforce Australia (HWA) to deliver a fix.

HWA has been a long time coming, but slow to come to life. For reasons we don’t accept, its Board was established without real representation of our non-government hospitals and aged care services—a problem it should rectify in future Board appointments.

HWA will, in its immediate future, focus on expanding clinical training placements. It’s in the process of allocating millions of dollars for placements in clinical settings for student nurses and doctors to learn their trade.

While HWA has been finding its feet, the Australian Government has continued its role in health workforce promotion. It announced as part of the Budget $310 million to support the employment of approximately 4,600 full-time nurses across general practice. General practice should of course be utilising the skills of nurses. It makes sense to empower nurses to play a key role in chronic disease management and patient care. With too few doctors, nurses can play a bigger role in general practice teams in delivering patient care.

The challenge for the Government, which will also be a challenge for hospitals, aged care services, and universities, is obvious. Where will these 4,600 new nurses come from? Will achieving the 4,600 target see nurses departing hospitals and in particular, aged care services?

Another announcement of the Budget, which contains a warning for the 4,600 practice nurse promise, was the cancellation of the ‘Bringing Nurses Back to the Workforce’ program. The ‘Bring Nurses Back’ program was a key election promise of the Rudd Government. An incentive of $6,000 was on offer to any qualified nurse who had been out of the health profession for more than two years to take up a new nursing appointment.
does workforce capacity exist to deliver the promised benefits of health reform?

CHA, through its member hospital and aged care services, was a participant in the returning nurse program. We put substantial effort into making the program work. We wanted it to succeed. In many case by case examples, we've seen happy nurses returning to welcoming hospital with patient care outcomes the winner.

Regrettably, the program was never likely to achieve the Government's target of bringing back thousands of nurses. Over the course of two years, it managed only to bring back 658. The program, whilst very well intentioned, turned out to be a dud. The Government sensibly redirected the $40 million allocated but not spent on the returning nurses program to other workforce initiatives. To that end, the funding for nurses was not lost and has been directed to programs with more hope of succeeding.

But the lesson of the 'Bringing Nurses Back' program for the new target of 4,600 general practice nurses is this. It's hard to attract and retain nurses in Australia. Many efforts to do so have run out of steam or failed. The 4,600 general practice nurse target should not be allowed to become just another well intentioned idea that didn't live up to expectations. Nor can it be the cause of a flight of nurses from hospitals or aged care services.

Similarly, the ambitious four hour emergency department target, and the 95 per cent of patients receiving elective surgery within clinically required times commitment, must not be set up to fail. CHA's job, and indeed the job of all who work in the health care system, is to keep a hand in the changes that COAG is now seeking to implement to ensure we don't see more repeats of failed programs such as 'Bringing Nurses Back to the Workforce'.

In isolation, this small returning nurses program's failure will not result in too many nights of lost sleep. But if other components of the COAG health changes meet the same fate, we'll face an even bigger problem at some time in the future. We've said to the Government—and we repeat our offer through these pages—that if the ambitious targets of the health reform agenda are ever to be achieved, it will only be possible when government and non-government parts of the health system work together.

A health reform implementation action group, which we've been proposing for months, needs to be created to find a way to deliver reform on the ground. If additional dollars are required to get the system working, they should be delivered when needed. Perhaps most importantly, governments should acknowledge that previous health workforce initiatives have often failed. HWA should be asking potential recruits, current practitioners, and those who have left the health workforce where it should prioritise effort to create opportunities to bring and hold more to the profession.

In the coming months, with HWA gearing up, CHA will be seeking to contribute to its forward agenda with a view to ensuring it is given the best chance of succeeding where others have failed. Not to do so would contribute to continued staff shortages for years to come.

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photos on the front cover and pages 10, 13, 17 courtesy of The Notre Dame University of Australia.
ethics decision to donate
monsignor anthony ireland
episcopal vicar for health & aged care,
archdiocese of melbourne

Introduction
Melbourne hosted two conferences on the subject of organ donation in the first quarter of 2010. As Episcopal Vicar for Health and Aged Care in the Catholic Archdiocese of Melbourne, I was invited to introduce the Church’s teaching on the subject of organ donation at the Caroline Chisholm Centre for Health Care Ethics’ Conference.

At the outset of this article, I declare that I decided to register as an organ donor a number of years ago. The decision to donate is something that I personally support. It is not a decision that every person will want to make for themselves or for their family members but the current promotion of organ donation in Australia must uphold the decision which ethicists call consent and it must promote the donation which is the free gift of the organs for the benefit of unknown recipients.

Whilst we were standing for the obligatory photos at the end of the abovementioned conference, I said to an organ donation co-ordinator that I was glad that no-one had spoken of organ harvesting. Her reply was, “We never use that term”.

... to deny someone the ability to express their desires for their own corpus during life, and in death, is to deny their human dignity.”

Throughout the whole day, that co-ordinator had stressed the right of the family to either donate or not donate the organs of their deceased relative. She included in her presentation examples in which families indicated that they would donate some organs and not others.

These comments are important to the discussion and even promotion of organ donation in Australia.

The Catholic Church and organ donation
There has been a development in the teaching of the Catholic Church regarding organ donation. Some years ago, as with other medical developments, the Church took a cautious approach to the science involved. The official teaching was reserved and looked to protect the dignity of both the donor and the recipient.

The careful language used reflected the Church’s understanding of the dignity of the person in life and in death. The Church was concerned that the body which conveyed the intellect, heart, dignity, personality and spirituality of the human person during earthly life was not treated with disrespect in death. The body which is treated with respect and honour during life warrants the same respect and honour in death. Belief in the body as the Temple of the Holy Spirit during life and the Church’s credal teaching of the Resurrection of the Body are also reflected in the early teachings regarding organ donation.

In the last decade, European newspapers reported that Pope Benedict XVI was an organ donor whilst he was cardinal Ratzinger. His own personal conviction was matched with the official teaching in the 1997 definitive edition of the Catechism of the Catholic Church and the statements on the subject of organ donation that he has made as Pope.

In 2008, Pope Benedict showed his strong personal support for organ donation when he said, “The act of love which is expressed with the gift of one’s vital organs remains a genuine testimony of charity that is able to look beyond death so that life always wins.”

Church teaching
At every turn the Church’s teaching, whilst supportive of organ donation, promotes the dignity of all concerned in the process.

The Church’s position clearly teaches that organs for transplantation must only be obtained through the free gift of donors. In various countries the sale of human organs has been an activity which leads to exploitation of the poor. The Philippine bishops condemned the sale and trafficking of human organs in a statement released in January 2008 saying:

Human organ sale or trade, by its very nature is morally unacceptable. It is contrary to the dignity of the human
person, his or her authentic autonomy and the essential equality of all persons. The dignity of the human person as the image of God includes not only his or her soul but his or her corporeal being. Hence, our body ought not to be treated as a commodity or object of commerce, which would amount to the dispossession or plundering of the human body.

Secondly, the Church teaches the free gift has to be an explicit act of the will of the donor or his/her proxy. No one can assume the gift of organs. Donation is an act of the human will. It is an exercise that only a human person can make and to deny someone the ability to express their desires for their own corpus during life, and in death, is to deny their human dignity.

In Italy, and other European Countries, everyone is presumed to be an 'organ donor' unless they explicitly express their opposition. The idea that everyone is a potential organ donor is clearly a misnomer. This type of legislation is not about promotion of the voluntary act of organ donation. Rather, it is about widening the quarry from which the society can mine human organs.

"... any actions which undermine human dignity, presume consent, or threaten the notion of donation will be detrimental to the successful promotion of organ donation in this country."

Of course, this puts the legislation of a number of countries in a different position to the faith of the Church. This is the case on a number of moral issues. However, on the issue of organ donation, the strong words of the Philippine bishops do ring true.

Unless explicit consent to donation of organs is expressed by the donor during his/her lifetime or by his/her proxy at the time of death the emotive language of dispossession or plundering, or harvesting, or compulsory acquisition will arise in the community.

Promotion of organ donation in Australia
The Church's teaching is wise. It promotes organ donation as a "noble and meritorious act" and an "act of love".

In this country, the promotion of organ donation has, to date, respected the rights of citizens to donate their organs in a free gift. Australian citizens are growing in their understanding of the notion of organ donation and the rising generations are sympathetic to the needs and the good of organ donation. However, any actions which undermine human dignity, presume consent, or threaten the notion of donation will be detrimental to the successful promotion of organ donation in this country.

Why? Because, it will not be organ donation that is promoted but organ harvesting—and "we never use that term."