

First, may I thank you for the opportunity to speak to you tonight. I want to share my personal views about palliative care, although I realise that I am very much a novice in this area.

There has just concluded in Sydney a “Festival of Dangerous Ideas”, at which a number of international luminaries displayed their intellectual feathers and stirred up brave new ideas, hoping to change the way things are and build what would be (in their view) a better world.

A noble, if dangerous, idea in itself! But history shows that minds are changed, lives are changed, the world is changed not by ideas but by personal experiences, not by mere thoughts but by actions that touch the core of our humanity, that speak great and important truths to the depths of the whole human person - not just to the mind or the heart, but to the total person.

This is, perhaps, just another way of capturing the truth in Oscar Wilde’s famous dictum: *nothing that’s worth learning can be taught*. I take that to mean that words alone can’t always capture or communicate great truths - sometimes only personal experience can do that.

We saw something of that in action in WA in the recent debate over euthanasia. So much of the passion on display was born of individuals’ personal experiences of suffering - of sitting by a mother or father, a husband or wife, as they endured illness, as they died. No one can challenge the reality of those experiences, or the fact that they are sad and harrowing and painful. They sear the heart and the mind with a knowledge that cannot come any other way, and that is ultimately beyond analysis - it just is true, and that’s all.

But it is because we do experience those harrowing events that we can and must ask important questions about them, questions about suffering and illness and death. We need to try to understand them, so that we can talk about them, and hopefully then make some sense of them.

I hasten to emphasise here something we all know: that ‘to try to understand suffering’ does not mean ‘to try and make suffering go away’. In fact the dynamic is quite the reverse: it’s because suffering won’t go away that we have to try to understand it, to make sense of it, to ask ‘what does it mean?’. Beneath this question is a conviction that everything in life has a

meaning - not 'it is there for a reason', as though it would be easier to bear if I knew why it happened - but 'it has a meaning' that enables me to locate it in the landscape of my life, to find some kind of peace with it - to find peace with the experience of suffering, even if grasping its meaning doesn't make it go away.

It seems to me that suffering of any kind confronts the sufferer with their own frailty, indeed with the possible disintegration of their world and perhaps of their very life. What was previously a relatively balanced and controlled grip on life becomes radically unbalanced and out of control because of pain and distress; in that loss of equilibrium I taste the threat of my own disintegration - the inevitable dissolution of everything I am, that everything I have valued and still value can so easily dissolve into nothingness. I am confronted with the fragility of my self, and I can't deal well with that experience because the suffering I endure is taking up all my psychic energy. So I am taken to the edge of life in a radical way.

But if I am lucky, my suffering stirs up compassion in someone else, and that person comes to help me. In the Christian tradition, that is the core meaning of the parable of the Good Samaritan, an image that has entered our secular vocabulary as well: one person being touched by the suffering of another, and stopping to render help.

I could expand on this image at some length, but I suspect we are all on the same wavelength anyway. You know better than I how that plays out: it is the driving dynamic of palliative care in every form. What I want to do instead is to reflect what I think that means, and to do that I want to draw on my own little experience of palliative care right here in the Murdoch Community Hospice.

On 11 November last year I took up an invitation to accompany a ward round here. I really didn't really know what to expect, so I was quite prepared just to observe the interaction between the clinical staff and the residents. And I remember being impressed by the way the staff all did what we had been taught to do in hospital ministry: don't stand over the patient, get yourself to the same level for conversation, that sort of thing.

Of the 20 rooms here we visited 16: most residents were in for symptom control, a few for respite, and a few were coming to the end of their journeys. I can't remember every detail of every resident, but three in particular stand out in my mind:

- An elderly man in bed, his wife sitting beside him, chatting easily. This was the first time in weeks they had been able to do that, because now his symptoms were under control - no longer an obstacle to their life-long companionship.
- A younger man with motor neurone disease, again happy to have his symptoms under control. The staff were able to offer him options for the future, and that gave him a lot of satisfaction - in the face of an advancing and ultimately terminal illness, he could yet look forward with confidence.
- Most moving of all for me was a woman, 37 years old, mother of two boys, probably within days of death from metastatic breast cancer. She was sitting up in bed, eating - and enjoying the sensation of taste for the first time in weeks, she said 'I can't get enough of this food!' . She had had her hair done, and was about to be taken outdoors to sit in the garden for a while. The staff asked what else she would like, and she said 'a leg massage' - so that was arranged. And as we were leaving her room she asked one last question: 'Please can I stay another week?'

As I came away from Murdoch that day I felt I had been privy to something extraordinary: the effect of compassion on those who suffer; how generous things done gently and with love can have huge impact, maybe because those acts of kindness so starkly contrast with the patient's experience of confronting dissolution.

And I have told these stories many times since, and I have become an advocate for palliative care every time I have the chance. And I thought that it was all about what good people can do for those who suffer.

But it is about much more than that, isn't it? It is about rediscovering a truth of our deepest human nature: we are not isolated individuals, each having to face our end relying on our own resources; we are persons connected in networks of relationship, relationships marked by goodness and generosity and compassion, networks in which we support one another, and which sustain and lift us up when we are frail.

It is about learning again the immense power of simply doing good for others: how in great human darkness even small acts of kindness take on an incredible brilliance; and how in that light - the light shed by kindness - even the shadow of death loses its power to intimidate.

I thought palliative care was about ‘people who are living’ helping out ‘people who are dying’, but that doesn’t capture it either. And I was told that palliative care is not about ‘dying well’ but about ‘living well’, and I initially thought that it was just about helping the dying to live well. But it isn’t.

What I have come to know - not because anyone told me, but because I experienced it for myself (if somewhat vicariously) here at Murdoch - is this: when we do palliative care really well, we all live well. We engage in truly being human, with all that ‘being human’ means at its best, when we embrace those in need.

When we do palliative care well, we are the best kind of human society we can be - a true human community. We aren’t vanquished by the thought of dying, or by the experience of suffering, because we as a community - not we as individuals who happen to live in the same city, but we as a community of persons - find within our collective goodness all the strength and courage we need to face even our own dissolution. And if we can face that, we can face anything.

The suffering of one calls forth compassion from others, but the benefits flow in both directions. It is my personal belief that in that kind of community we don’t need laws for euthanasia - if we were really open to learn the lessons of palliative care, perhaps we would not try quite so desperately to escape the experience of suffering.

Palliative care can reveal a depth of richness and meaning in human life that we are in danger of losing. When it is done well it has the potential to influence every level of our common life, not just the lives of those facing death, because it cuts through to the heart of what it really means to be a human being.

For that reason I want to encourage strongly your work in palliative care and your efforts to expand and make more accessible this essential service.

And I thank you for your work : on behalf of all those you have helped, and all those you will help, and on behalf of all of us who need your help but don’t even know it - I thank you for nourishing in our community a great truth of human life.

Father Joe Parkinson