Q&A with DAVID MAHER:
A shifting marketplace, government cuts and the future of aged care

THE DIFFERENCE WE MAKE:
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RESPONDING TO SEXUAL DIVERSITY:
How should Catholic aged care facilities care for LGBTI people?

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How should a Catholic aged care facility best care for any of its residents who are lesbian, gay, bisexual, transgender or intersex (LGBTI)? This is perhaps the first Australian article to address this question from a Catholic perspective. It has four sections. The first three follow the YCW Method of See, Judge and Act. Thus, we explore the experience of LGBTI persons in this country (SEE), reflect on this in the light of Catholic teaching (JUDGE), and then discern what a Catholic aged care facility should be doing (ACT). A final section tells the story of Pope Francis and a transman named Diego Neria Lejárraga. This illustrates the sort of care which we should strive to provide.

See

Numerous studies back up what is probably our own intuition. LGBTI people in Australia have significant experiences of discrimination, stigma, social exclusion, verbal abuse, harassment, bullying, and even violence. And – no doubt related to this – LGBTI people have significantly higher rates of mental health issues including anxiety and depression. LGBTI people in Australia belong to a group which is disadvantaged and sometimes struggling.

What about older LGBTI people? The literature tells us that many older LGBTI people’s sense of who they are is still significantly shaped by the discourse of the 1950s and 1960s, which saw them as sick, sinful or even criminal. A strong sense of fear has run through their lives. Often, they have coped by hiding their LGBTI identity—a strategy which sadly has often had significant personal costs, ranging from feelings of isolation to mental health issues. A significant fear for many older LGBTI people now is that residential aged care will once again force them to conceal their LGBTI identity. They particularly fear this in connection with services run by religious organisations like the Catholic Church.

For all these reasons, the Aged Care Act 1997 (Cth) includes LGBTI people in its list of groups who have special needs within aged care. In 2012, the then Commonwealth Department of Health and Ageing issued the National Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Ageing and Aged Care Strategy. Every Catholic aged care provider should be familiar with this resource. It notes that the Department will “report progress against this Strategy annually,” and that “there will be public accountability for progress.”

Judge

Catholic teaching about LGBTI issues is contained in a number of international Catholic statements, including a 1986 Letter on the Pastoral Care of Homosexual...
Persons. Thus, for example, Catholic teaching holds that transsexualism should be treated not with surgery but with psychological counselling. It also holds that there should be no legal recognition of same-sex marriage. Now, the staff of Catholic health, aged and community care services in Australia are diverse, and includes both Catholics and non-Catholics. Given this diversity, it may be that some people might not agree with Catholic teaching on some of these matters. Even so, these are the ethical standards which Catholic institutions must follow. A Catholic institution cannot take any position which is contrary to this teaching.

For our purposes here, it is important to note that the Catholic Church opposes homophobia and transphobia. “It is deplorable,” the 1986 Letter states, “that homosexual persons [and any other LGBTI persons] have been and are the object of violent malice in speech or in action. Such treatment deserves condemnation from the Church’s pastors whenever it occurs.”

What is more, the Catholic Church also commits itself to the pastoral care of LGBTI persons. Thus, the 1986 Letter states: “The phenomenon of homosexuality…is a proper focus for the Church’s pastoral activity. It thus requires of her ministers attentive study, active concern, and honest, theological well-balanced counsel.” Catholic teaching probably does need to be more explicit about bisexuality, diverse gender identity, and diverse intersex status, but this commitment can reasonably be extended to all LGBTI persons.

This Catholic teaching should guide us as we plan our response to older LGBTI persons in Catholic aged care.

Act

There are at least four areas to consider: policy and procedures, respectful engagement, staff education and training, and a mechanism to receive and resolve complaints.

(i) Policy and Procedures

While a lot can be done without this, my first recommendation is the development of a formal policy and procedures. The Australian Government has identified a number of groups with special needs within aged care, and one way forward would be to develop a policy and procedures on diversity in general, and to include commitments to LGBTI residents within this. This may be a work in progress which can be developed and expanded over time. The development of policy and procedures in this area eloquently demonstrates that we are striving to take diversity seriously.

This policy and procedures should include a Public Statement about our desire to welcome and embrace diversity. This Public Statement should be included in welcome material on intake. It should also be featured on the organisation’s website, displayed as a poster on the walls, and so on. As well as information about other diverse groups, it could include the following affirmation:

If you are lesbian, gay, bisexual, transgender or intersex (LGBTI), you can speak with us about this. It can take courage to do this. Even so, it helps you to feel at home, and it helps us to give you the best care. One person you can speak to is _________.

(ii) Respectful engagement

While I have seen this suggested, I do not believe that there should be a standard question about LGBTI status on intake. My advice is that there is too much risk that this might cause some people to lie. At the same time, intake staff should know how to respond if someone does disclose their LGBTI status. For example, the intake staff could say,

“Oh, I’m so glad you told me! At XYZ Care, we try hard to welcome and embrace everyone. Now, I’m not the expert here, but ________ is our Diversity Officer, and she’s really lovely. Would it be ok if I told her what you said, and asked her to have a talk with you?”

One of the strengths of Catholic aged care is our pastoral carers, and many of them would be natural leaders in respectful engagement with LGBTI residents. Sometimes, as pastoral carers get to know the residents, they may begin to wonder about someone’s LGBTI status, and they may decide respectfully to ask. It is important that this question should not cause someone to lie. For example, they might say:

I have a question to ask you. But I want to check first if it would be ok to ask this question. It’s a question about your sexual orientation – whether you might be lesbian/gay. I don’t want to ask this question if it would make you uncomfortable. So let me ask first if it’s ok for me to ask this question.

In some cases, someone may make it clear that they do not want to answer this question, at least at this time. That decision should of course be respected. Even so, this question still plants a seed. Perhaps they will come back to speak with us at another time.
If someone does disclose their LGBTI status, there are many other things which we should do. We should assure them of confidentiality unless they give us permission to disclose their status to anyone else. We should ask whether there are special people in their life who are really their family of choice, and who should really be their substitute decision maker. We should also ask them to speak to us if anything is said or done which is hurtful to them as an LGBTI person, and we should tell them about the mechanism to receive and resolve complaints.

(iii) Staff education and training

There are external agencies which provide LGBTI training. A good way forward is to send two relatively senior staff to external LGBTI training, and then to have our own staff deliver our organisation’s internal training.

Education and training should help staff to understand what words, behaviours and attitudes are not acceptable because they are homophobic or transphobic, and to identify what words, behaviours and attitudes are acceptable and expected. It should also advise them who they should speak to if they have questions about what they should say or do themselves, or if they have concerns about the words, behaviours and attitudes of others.

(iv) Mechanism to receive and resolve complaints

Some mechanism to receive and resolve complaints is needed, and it should be clearly set out in an organisation’s policy and procedures. The aim should be not for a punitive mechanism, but for a light touch which can still effectively resolve concerns. Mistakes probably will be made. We should accept this. But mistakes must be faced and resolved. At the same time, it must be made clear that serious or ongoing issues could result in the discipline of staff or even dismissal from employment.

Pope Francis

Let us conclude with the story of Pope Francis and Diego Neria Lejárraga. Diego is Spanish. He is now 49 years old. He is a practising Catholic. Diego was born a woman (assigned female at birth). He was transgender, and for many years endured what he called living in “a body that felt like a prison that absolutely didn’t correspond with what my soul felt.” Diego didn’t do anything about this until after his mother died. But a year after her death, when he was 40, Diego began to transition to male. He had surgery mid-2014.

Diego reports that his bishop was always supportive and very good to him. However, the local parish priest called him “the daughter of the devil.” And parishioners said that after having had this surgery, he shouldn’t go to Communion any more. As a result, Diego was afraid to receive Communion.

Diego wrote to Pope Francis. He asked a very sad question. He asked whether there was a place in the church for someone like him.

In the Catholic calendar, December 8 is the feast of the Immaculate Conception. It is obviously a special day for Pope Francis, for he decreed that on 8 December 2015, the Extraordinary Year of Mercy would begin. A year before that – on 8 December 2014 – Pope Francis gave us a parable of mercy.

On that day, Diego’s phone rang. “Soy el Papa Francesco,” the voice said in Spanish – “I am Pope Francis.” They talked for quite a long time. Indeed, in the early stages, it was mostly Diego who spoke, and the pope who listened. Eventually Pope Francis did speak. This is what he said: “God loves all his children, however they are; you are a son of God, who accepts you exactly as you are. Of course you are a son of the Church!” Note that when he spoke to Diego, Francis used the preferred gender.

Pope Francis learnt that Diego was engaged to be married. His fiancée is an attractive woman whose name is Macarena. Francis wanted to meet both of them. And indeed, Diego and Macarena did go to Rome, and met Pope Francis at 5pm on Saturday, 24 January 2015. Francis met them not in his office but at his home at the Santa Marta guesthouse.

Pope Francis embraced Diego. Diego will not discuss the meeting itself, insisting that it was private. However, he has said, “The meeting was a wonderful, intimate, unique experience that changed my life. Now I am finally at peace.” And that’s what it’s all about. The Pope has given us an example of how Catholics should respond to people who are LGBTI. The recommendations in this article are to ensure that in every Catholic aged care home we will be able to do what Pope Francis has already done.

A longer version of this article with references is available on the Centre’s website at http://chisholmhealthethics.org.au/system/files/2015_12_07_bulletin_20.3_autumn_2015_0.pdf.