

Careful Thinking Episode 2 Transcript

[00:03] **Martin Robb:** Hello and welcome to this episode of *Careful Thinking*, a new podcast exploring ideas about care. My name's Martin Robb, and I'm the host of the podcast. *Careful Thinking* is inspired by a passionate belief that thinking critically about care can both deepen our understanding and improve the day-to-day practice of care. In each episode of the podcast, you'll hear either a thoughtful reflection on a key issue connected with care, or an in-depth conversation with a researcher, writer, or practitioner at the cutting edge of current thinking about care. For this episode, I'm very pleased to be joined by Xavier Symons. Originally from Australia, Xavier is currently a postdoctoral fellow at the Human Flourishing program at the Institute for Quantitative Social Science at Harvard University in the United States. In April 2024, he'll be taking up a new post as director of the Plunkett Centre for Ethics at Australian Catholic University. Xavier's research interests include ethical issues at the beginning and end of life, ethical issues in aged care, and pandemic ethics. I first came across Xavier's work via an article he wrote about care for people suffering from dementia, which was informed by some of the ideas and theories that have influenced my own recent thinking about care. I was also impressed by a more recent article that Xavier published on the role of hospitality in care, which references the writings of Gabriel Marcel, one of my favourite philosophers. These articles prompted me to get hold of a copy of Xavier's recent book on *Conscience and Conscientious Objection in Healthcare*, which I warmly recommend. You can find details of all these publications in the show notes for the episode. So, Xavier, welcome to *Careful Thinking*, and thank you for agreeing to take part in the podcast.

[02:01] **Xavier Symons:** It's wonderful to be able to join you today, Martin, thanks very much for the invitation.

[02:06] **Martin Robb:** To start off our conversation, I wonder if you could tell us a bit about your current role at Harvard and what you're working on at the moment.

[02:13] **Xavier Symons:** For sure. So I work for a social science research institute at Harvard called the Human Flourishing program. We're part of the Institute for Quantitative Social Science, which is in the School of Arts and Sciences. So, as the title of or name of the institute suggests, we're very interested in this idea of flourishing, what it is, what its determinants are, how it's distributed, and how it can be promoted. I'm a philosopher by training, and I bring to the program a strongly philosophical perspective on the topic of human flourishing, and some of the research I've been doing recently includes tracing the philosophical genealogy of conscience back to Aristotle, but then through the medieval scholastic period, through to more modern revitalizations of the virtue ethics and flourishing tradition in the form of neo-Aristotelian philosophy coming out of the Oxford philosophy department in the mid 20th century, but also positive psychology and virtue and character theory and educational studies. But I've also been doing some work on thinking about how we can improve and promote flourishing at different stages of life. So I think flourishing is a concept that to some extent can be understood with reference to a person's life as a whole, but also with reference to particular periods in a person's life. And specifically, I've been focusing recently on flourishing at the end of life, how we can help people with serious and terminal illness to not just be comfortable, free from pain, but also

to, in a certain sense, flourish despite the very challenging circumstances in which they find themselves. So that's been a focus for my recent research, and we also do a lot of public engagement in teaching. I'm currently working with a medical school in Rome, actually, to develop a core flourishing curriculum for their students there, and thinking about how the research that we've done at the human flourishing program, which is built upon the research portfolio of a professor of public health, actually, Professor Tyler VanderWeele, I'm thinking about how that research can actually inform the way we promote student wellbeing in academic contexts, particularly higher educational contexts. So working with this medical school in Rome, campus BMCO, to develop a flourishing curriculum for their students there. So I do a fairly broad range of projects in my role, but they're all very interesting. And hopefully, as a philosopher, I am contributing valuably to the discourse on human flourishing.

[05:12] **Martin Robb:** Thanks. That's a fascinating range of work. You're obviously a very busy person.

[05:19] **Xavier Symons:** It keeps me off the street. That's right.

[05:21] **Martin Robb:** So following on from that, that's really interesting, perhaps you could say something about what you did before, kind of how you got where you are today, what have been the key points, the key stages in your academic career so far, in terms of the kind of things you've worked on before you came to Harvard?

[05:38] **Xavier Symons:** So before coming to Harvard, I - well, first of all, I completed my PhD, which is in philosophy, and I completed that at the Australian Catholic University. And that was specifically focused on - my thesis was specifically focused on distributive justice and the allocation of life-saving healthcare resources. And I wrote that thesis just before the pandemic, actually. So I had quite a lot, I think, to contribute to the discussion of how we can justly allocate health care resources during conditions of scarcity and during healthcare crises like the pandemic. And that was a real, in a way, like a silver lining. I mean, it was a dreadful situation and dreadful few years for everyone, but I think that I could at least bring some ethical clarity to discussions about how we're allocating ventilators or vaccines and so forth, was, for me, a vindication, I think, of the value that serious philosophical research can have, the very practical value it can have, and even like policy implications that research can have. So, after completing my PhD, I began a postdoc, a postdoctoral research fellowship at the Australian Catholic University, where I, where I'd done my studies. But I was working specifically for a bioethics centre called the Plunkett Centre for Ethics, and I was working there as a researcher and also a clinical ethics consultant for several major Catholic healthcare and aged care providers in Australia. So that was quite an interesting role, and like my current role, I was wearing several different hats, doing high-level philosophical bioethics research, but also advising the Catholic healthcare sector and aged care sector on some of the challenges they were facing. And that's where I got interested in aged care ethics, actually, because in Australia a few years ago, there was a royal commission into aged care quality and safety, and there basically was - there were revelations about fairly egregious forms of neglect and even abuse that had occurred in the aged care sector in Australia. Patients being, or residents of aged care homes, being left without food, without medical care for long periods of time, misuse of psychotic medications to try and sedate

patients who were agitated or distressed, and other issues which I think pricked the conscience of the Australian public. And people realised, we need to do aged care better. We need to care better for older members of our community. So I actually ended up pitching a project to the Fulbright Commission, the Australian American Fulbright Commission, to do a research project on the ethics of dementia and looking specifically at how we can use philosophical models of personhood and dignity to inform ethical standards for aged care and improve the way, essentially, that we're caring for people with advanced dementia in the aged care sector. Because I think that one of the issues that came out in the royal commission was that this is not just an issue of short staffing or kind of poor training, but also an issue of a fundamental misunderstanding of the enduring dignity of people who are suffering from advanced dementia, from cognitive decline, and from related conditions. That these people, even though they may not necessarily be *compos mentis* as we might say, they - they're just as deserving of excellent care and compassion and support as any other member of the community. So that's how I got into that space. I'll talk a bit more about that later, I think, in this podcast. But I ended up going to the United States, to Georgetown University, to complete that project. I'm very grateful to the Fulbright Commission for funding that research, and then I eventually ended up here at Harvard. After completing that postdoctoral research project at Georgetown, I applied for the job that was being advertised, my current role at the Human Flourishing Program, and moved to Boston after a time in Washington, DC.

[10:52] **Martin Robb:** Thanks. As you say, there's a number of issues there, which I'm sure we'll come on to when we talk about your article on dementia that I mentioned earlier. Before we do, just sticking with your own background, I just wondered, Xavier, if there's anything in your sort of personal background, has your academic journey or your choice of research topics been influenced at all by your family or personal experiences of caring or being cared for? Is there anything in your personal experience that shaped your, your kind of academic direction, if you like?

[11:26] **Xavier Symons:** I think my mother actually was, in a way, I think, instrumental in instilling in me a strong ethical sensibility. I think Mum has sort of always been a person, I think, who has a strong sense of justice. And we were growing up as kids, she would tell us, like, when she thought something was wrong with society or with the way we'd acted, the way other people were acting. And she has a great sense of social justice. I mean, I also. I grew up in a family that has, I think, a strong anchoring in the Christian social democratic tradition, if you will. So several of my relatives have been involved in the Australian Labour Party and in the labour movement here in Australia. And I think, to some extent like that, that also informed my concern for questions of social justice. But it's not like, if you will, my tradition is not just a generic social democratic tradition. It's specifically coming out of, I think, Catholic social thought and principles like solidarity, subsidiarity, preferential option for the poor, principles of the dignity of every human life, and respect for the common good, concern for the common good. These are principles that I think were instilled in me from a young age, made, I think, working in ethics a natural progression, if you will, or a natural path to follow professionally, given that ethical formation I'd received as kids and then throughout my university years. So I also just read quite a lot, I think, as an adolescent, in, in this kind of general vein of Catholic social thought. So, I mean, I read a lot of what popes had written on this topic, *Rerum Novarum* and *Centesimus Annus*, these kind of papal

encyclicals written by Leo XIII and John Paul II and now Pope Francis, well, focusing on these social questions, and I think that did also form my thinking on these issues.

[14:09] **Martin Robb:** You've anticipated my next question. You've answered my next question, which was, it is obvious that your work has been shaped by your Catholic faith, and you've kind of pulled out the elements of Catholic social teaching, which has obviously been really influential on your own academic interests. So thanks, thanks for highlighting that. That kind of links to moving on to your article in the *Church Life Journal* on dementia, where I first came across your work. And you say in the article that you claim that a personalist perspective can help us to understand the person suffering from dementia better and also to provide better, help us to provide better care for them. So, difficult question to answer, but maybe I can ask it in this way. What do you understand by personalism? What do you think its fundamental tenets are? And how can personalism inform dementia care?

[15:00] **Xavier Symons:** So, I mean, for me, I think that the basic commitment of every form of personalism, because there's a variety of forms of personalism, is that persons are morally special and existentially special in the universe. There's something special about persons, and, I mean, there's a classical account of personhood according to which a person is a subsistent individual of a rational nature. I think that was Boethius's formulation, or Aquinas, building on Boethius as a kind of metaphysical statement about what a person is like, a kind of rational individual, if you will. And I think that there is a common commitment amongst personalists of different stripes, that there's something special about having that kind of individuality and capacity for rational reflection that makes persons morally special, deserving of our concern, and also, in a way, kind of wonderful, that there's something wonderful and magnificent about being a unique and unrepeatable individual. That's an idea that comes through in the work of John Paul II, I think, Karol Wojtyła, I've got this quote from *Love and Responsibility* that I use in the article, where Wojtyła notes that the human being is a single, unique and unrepeatable individual, sometimes thought of and chosen as someone thought of and chosen from eternity, someone called and identified by name. It's a deeply religious account of personalism, in a way, focusing on this idea from Scripture, that God has called each individual by name, that He is with us, and He has called us by name and kind of known us from eternity. But certainly I think that even in its less religious formulations, there's a sense in which personalists are focused on ensuring that society's moral and social norms reflect a recognition that every human person has an inherent and inalienable dignity. And we need to make sure that we are promoting and respecting that. And we're not kind of, if you will, becoming morally numb to the plight of persons in different situations of social disadvantage. So for me, I think that's really important in the context of dementia, because my concern is that there's a kind of social death that people with dementia undergo, not dissimilar to those experiencing racism or what have you, where they kind of become invisible to society. There's a sense in which they're physically present, but morally absent, morally kind of non-existent, not worthy of consideration. And that's a deep concern that I have in the way people with disabilities, physical and mental, are treated in our society.

[18:11] **Martin Robb:** That's really interesting. I was interested that you said part of the essence of the human person is this capacity for rational reflection, which, of course,

prompts the question, what happens when that's diminished, with the experience of dementia. It made me think of the feminist ethicist Eva Feder Kittay writing about caring for her severely disabled daughter, and she ends up locating personhood in a capacity for relationship rather than rational reflection. And I suppose that's really what, that's kind of one of the pivots of your article, isn't it? That actually, when some of those aspects of the person disappear, it doesn't mean that dignity of the human person has gone, and that there are other ways in which we can value people as, as human, as persons.

[19:05] **Xavier Symons:** Yeah, I can comment on that a bit, if you'd like. I think that's a great observation. I mean, I think that's a fantastic point to highlight. And I would say that it is true that rationality is a capacity that is undermined, at least to some extent, when someone is experiencing the effects of dementia, whatever kind of dementia it is, I mean, but I think it's important, first of all, to understand rationality and the personalist tradition as a more radical, kind of a radical capacity for being the kind of thing that under, under circumstances in which one's development or functioning is not impaired, one would express this trait in a very full sense of rationality, which is not to say that that's always the case, and that there are not situations where rationality can be affected negatively in different ways. And I also think it's important to highlight that in a way, like, there is no such thing as the full expression of rationality. Like, to speak about it as if it's this kind of two-dimensional scale, our concept is kind of very simplistic. So I think that we also ought to realise that in a way, even when we're at our best, so to speak, when we're in our prime, when everything's going well in terms of our physical health and social circumstances, we all still might - rational errors and where our judgment isn't the best - and we have limits in our intelligence. And, I mean, so in a way, it's a little bit of a myth. This idea of the fully rational agent, like the fully rational agent, does not exist. It's a fiction. It's a philosophical fiction. But also, I think, as you say, in a sense, like, part of the importance of rationality is that it allows us to enter into relationships with other people, other persons, and even when, in a sense, like, kind of, our ability to comprehend those relationships is compromised, I think there is something about a rationality conceived of as if you were like something that's, like, integrated into the core of someone's being. So rationality here being understood as a kind of a sort of a depth, an existential depth to the person almost, that I think is very compatible with even advanced forms of dementia, because, I mean, there is still a depth to the person. There's a history, there's a kind of emotional depth, there's a spiritual depth to the person that I think procures, even when the more proximate kind of visible manifestations of rationality may be absent.

[22:15] **Martin Robb:** Yeah, I really like that answer. Yeah. And in the article, something I really found fascinating was you discussed the way that people with advanced dementia can reciprocate care, and you linked to an article by some Norwegian researchers on dementia and relational ethics. Can you say something about the ways in which people with dementia can reciprocate care?

[22:42] **Xavier Symons:** So I think that in that particular article, I mean, there's evidence of how, I mean, even in situations where someone's suffering from fairly advanced dementia, they reciprocate the care of their carers through a certain attentiveness, affection, nonverbal forms of communication. I mean, even just through, in a sense, a smile, a touch, or simply helpful cooperation. They're recognising their carer as a person as well. And in a

certain sense, but understand, care is a form of, like, loving concern for another. I think that there is a way in which everyone can show care insofar as there's a kind of modicum of awareness. I think that loving concern can still be expressed.

[23:47] **Martin Robb:** Yeah, yeah.

[23:48] **Xavier Symons:** I mean, I mean, it's just like quite fascinating in a way that we have these assumptions. We think like, okay, well, when someone's really sick or kind of experiencing significant disability, then they're just going to necessarily be very limited in this area of showing, of expressing love and concern for others. But seems like the literature, yes, that's one of the last capacities that one could lose. Like, in fact, you think it might be one of the first, but in fact, it's like that there's that love can still be expressed or still be present even when someone is not particularly lucid. And then, I mean, the radical, the more radical argument that I make in the article is that, in a sense, love is an orientation of the heart. So it's not like you even have to be conscious, right, for that orientation of the heart to be present. And that's a kind of fairly deep philosophical claim that there's something that even transcends conscious awareness concerning the orientation, if you like, the orientation of our being towards a good that is expressive of love, and that that can be present even when someone is completely unconscious, completely not aware of the world or something like that. So that's what I would emphasize, I think, when we're trying to think through these questions of capacity, and I always like to put pressure on arguments that seem to make assumptions about the limited capacities of people with disability or serious illness.

[25:43] **Martin Robb:** Yeah, and I like that emphasis on mutuality. The first episode of the podcast, we were talking about relational care, some research with some of my colleagues on relational care, and the idea of the mutual give and take between carer and cared for. And I think what comes out from your work is, especially from your book, is that a personalist approach also sees the carer as a whole person and the whole person being present. Can we move on now to your other article that I mentioned at the beginning about hospitality, also in *Church Life Journal*, and you say that it's a term that these days, sadly, we tend to associate more with the hotel and catering industry than the care sector. So what do you mean by hospitality and why is it important for us to recover it, do you think?

[26:36] **Xavier Symons:** So, in my understanding, hospitality is a very broad concept. And I think in a certain sense, I mean, we need to think about the Latin roots of the word hospitality, like *hospes* means stranger. So in a way you can think about that etymology and wonder, okay, well, what is hospitality then? If we're, if we're starting with a stranger and the answer is that hospitality is welcoming the stranger. And classically, there are these examples, I think, from Greek culture, of norms of hospitality, that you would welcome people who are on a long journey and needed lodging and food at a particular point in that journey, you would welcome them into your home. And that was a kind of social norm. And then in the early and early Middle Ages, and also throughout the Middle Ages, there were Christian institutions known as *xenodochia*, which are like, essentially, once again, places of refuge for strangers, for those who are journeying far from home or found themselves far from home for some reason. And these places would. These institutions, they were like all-purpose social welfare institutions. They provide refuge, so lodging, but also healthcare and

even spiritual support for people who were either travelling and needed that, or even those who were experiencing social ostracism. So why am I introducing these historical anecdotes in giving an account of hospitality? Well, I think in a sense, like, as I mentioned, hospitality is to welcome the stranger. But if you want to give it its broadest framing, it's in a way like welcoming the, the stranger, another human being, into our hearts. And I think giving them refuge from the existential isolation that all human beings experience in life in a variety of forms, perhaps the most salient of which is physically being far from home or physically feeling like one is in a place that is foreign, but in a sense, also like existentially experiencing isolation. And then hospitality being the response of another human being to that condition where we say to someone, in fact, through our actions, we say to them, you are in fact, welcome here. And we welcome them into our hearts, and also through physical gestures that demonstrate that welcome. The hospitality, for me, is, um, to welcome the stranger, understood both in a literal sense, but also in a, you know, in a spiritual, existential sense, yeah.

[29:46] **Martin Robb:** And in the article, you, you referenced Marcel and his concept of *disponibilité*, which I think you admit, there's no easy English translation - could be availability, more positively could be disposability. And I was interested that you did connect hospitality and *disponibilité*. Can you say a bit about how you think those two are connected?

[30:11] **Xavier Symons:** So, I mean, I think that this vulnerability is a really thickened concept here because it highlights the sense that we, like hospitality, can't just be superficial. And I think that that is a risk, particularly in a way, like in the highly bureaucratised, stretched, rationalised health systems and aged care systems in which we work. Then, in a sense, we can reduce these very rich human concepts to very superficial minimum criteria, like making sure that someone has a comfortable bed, something like that, or making sure that someone is attended to, that they're not just waiting for attention for several hours. I mean, there's these kind of minimum criteria, we could say, but in a sense, and even just providing, if you will, like a good minimum of care. But in a sense, to be available to someone, in Marcel's sense of the word, is like, to, to be available in every aspect of your being. So not just putting your professional expertise at the service of the person, but also, in a way, being emotionally available, being spiritually available, just being friendly and open in a way, to the richness of the person with whom you're dealing, whatever that may entail, because you never really know maybe what a patient's going to say to you in a consultation, or you never really know what might come up when you're just taking away the tray of someone in an aged care home who you're caring for. Like, you never know kind of what, sort of, may arise in the day-to-day course of your job. And I think to be available to people, to be open to unexpected occurrences, unexpected interactions, overtures where someone might actually want to talk about something that's deeply meaningful to them, like, to have that, if you will. that willingness to, I think, go on above and beyond the call of duty, I think, is part of what it means to live hospitality in health and aged care. I think the challenge, of course, is that we're talking about health systems and aged care systems that are incredibly stretched. And in a sense, there are these concerns about issues like compassion fatigue or burnout that can happen if one makes oneself - arguably, the argument might be - too available if one gets too emotionally invested in these concerns, like hospitality. But I think that's a false dichotomy. I think that it is true to

say that we need to address these very serious, systemic issues in healthcare, like underfunding and short staffing. And I think the intense pressure that medical professionals, for example, are placed under today. But I also think that, in a way, the issue really, at its heart, in terms of, like, a lack of hospitality in health and age today, relates to a kind of secularisation, a reductionism in the way we think about medicine and aged care, where we basically lost sight of the given person who is at the centre of these enterprises, these social practices, and we've essentially focused more on the science rather than the art of health care and age care.

[34:22] **Martin Robb:** Yeah, I think, once again, you probably answered my next question, because you say in the article that today the principle form of hospitality and healthcare is probably via chaplaincy services. But you also say it's a responsibility of all healthcare practitioners to practice hospitality. And my question was going to be, how can busy clinicians and other practitioners achieve that? And I think you're saying it's a kind of both, and it's kind of a personal change, but it's also, there needs to be systemic, contextual frameworks that allow for that kind of hospitable availability kind of relationship.

[35:00] **Xavier Symons:** That's right. Yeah. I would say that there's complementarity between chaplaincy care and medical care in meeting the needs of patients. And we ideally will have systems that have very good, well-resourced chaplaincy services, in addition to having excellent medical resources available. I think that we need to find these, these modes of delivering healthcare that really do, in a way, like, care for the whole person and the needs of the person, both physically and psychologically, but also spiritually and existentially. And I think that is the future, in a way. It's not that we're asking, like, doctors to become like chaplains or nurses to become counsellors as well, but I think that there is a sense in which everyone, to some extent, needs to be at least open to this domain of human experience and human life, be aware of it. And then also, ideally, like that, we promote awareness at the, the health and social benefits of spiritual care, which are quite profound. We've been doing some research on this at the Human Flourishing Program, and it seems that it really does improve patient wellbeing. Like, to even just take a spiritual history of a patient, let alone ensure that chaplains are available for sessions with the patient, and the patient is able to participate in spiritual practices that are meaningful for them, it all helps immensely, it seems so. We do well as a health system, I think, just to recognise that, as a bare minimum, the benefits and probably cost savings, if you even want to get in that direction, that this might bring if we adopted these, I think, multimodal approaches to treating illness.

[37:12] **Martin Robb:** Yeah, I agree. So let's turn finally to your book, Xavier, which you published just last year, *Why Conscience Matters: A Defence of Conscientious Objection in Healthcare*. I'm going to ask you the impossible question. Can you sum up the message of the book in a few sentences? Why does conscience matter for healthcare?

[37:32] **Xavier Symons:** So the first thing I do is take a brief step back and emphasise that I think conscience is a misunderstood idea in philosophy. And, in fact, it's dropped off the radar of philosophers in the last 50 to 70 years. And I think that's a problem, because I think that conscience is relevant to moral life and professional practice. So it's relevant to moral life, because in the end, conscience is, is just moral reason viewed under a particular aspect.

It's the subjective reception of objective truth. And it is, in a way, the moral life. It's kind of like, without conscience, you don't have a moral life. Without a conscience, you are not morally aware, if you will, you are not a kind of morally aware agent. Conscience matters to moral life because we need that basic moral awareness, I think, to be virtuous moral agents, it matters to professional life because we need a basic moral awareness in professional life, I think, to pursue the goods that are at the heart of professional practices. So I have a very Aristotelian way of understanding professional work, and that is that it's a social practice, like medicine is a social practice, or education and so forth. And there are goods at the heart of these practices. Health, in the case of medicine, or healing or relief of suffering, education is directed towards knowledge, and I think even moral formation of people. And that conscience matters because conscience is the capacity whereby we discern how to best realize those goods in particular situations. Conscience is about, like, moral and technical judgment in that way. And like, surely we all agree that good moral and technical judgment matter for healthcare. So I think the risk of introducing conventions, regulations, laws that restrict the exercise of conscience in healthcare practice is that you, in fact, undercut the cultivation of good moral and technical judgment on the part of healthcare practitioners. And that doesn't benefit anyone, it doesn't benefit patients, it doesn't benefit hospitals and health systems, and it clearly doesn't benefit the actual individual themselves who is being asked to suppress their deepest moral commitments and their moral perception, yeah.

[40:17] **Martin Robb:** And in the book, you argue that restricting conscience has a negative impact on the practitioner, and therefore a knock-on effect on the practice of care. And there's obviously a vision behind that of the, as you say, the care practitioner as a moral agent, the virtuous practitioner. Again, the influence of virtue ethics that you mentioned earlier, rather than just being someone who delivers a service, they are a moral agent. You mentioned Alistair MacIntyre and personal institutional integrity. Has MacIntyre and virtue ethics been an important influence on your thinking about this issue?

[40:57] **Xavier Symons:** Yeah, I think that MacIntyre is the philosophical influence that no matter how hard I try to sort of, if you will, innovate and kind of also draw on other sources, I think he's very central in my philosophical perspective on ethics and political philosophy. So - and he's a tremendous philosophical, I think, influence on, on so much of late 20th century virtue ethics, but also just, yeah, political philosophy, social philosophy generally. So, yeah, MacIntyre, I think, is recommended reading for anyone, I think, who would like to understand contemporary ethics or contemporary social thinking in particular in the Catholic tradition, better. If you wanted to do that, I think MacIntyre is a good place to start that.

[41:57] **Martin Robb:** Yeah, I'd agree. So, obviously, the principal issue where conscientious objection in healthcare has become contentious in recent years is abortion. But you also write in the book about conscience and end of life issues, which obviously have come into sharp focus recently with the MAID - medical assistance in dying - law in Canada and assisted suicide measures elsewhere. So can you say something about the relevance of conscientious objection for end of life care?

[42:26] **Xavier Symons:** I think that the - there's something very fundamental to the professional formation of many doctors about the idea that doctors shouldn't end the lives

of patients, that medicine is about healing and trying to restore people to help where possible. It is also about the relief of suffering that that's understood in a very specific way that I think in the minds of many doctors is fundamentally incompatible, compatible with euthanasia. So, I mean, I see in particular a very profound tension between the ethos of palliative care as it's developed over the past 50 years or 70 years. And if you're the ethos of the medical assistance in dying regime in Canada or the assisted dying regime in different Australian states, I think that the argument of the euthanasia lobby is that this is just another end of life option amongst others. But the response of those involved in palliative care and related medical disciplines is that, in fact, no, this is not just one option amongst others. This is an option which fundamentally undercuts the ethos of the work that we're trying to do, which is that death is a natural part of life and it should no longer neither be hastened nor unnecessarily prolonged. So I think that, to me, seems like a pretty reasonable perspective. And in the end, with conscientious objection, we don't try to say like, we should allow conscientious objection because these people are right necessarily. Like, it's more like, all you really have to do is to show that it's a reasonable perspective, like one that we can't in good conscience just ride roughshod over as if this were a military context. Or, and I should add, like, even in the military, I think that conscientious objection is important, in some contexts at least. So, yeah, so, I mean, my perspective is that there are good arguments for allowing conscientious objection in not just the context of abortion, but also end of life care, and that sadly, those conscience rights or liberties are not being respected as well as they could be in places like Canada. So I think that's an issue.

[44:57] **Martin Robb:** But you do strike, at one point in your book, you do strike a more positive note when you talk about some current strands in popular thinking. You mention standpoint epistemology, 'Me Too' movement, Black Lives Matter, which might mean that people are more open to some of your arguments. So are you optimistic that arguments about the role of conscience might get a more positive reception in the current climate?

[45:20] **Xavier Symons:** I think that there is a - I'm just trying to think of the best way to phrase this. Like, there is a - a point of reference within contemporary culture that you can point to and draw upon to help people to understand why conscience matters. And it's precisely those sorts of developments that you've highlighted there. I think these social developments, these social movements that rely on a kind of epistemology that I think recognises that if an individual says something matters, that just by the very fact that they've said that, that something matters to them, gives that claim a kind of epistemic strength because it's originated from the agent themselves. I know myself best to some extent, and I think obviously this all sorts of complex philosophical discussion that can take place in this, in this space, like questions about, like, our own, the verticality, if you will, a veracity of our own self perceptions and our own understanding of ourselves can be clouded in all sorts of ways. But I do think, in general, people recognise, like, that when someone sincerely expresses a particular claim about something being wrong or right in their best estimation, like that they've thought seriously about something and that they believe it to be true. I think that there's a lot of people who would say, okay, well, we need to actually pay attention to that. Like society has throughout the 20th century, in various ways, I think, like, tried to erase the individual and ignore the, if you will, like the rights and autonomy of individuals. And we're getting to a point now where we're saying no. I mean, I think that the liberties of the individual, the, I think particularly like minorities as well, which

is important in the context of the movements you've mentioned, those really matter, and we need to give a kind of special importance to those perspectives. So there's a kind of analogy in the conscientious objection debate, because sometimes conscientious objectives are cast as the villains in the story, like they're trying to impose their views on others, but I think really, when you look at it, I mean, they're vulnerable. They're scared, scared, they're in these vast, impersonal healthcare institutions, and they just want to do what they think is right. And I don't necessarily want to cause a big fuss about it, but they do feel like they need to act in accord with their deep beliefs. And that, I think, is something that we should respect.

[48:28] **Martin Robb:** Thanks very much. That's been a really helpful summary of the book, and I would recommend it to, to our listeners. So, pulling back from that, I think this is my final question, Xavier. Are there any other thinkers or particular books or articles that we haven't mentioned that have been important to your work on the ethics of care, or doesn't matter if you mentioned them before, who would you say are your principal philosophical guides in this work? I mean, you've mentioned a few. You've mentioned personalism, you mentioned John Paul, you've mentioned Aristotle, MacIntyre. Is there anybody we've missed?

[49:03] **Xavier Symons:** So, I mean, I think Eva Kittay is as well, like an influence. I think also the recent work that Carter Sneed has done, I think, in his book, *What It Means to be Human: The Case for the Body in Public Bioethics*. I think that's a nice articulation of a different approach to bioethics that emphasizes human relationality and vulnerability and tries to build an ethics based on that. And then I think, I mean, for me, like, actually, perhaps one of the biggest philosophical influences understood in the broad sense of the word, was the example of nuns in the aged care homes that I volunteered in as a kind of young adult, I think going and actually just helping out at nursing homes in Australia and seeing the dedication and service and that legacy of service that these nuns had, I helped out, I remember, in Melbourne at St. Joseph's Nursing Home in Northcote, and that's a Little Sisters of the Poor nursing home. And I think, I mean, just to see the, like, profound emphasis on the importance of care, that's part of the spirituality of these religious orders. For me, like that was, I think, a very formative experience and something that really brought home to me how this is not just a good thing to do or one good thing amongst others, but like that, we're really focusing on something that's an essential need of human beings to be cared for by others. And that as a society, like, we don't lose of that. We don't lose sight of that. I think it's part of what it means to maintain a sense of the dignity of every human life.

[51:21] **Martin Robb:** That's a really nice, important note to end on. Thanks very much, Xavier, thanks for an absolutely fascinating and really rich conversation, Xavier, and I think we've managed to cover a lot of ground, but I think there's much more we could talk about if we had more time on each of those issues. So it's been a great pleasure talking to you, wish you all the best in your future work, and I think it's really valuable work you're doing, and I sure look forward to following your work in future years when you return to Australia. So good luck with that.

[51:51] **Xavier Symons:** Thanks very much, Martin, great to be on the show.

[51:54] **Martin Robb:** So that's all for this episode of *Careful Thinking*. You can find full details of the episode in the show notes below. If you like what you've heard, please subscribe wherever you get your podcasts, and if you'd like to offer feedback on this episode, you can send an email to carefulthinkingpodcast@gmail.com. See you next time.