Meeting notes May 2020

*Resilience dictionary definition = able to jump back to shape/recover into from after stretching stressing.*

Life is a battle No-one ever promised that life would be easy- actually if we expect obstacles- we can develop a sporting Spirit - another victory or failure to learn from!

Fortitude- Moral Virtue CCC 1808

Human and Supernatural virtue, we cannot do it alone\_ we have each other & more importantly we have God on our side.

One of FOUR CARDINAL VIRTUES CCC -The cardinal virtues 1805 - firmness in difficulties

Also one of THE SEVEN GIFTS OF THE HOLY SPIRIT CCC1830 PENTECOST!

"When I am weak then I am strong" 2:Cor12:10

Our natural weakness should not hold us back as we can rely on the infused virtue of fortitude, but even this requires our personal effort. We can waste a lot of energy upset about things- we can get more done when we are serene -**Cool head**

Fortitude Strength in difficulties

Constancy in the pursuit of the good.

Gifts of Holy Spirit permanent dispositions to listen. No rush or anguish.

Soul overcoming body

Despite failures- see strength in Him - ask for faith to overcome selves e.g. moods,

It is heroism to keep quiet to **overcome feelings**.

Demanding, Patience, serenity, finishing things off, perseverance.

**Perseverance** even though internal & external obstacles appear.

We maybe think we are wasting time on something no -one will ever be grateful for!

But that attention to detail, checking the dose, or perseverance in looking at the boring list of problems or calculations (only a decimal point!). Persevere in what we see we are supposed to do - it may be precisely what is needed- though seems insignificant. Martyrdom is a rare demand! What He wants- comes to us through human beings.

Not only may make a difference to someone’s life, but also may cause rejoicing in heaven!!!

Not to complain - Do we complain?

God is our strength if impatient bite tongue, and then get stronger.

Saints not idle but ready to overcome obstacles.

To not take offense, to not be jealous when someone else is praised - the other Dr, Nurse or pharmacist always did it this way- does it matter what OTHERS THINK? Strength of Spirit- Serenity when receiving blows - angry, emotional, affectionate (?)

Maybe we can have the humility to learn?

People who can lead! Not soft

The sanctity God asks of us is not only demanding, it is **heroic**. We are not greenhouse plants.

The following SCHB article was published in ***The Herald***:

[Agenda: Right to life does not depend on age or disability](https://www.heraldscotland.com/opinion/18419498.right-life-not-depend-age-disability/)

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|  |  | **Agenda: Right to life does not depend o...** |

You may be interested in a nice little piece in the Spectator by Michael Wee that raises concerns about DNACPR decisions and also exposes the way Compassion in Dying are seeking to exploit this pandemic to push their own agenda.

<https://www.spectator.co.uk/article/coronavirus-and-the-misuse-of-do-not-resuscitate-orders>

other references

[Best interests versus resource allocation: could COVID-19 cloud decision-making for the cognitively impaired?](https://jme.bmj.com/content/early/2020/05/20/medethics-2020-106323?utm_source=alert&utm_medium=email&utm_campaign=jme&utm_content=latest&utm_term=27052020)

Early responses to the pandemic have demonstrated a devaluing of the more vulnerable in society. Coupled with the practical difficulties facing the best interests process, we suggest that there is a very real risk of decisions being made which are not in the best interests of cognitively impaired patients—especially if such patients become infected with the virus and require invasive respiratory support.

In particular, doctors must consider the reasons behind decisions they are making about the care of patients who lack decision-making capacity—are they being made in the best interests of that patient, or are other factors influencing them?

Parsons JA, Johal HK

Best interests versus resource allocation: could COVID-19 cloud decision-making for the cognitively impaired?

*Journal of Medical Ethics*Published Online First: 06 May 2020  doi: 10.1136/medethics-2020-106323

[Whose life to save? Scarce resources allocation in the COVID-19 outbreak](https://jme.bmj.com/content/early/2020/05/20/medethics-2020-106227?utm_source=alert&utm_medium=email&utm_campaign=jme&utm_content=latest&utm_term=27052020)

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| https://s.yimg.com/lo/api/res/1.2/G8V50EII3Wh51Qb6RErIKw--~A/Zmk9ZmlsbDt3PTgwO2g9ODA7YXBwaWQ9aWV4dHJhY3Q-/https:/jme.bmj.com/sites/default/files/highwire/medethics/46/5.cover-source.jpg.cf.jpg |  | **Whose life to save? Scarce resources al...** |

Professionals are considering the prioritisation of patients most likely to survive over those with remote chances, and this news has triggered an intense debate about the right of every individual to access healthcare. The proposed analysis suggests that the national emergency framework in which prioritisation criteria are currently enforced should not lead us to perceive scarce resources allocation as something new.

Rather, it has to do with the extraordinarily high number of people who find themselves personally affected by the implications of scarce resources allocation and who suddenly realise that the principle of ‘equals should be treated equally’ may no longer be applicable.

Prioritisation criteria enforced by healthcare professionals in Italy have exacerbated tensions and triggered intense debates about the principle that everyone has the right to access healthcare.