The Leadership Diet with Dan Fleming

Great to have you here.

Dan: Pod it's wonderful to be here in such a privilege to be talking to you and the listeners. Thanks so much for having me

Pod: Now, most people I speak to, in my life in terms of what I do in leadership development. And indeed on this podcast, they tend to hold, C suite level roles, where they have a big span of, direct reports and they're across state or country and multiple countries.

Your role is quite different. Your role has one person reporting to you from memory. Yeah, it is probably the one that most strategic influential roles on the organization where you get to shape the response, shape the direction, maybe even uphold some cultural legacies within the organization, as well as the wider industry city in the notion of group manager, ethics and formation.

Dan let's start there. What is that role?

Dan: Thanks pod and yeah, it's unique in the Australian context. At least there are some similar roles in the U S and Canada. It comes out of the history of organizations like ours, which are, some instance is itself just over 160 years old now as an organization and was founded by the religious sisters of charity who came out from Ireland in 1838.

And has, it has a really deep. Intentional identity and identity founded in the Catholic tradition of healthcare with a special focus on the poor and vulnerable. And within that context, as the organization has developed and evolved and grown over the years, many wonderful people, that's collaborated with us in continuing that mission, all of the sisters of charity.

And as you can imagine, and as the listeners would know in the delivery of health and aged care, All the time. And, particularly I think in these 21st century complex contexts, we come up with what we come across a lot of different, big ethical questions. And over the years, some instance has been served really well in the space of ethics, by consultant ethicists.

Come in and advise on certain issues and sit on our boards and are there to run formation and training programs and so on. But my role came out of a sense of need in the organization that it would be good to have somebody internally who's accompanying us all the time as it were to help us think in each and every moment about.

How our principles and how our values comes alive in the different activities were engaging with. And the different issues were encountering as a large health care organization in 21st century Australia. So that's really, that's the framing of the role. My own expertise is in theology and in ethics.

And I bring that into this context and come alongside my colleagues at lots of different levels and in lots of different spaces, to help them to think about what our mission and our values and our ethical principles mean in the context of their wonderful work. And that applies for everyone from our Chief financial officer group, for example, when I was spending some time with soon now, executive leadership team, sometimes our board, and also all through the system. So it might be working with clinicians, frontline care staff, or chief medical officers and so on. So it's a very diverse role, but yeah, most of it is really to try and think really deeply and strategically, as you say, about how our values and principles come alive today.

Pod: Wow. If it feels like you're sitting at the precipice of the history of the sisters of charity and why, what they believe in and what they set up alongside theology. I, the Catholic church, which is where you sit within in terms of religious order, as well as healthcare, clinical decisions and ethical decisions and strategic decisions.

And as well as all that upholding some cultural backgrounds, that's an extraordinary precipice to be sitting in the middle of.

Dan: it is extraordinary. And it's remarkable sometimes looking back at a week, the different spaces I've occupied and the different people I've been able to engage with and the different conversations I've been able to hopefully inject some wisdom and some.

Leadership from my particular expertise into it. It's a great privilege. But, and with a particular focus on, as you say, the legacy of the sisters of charity, which the people who work for some instance, deeply proud of, and many of them come to us, not necessarily because they have the same faith worldview as the sisters did.

Although some do, but many come to us because. They see what St. Vincent's stands for something beautiful, something good, something honorable something courageous. They also want to stand for and with. And yeah, the role is really about trying to depth that commitment and give people the skills to take it up and continue it into the future.

Pod: Now, some of our listeners are not based in Australia, so maybe they just don't want to say what St Vincent's actually is. So in a, if I'm a right and remembering 1838 or something like that, five nuns from the West coast of Ireland, where my dad is from in fact, arrived in Australia and on behalf of the sisters of charity and set up what is now the largest Catholic not-for-profit healthcare organization in the country with over 20 hospitals.

20, aged care facilities, 20,000 staff, is that a fair summation?

Dan: That's a fair summation and six public hospitals, 10 private and 20 aged care facilities. And we're all on the East coast. And that the arrival story is a beautiful one called the journey from Ireland, which of course was on a ship in those days.

These five religious women, first women religious to arrive in Australia, really given the mandate of their founder, Mary akin to go and. Serve the sick poor in this country. And they'd heard from their comrades in Australia, that things were tough for folks out here and their arrival story. They come in to circular key on new year's Eve, 1838, and it's a blistering hot day.

And it's a very different circular key to what folks would know, whether they're overseas or in Australia now the beautiful opera house and bridge and so on. And they get lowered off the boat on Chairs with ropes tied onto them into waiting tenders. So you can imagine these nuns in their full gas being lowered down on these chairs and the sale is on board.

The boat are all wishing them all the best and sending their love and blessing is on. And no sooner are they on land and their habits and Mary's cathedral for mass and the person who presides at the mass keeps a wonderful sermon, just honoring, really bowing down in front of their heroic commitment and then no sooner do they finish that, then they're out towards Paramatta and working with female prisoners out there.

it's a story of real moral heroism. If I can put it that way. and it leads to the establishment of these wonderful services, which have, an incredible track record in upholding the dignity of all April with a special focus on those who are often left aside. and so as I was saying before, many of our people love that story are in love with that story and want to be a Podof continuing.

Pod: It is a tale of heroism and you're right. There was no, two weeks self care isolation for them when they landed in circular key,

Dan: heading straight into it.

Pod: Those are stories that we're going to jump into later on. Cause you have your own podcast that I want to dip into where you share lots of stories, on the history and on the people within the organization. So I want to jump to that later on, but one of the reasons I reached out to you to come onto this podcast was an article that yourself and Toby hall is CEO of the organization.

Wrote recently on aged care and values and ethical decisions that have been prompted by the pandemic of the world is sitting in. but specifically in Australia, looking at the notion of how do we decide who to give care to if we have to manage resources, Can I jump into that a little bit. That's a really interesting conversation.

First of all, it made me very torn about the article, but then maybe also talk about how st Vincent's has addressed this. And I know you were quite involved in shaping the conversation in March to get ready for decisions like this.

Dan: Yeah. Yeah, absolutely. the article itself, if we start there and say, one of the things that we see at st Vincent's is people's vulnerability at its most profound.

and we see that in business as usual. Say before. COVID-19 because of our work with the poor and vulnerable in inner city, Melbourne and in Sydney, and also our care for people in our aged care facilities, across the country and our care for people who are medically fragile in our private hospitals and encountering vulnerability in that way.

It makes more pronounced if I can put it that way, the real gaps in our system, our common commitments as a community and caring for the people who are Podof our community. So when you encounter vulnerability regularly and you start to keep track of the things that you're seeing again and again, And it tells a story about where the gaps really are.

So it's quite a different view to that which might come out of political discourse, for example, or on social media or in the news media, or even just, your average, Joe and Jane wandering down the street, having a conversation encountering vulnerability gives a privileged position. If I can put it this way, seeing things from the underside of reality, seeing things from the point of view of those who aren't necessarily being served so well by the community, as it currently stands.

Pod: Did you say the underside as like the underbelly

Dan: yeah, the underbelly and not in a moral sense in the sense that these people are bad or anything, but just in the sense of you're seeing things from the point of view of folks who are hard done by the system as it. Currently exists and that's a privileged position.

And I use the word privilege because it allows us to see things that might not be well seen in the dominant discourse, but privilege also implies responsibility. And one of the things that we've seen really starkly. During the COVID 19 pandemic, particularly down here in Victoria during the second wave is the sheer vulnerability of folks who've been living in aged care facilities.

And one of the things COVID has done, and this will be true for your listeners who are listening from various different business leadership contexts, but also in the communities. as a whole it's exposed symptoms and problems that were there all along, but it's really accentuated them. And so during the middle of this pandemic, our people have been called on particularly our private hospital, but also our public hospital as well to change the way in which they care.

And to welcome into our facilities. People who are really fragile from aged care facilities who need to be cared for, because it's no longer safe for them to be in their aged care facilities. Because maybe there's COVID there or because the facility itself just needs to shut down because they can't provide adequate care.

Now that's a symptom of a bigger problem it's accentuated during COVID, but it turns up in a particular way because of the stress on all of our systems in COVID. And the privileged

position of seeing that vulnerability and being able to respond to us, enables us to then think a bit more deeply about what's going on in the system here.

What are the ethical assumptions at play in our community that our elderly are left in such a fragile and vulnerable position. And we're susceptible to this awful disease in a particularly salient way more so than just. The general nature of being elderly, that you might contract more infections.

This was actually, every analysis has shown real neglect in terms of the care offered to these folks. So that's the context. Now in this context, a lot of commentators have rightly been coming out and prompting debates about how we as a community should go forward, acknowledging full well that it might be some time before there's a reliable vaccine available.

How should we make prudent wise decisions about our community and really what risks we're willing to take, in terms of the virus, in terms of possible mortality from the virus and all those kinds of things. All of these are essential questions. But what we recognized was that some of the rhetoric that was making its way into the public discourse, how does structure along the lines of an appropriate way to find our way through this is to start thinking about whose lives are more valuable than others, and on that basis to whom should we be directing our resources and concerns?

First of all, Now in our context, in the kind of health and aged care service that we lead, that kind of a conversation immediately creates a blip or an alert on the radar because that

isn't

Pod: there.

Dan: Yeah, exactly. Because wait, predictably in any such discussion, the people who are service was established to care for as a priority fair, worse than the wealthy of the strong, those who are well looked after already.

And so on.

Pod: Let's just pause there and underline the point that I think is really important. I think what you're saying is the mission of st. Vincent's that indeed I would imagine most are many healthcare providers is to help the vulnerable help the people who need help, who maybe cannot afford it through their own pocket.

And therefore they're relying on other services yet. Some of the commentary that you're referring to, I was looking at resource allocation. Maybe we should make. Beds available or ventilators available for the people who are youngest or strongest or fittest, as opposed to people who have less life to lead.

Is that what you're saying?

Dan: that is, and then just to note, this is slightly more technical, but there were also some suggestions out there that what we should really be doing is looking at quality of life metrics and saying really what we should be trying to do is maximize quality of life. And put our resources into that.

And again, those metrics and folks can go and read Toby. And my article is they're interested in some more detail about this often will privilege the already well off. And what we have argued in a few economists have argued too, is that shouldn't be our starting points. And to your direct question there, this is, it has a similar structure.

It's not exactly the same, but it has a similar structure to a question that we encounter in our ICU departments. And we predicted, we might encounter in the face of COVID, which is a situation in which. Many people need the resources, let's say have an ICU bed, but we only have a scarce amount of that resource available.

So the ethical question then is to whom do we allocate those resources and on what basis and what Toby and I suggest in the article, in the context of our. Social context. And we can also talk a bit, Podof you think it would be interesting for the listeners about the ICU context to what we suggest is that our starting points are absolutely essential.

It's not good enough to start from a, from an assumption or start from a belief system that suggests we can actually value some lives over others as if we can. Apply a dollar value to people and then either welcome them into care or resources to them and discard others. That's a human community should just never do that.

Now that doesn't mean that we don't still need to grapple sincerely with questions of. We have limited resources. We know that whatever path we're going to take is going to be difficult. Of course, we have to grapple with these things, but what Toby and I were saying is look for heaven's sake. Please don't start from an assumption that some folks are worth more than others because what's going to happen.

Then we'll look, we're already seeing it happening. we live in a culture that doesn't value our elderly as we should. And what does that lead to? it leads to neglect in funding and care for our elderly. And what happens when we end up in a crisis? surely there'll be some sort of Royal commissioner inquiry into aged care and how they're responded or how, what positions people were left in.

In the context of COVID-19 in severe vulnerability, this is symptomatic of a belief system, which suggests that we can hide away their vulnerability and not really thinking about it. And that's just not good enough. And we now can see in the chickens have come home to roost. We can see what that looks like.

When a crisis hits, but what that points to is a belief system. That's been there all along. And that's what we're trying to critique here. Let's not start with that belief system that values some people over others. So this

Pod: goes back to my comment upfront about you're at the precipice of a range of different philosophical views of the world in different ways of thinking of the world.

What you're describing to us now is a lover way of using an ethical framework is start our thinking at the same token, every health care organization needs to have a health economics type view in terms of how do we balance our limited resources and how do we allocate them? so how did you and the organization shape your thinking and how have you led that conversation in the organization to arrive at a place where you can have a direction, at least as you're addressing these needs?

Dan: Yeah. So back in March when, and th in the Australian context. So it was really much when the pandemic hit our shores in a substantive way, and our clinicians were looking at what was happening overseas. our whole system was our whole country was looking at the U S looking at Italy, looking at Spain and really.

Kind of shaking in our boots that here are countries which are really not unlike ours in terms of resource availability. And they're just being overrun. There are hospitals that are having to make makeshift hospitals in parks. They're having to refuse people entry to hospitals. They're having to actually come up with criteria about who would be allocated care and who would miss out and.

Rightly. So our people were really worried about well, or what happened if this situation arrives on our doorstep in Australia, we started those discussions relatively early. Ethics is only as good as its capacity to confront real situations. And if we'd said, that's not going to happen here or.

We just can't confront those questions from our value set. Then it would show up that our value sets not ready to meet real world challenges.

Pod: Never a truer word. Let's say it from many organizations what you've just said. Yeah.

Dan: So what we had to do is think about if it were the case that we see such a surge in demand in Australia, that we have to rationale resources, how are we going to do it?

And how are we going to do it in a way that's expressive of. Our commitments as an organization. And look, the thing is some instance has been through a few pandemics. This isn't the first we've bred back through our archives and heard about what happened during the 1918 Spanish influenza epidemic.

For example, we were on the frontline in HIV AIDS in the 1980s. One of the only health services that actually opened its doors to people suffering from that horrible disease.

Pod: I remember speaking to your head of immunology who set up the HIV support clinic in Australia.

Dan: Yeah. And we continue to be a world leader in research in that space.

So questions like this, aren't foreign to the service, although they felt foreign. So many of our people today, Who haven't lived through these things. And that includes me. these things are the stuff of history. Yeah.

So the first things we did together as an organisation was sit down and say, okay, where are we called, where do our values call us to focus? And that started a whole lot of what you might call affirmative action or proactive work with our vulnerable communities. So there was a lot of work, especially out of our Sydney and Melbourne, public hospitals in setting up pathways for care. So our homeless folks for those suffering from addictions, those with mental health concerns and for our Aboriginal and Torres Strait Islander populations as well.

So that was the first step. And we're mitigating against what sometimes an era in ethics, which is that we go straight to the moment of acute decision and forget about all of the moments leading up to that moment of acute decision. Okay. The point is setting the acute decision in a context of decisions as not avoiding it, but it's saying, what can we do before that point in time to reduce the complexity of the decision that might have to be made and ensure that we're ready to make that decision.

And we've done everything we can. To mitigate any negative consequences that might come from that decision. Does that make sense?

Pod: Does that include scenario planning or are you talking about taking micro decisions before you have to get to the major decision?

Dan: Both. Both. So yeah, it would help us to think about the likely scenarios.

Think about who our cohorts are, who we're already serving, what can we do for them in advance to mitigate against a situation where we have. More people needing an ICU bed than we have available. So it's setting it in a context of decisions. So that's the first step, but the second step is all of that works great.

And let's hope. And actually it has in Australia prevented a situation where we actually have to choose one patient over another for the ICU bed. But. Where are we to get to that situation? And just to put it in simple terms, let's say there were five people needing an ICU bed. Only three beds were available.

What do we do? And here's where starting points essential. The first thing we do is look at all those people. And recognize that they all have equal dignity and value. That's the first thing we do. So there's no kind of, Oh, look that person's over a certain age or that person has a certain skin color that person's a certain sexuality.

So they're not going to get acts. None of that. All of that's written off.

Pod: underline what you just said. He just said equal dignity, as opposed to. Looking at quality of life. So it's a very different lens. You're looking at

Dan: exactly equal dignity. Next question is what's the need of the people presenting in front of us saying that everyone has equal dignity doesn't solve the problem yet.

It gives us a good starting point. What's the need whose need is most urgent. that might give us an indication of who should be prioritized. First of all, the care. What's the likely prognosis of each person here that might give us some indication about how we should escalate care for them. there's quite a detailed framework, as you can imagine of steps that our clinicians will go through or better still principles, which they'd have in mind to help them guide those decisions.

Now, Ken, this is okay. Let's say we've been through that process and we see that this person will benefit most from the care given the situation they've come into us with. The need is greatest and so on. So we're going to escalate them, but we've still got these other folks here. Now, what do we do there?

We'll just because we've escalated care for one person doesn't mean we abandon the others. We start thinking then about, what can we provide to those for whom an ICU bed isn't available. And this led to some really they became famous moments during the pandemic when our clinicians were making really strong statements out in public, which were things like, no matter what, if you come in this hospital door, you will be cared for now.

Don't know necessarily what particular care will be available, but you will be cared for. And even if it becomes apparent that your condition is so severe as this horrible disease has shown over and over again, that you're not going to make it through, you will never be left alone. And this is responding to some of the trauma we saw overseas, where folks were dying alone from COVID-19.

So you can see here how all of these principles show up at the moment of crisis. we've the story so far has allowed us to mitigate as far as possible, that scenario and all of the great sacrifices, our community made helped us to mitigate that scenario. But even if we found ourselves there, Everyone was guaranteed care because everyone deserves care on account of their dignity.

Not everyone would get the same care and we had real clinical criteria for trying to figure out how to prioritize care. No one would ever be left alone. No one would ever be abandoned and. Some of our doctors have never had to encounter questions like this, but what a beautiful sense of common purpose and common commitment for us to come to?

Pod: I love so much about what you've explained here in, and again, I go back to the precipice. you're in the middle of all of these different ways of thinking. You have to bring it together because the organization you're in is a complex organization. And as it serves a whole lot of complex needs, but what strikes me more and more is.

You were either overtly or by default, the obligation has leaned back into his original mission and its original set of values to help guide it. And as you said, there's a whole history of the organization. This is not the first pandemic. I love just that there is a whole history here that you're able to learn from my question.

Dan is going forward. How do you, what's your view of organizational values in the post pandemic world? I E why are we learning around organizational values, organizational missions that can help steer us as we're making difficult decisions.

Dan: Yeah, what a wonderful question. And then really, this is the question for now, isn't it?

Yeah. This is what we're all wrestling with. Now. I had a haunting discussion with, a dear cousin over in New Zealand a couple of months ago. Now it was before they had this second weird little blip where they had some COVID infections. So New Zealand was basically COVID free as your listeners would know.

We were right in the middle of our second lockdown here in Melbourne, and she said to me, Dan, we forgot about the pandemic so quickly. We forgot about it so quickly! Everything snapped back to the way it was. And it haunted me at that moment in time because I thought, gosh, we're learning so many leadership lessons now in so many ethics lessons now.

What a tragedy, if things just snapped back and we forgot all those things. So I think the question is essential for all of us to be grappling with at the moment and taking the time to grapple with, actually, it's when times are exceptional, that our core principles should not be. When times, even though the circumstances might be challenging or extreme our principles, aren't. Our principles. It's in times like these, that we should uphold them most of all. And if we find them lacking, it might mean we've got the wrong principles.

And then I think that there are a whole bunch of learnings that across all our organizations have a reason that a worth us reflecting deeply on what they mean for our leadership going forward. And this might be political leadership or business leadership or healthcare leadership, or even in personal life.

One of them is that we've realized, I think in a much more salient way, how we're all entrusted to one another, who would have thought that the act of washing one's hands was actually a moral act?

Pod: yes.

Dan: Haven't we, that this is essential in protecting ourselves and one another or masking up or, all of these things.

But the second one is. Even though we all have our personal responsibilities in this space and that's serious. We're not all responsible for everything. I think we've all had this sense that we've been slightly out of control. and I imagine for some of your listeners who are

used to being in situations where they can exert real influence and navigate the ship that we found ourselves in.

Troublesome waters with the engine broken and the sales down and a hole in the Hull kind of thing. And in context like that, it's really worth reflecting on the decisions that aren't ours to make. no individual could close the borders, for example.

Pod: Yeah. It really brought home. The fallacy are, we are in control and it really underlines the wisdom of at best you're in control of your reaction when you're conscious of it.

Yeah. And that's it. That's my tie. If somebody just said they're then gone back to the notion of mission and values. One of my colleagues has a phrase, which is that your leadership teams, because they change are not structured to remember. And therefore, how do we help the organization to be structured, to remember that?

And I think that goes back to your lovely comments around that testaments at a history of st. Vincent's is that the obligation is structured three member, and therefore it's time during these that the principals don't have to be exceptional because the memory's there.

Dan: Yes. Yes, exactly. Yeah. W what a profound learning.

And we must remember there's a quote. I can't remember who said it's up in the, one of the haunting corridors of Auschwitz, the concentration camp over in Poland, and it says something like those. Do not remember their history are doomed to repeat it. Now that's in the context of grave evil, obviously the murder of so many innocence, under the Nazi regime and the second, but that's a really important lesson.

Yeah. Gosh, if we encounter another pandemic, yeah. Two years, 30 years, 50 years. Let's hope that these memories. And these lessons we've learned now still Podof our consciousness so that we can lead from this point of view and not make the mistakes that we've made this time. It's like the

Pod: old joke. The, at the end of the Irish praise to arrived into a, a village as the new person priest and told a sermon on day one.

And then the next Sunday told the same sermon. The next Sunday told the exact same sermon and the fourth Sunday told the exact same sermon. And then someone was brave enough to step up and say, father you've told us the same sermon, the last one. Four weeks in a row. And he goes, when you start practicing it, then I'll change it.

Dan: Isn't that wonderful. it just remind me, there've been some kind of funny, in a sense ethics lessons during this context too. But I started in teaching an ethics lesson the other week with a picture of toilet paper. Now, if I had said that to you six months ago, that's what I had a clue of what I meant straight away.

We all recognize what that is now, symbol and a

Pod: symbolic of so many things

Dan: that resources are limited. And if we all are selfish about how we use them, nobody ends up with any

Pod: good for the common.

Dan: Good. And yeah, I think it's just worth honing in on some of the ridiculousness we've shown through this time.

and remembering the S and setting ourselves up for success next time. And by being ready to do things differently,

Pod: I want to move the conversation just to a complete different place. Over the last couple of years you were involved in leading a, I'm going to say cross-organization response to a very interesting legal and situation and society event. And that is effectively the Victorian assisted dying legislation and the response by the Catholic health care to it.

So for folks who are not in Victoria, R and D, not in Australia, The state government was bringing legislation to enable, hospital providers get involved with assisted dying or euthanasia. And therefore the hospital groups had to respond as to how they were going to get involved with that. And given the Catholic view around assisted dying is potentially in conflict with the state legislation view.

It brought up a series of tensions of which you had to lead. So I'm interested in what were the tensions that you had to overcome and therefore help respond to. And what was your leadership impact for yourself in that whole episode?

Dan: Thanks pod. Yeah, th that was, that was my, probably the biggest leadership challenge I've faced thus far in my career.

yeah. So those two aren't in Victoria that the voluntary assisted dying act, as you say, came in June, 2019, and there was a lead-up period of about 18 months before it came in the name of the act isn't terribly helpful. Cause it doesn't say what it is. Legalizes, but what illegalized is, I know this is just a purely physical description of it, which is important.

It allows for a person who's been through a particular process mandated by the state to have prescribed to them a lethal substance. So they have to meet certain criteria for this to happen, that, to be near the end of their life competent and a whole bunch of other things, people can look it up if they're interested.

But they get prescribed a lethal substance, which they take at a time of their choosing with the purpose of ending their lives. So in medical ethics, it would be called, physician assisted suicide doctors are involved and they give a person a means by which to end their own life. Normally, for reasons of existential suffering or, pain or loss of hope, like lots of things in it.

Now, as I'm saying is I'm sure that those listening there are different bristles going off and they're feeling a heat of a complex ethical issue, number one, and a heated ethical issue. so the whole euthanasia assisted dying assisted suicide debate really gets the emotions going in public debate.

Now the ethical framework where a Podof at st. Vincent's and indeed Catholic health care more broadly, doesn't see this action as something that belongs to medicine. And that's the same as the world medical association and the Australian medical associations position is that this isn't something for medicine to do this breaches, a boundary, the boundary of do not harm.

And On that basis, this was never going to be something that, our organizations, implemented or to put it more benignly is not going to be a service that we would offer. But, we offer some of the wall, an extensive array of end-of-life care services in Victoria. In fact, it has a piece of trivia for the listeners, that same sisters of charity legacy gave Australia its first.

Dedicated end of life care service, 130 years ago, which was the sacred heart hospice, up in Sydney there just adjacent to some instance hospital, some of the folks who know the Darlinghurst area, we know that camp as well, and that end of life care includes all sorts of things. So pain and symptom relief, accompaniment, spiritual care, social support and so on.

And for 130 years they've been delivering really beautiful care. So when the legislation came in, that the key question for, the Catholic organizations in Victoria was, how do we continue offering the beautiful Careware known for whilst at the same time, upholding our principles in relation to this act, recognizing full well that we might be caring for people who want to pursue this newly legal option, but that it's not something we're going to provide.

And I'm sure. You and the listeners can think of a million complexities in that space right away. One of the things, once the act came in, I said to Catholic health Australia, and a number of colleagues reflected this same recommendation was that look for goodness sake, whatever we do, we should be doing it together.

We're all in the same position here and there are quite a few different Catholic health and aged care services in Victoria. So why don't we think about how we respond together? And everybody agreed that this was a good idea. Now predictably, okay. Australia said, who's going to lead this work and they.

Picked up the phone. I don't know how many people they call before they call me. They called me right away.

Pod: Your last man standing where you

Dan: could well have been. But without hesitating, when they called me and asked me, I said, no way political issue. I was relatively new in, healthcare ethics, and also in the professional sense of working directly in a healthcare organization.

But also like my goodness, not only would one have to get all of these systems, which have their own complexities to work together, but in this heated political environment, that's going to attract a lot of controversy. The media are going to be all over. no, thanks. And hung up the phone. As I hung up the phone, I remembered my very first days.

It's Vincent. and one of the lovely things I was able to do in those days was spend some time with some of our palliative care physicians and hit the wards with them really, and see their care in action. And I went home to my beloved Rochelle after that. And I wept, and it wasn't because there was tragedy there even though of course confronting the end of life is tragic.

Confronting disease is tragic confronting the reality that people are dying before their time is absolutely tragic. And it wasn't because of pain. The pain I saw was managed, really quite well, but there were some folks who were clearly experiencing pains of different times. I actually wept because. I was just so astounded by the beauty of the care that was offered.

And that's reflective of that long tradition. Here are clinicians and other allied health workers, just going above and beyond to provide care for these beautiful, precious people at the end of their life. So I put the phone down and I thought, gosh, maybe this is an opportunity to bolster that care.

Maybe this is an opportunity to inject that story. Into this moment in time, a moment where let's face it, the Catholic church in general is known for being quite reactionary when things like this happen quite defensive. And I thought maybe this is an opportunity to actually start on a front foot, which is we have a beautiful ethic of care, which we're going to continue no matter what.

This doesn't belong to us this new legislation, but that doesn't mean we're going to change who we are. And in fact, so serious away about who we are, that we're going to find ways to make sure that even if someone raises this or wants this from us, and it's not something we're going to offer, we have really good processes in place to ensure that we can uphold our commitments to them as our patient not get in their way.

But be responsive to whatever it is. They're bringing to us, hopefully with an opportunity to provide better care, the kind of care that we provide them.

Pod: so you pick up the phone and said, yes, that is,

Dan: Oh yes, I did. I did call back. So maybe Blake option seven and eight. Declined to. So they called me again.

and I said, yes. I said, yes. And look, it was a huge piece of work. Some instance made me available. So Catholic health Australia for the work, it was probably about 14 months or so.

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Can I get us to maybe double down into you, the leader at this moment, this year, as you said, you said no, originally for all the obvious reasons, there was a huge complex, hyper political potential media all over the place. And you're likely to disappoint many stakeholders, no matter what outcome you're going to move into.

From your own leadership perspective, where were the tensions for you stepping into this cross organizational leadership role to deliver a very public outcome?

Dan: Those who know the TLC 360, I'm strong on the pleasing quadrant, Pod. And I had to confront a lot of my personal, dispositions, which, a Podof who I am, they're Podof my story, but nonetheless can make leadership really difficult. And like any disposition, they can be both strengths and weaknesses in different contexts. I realized during this time, for example, that's one in the same.

Dan who finds things, in personal life, difficult sometimes was also turning up to these meetings and confronting these challenges in leadership context. And there was such a stupid example, which really keeps coming to mind. For me. And one of these examples that all leaders have had a little moment is a great moment of insight.

We're actually moving house, moving into our new home, down in Melbourne. in fact, I'm standing around boxes now because we're moving out again next week and this same story keeps coming back to me. So what happened was the removal. His truck was at the front of the house. It was blocking the driveway.

And the guys were working really hard to bring all this stuff in. And I heard a honk we're on an access road. So there are quite a few houses that use. I heard a honk. Am I? My reaction is, Oh my gosh, I do not want to be the person who goes out there and has to deal with this. I don't want to be the size of the problem.

I don't want to have to do the negotiation with everyone. I don't want, I just. I like pleasing people. I like people to be happy with what's going on. I like to make sure it's smooth and so on. And then, this was in the space of two or three seconds. I realized that actually I'm the only person who can do right now that you guys are carrying something that's so heavy.

They're about to break their backs. Everyone else is occupied. I've got to be the person to go and get insight. And of course, it's fine when I go out there because I'm gentle. I can communicate clearly. And we got a great outcome that more and more, and I was helped very skillfully by a coach during this time.

More and more, I started to realize that same thing was just happening all the time. And as you rightly say, in this particular context, in this leadership exercise, there was just no way. Everyone was going to be pleased with the outcomes. People were going to be disappointed with compromises here, there, and everywhere.

People were already. the community as a whole was already unsympathetic to the position we'd taken because the legislation in Victoria has by and large been popular. Some don't like

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it, but many do. That's why the government went for it. And so I really had to recognize that I'm, this is me. This is my disposition.

I'm just going to have to keep recognizing that this is going to come up again. And again, I learned a beautiful trick and I can't, you might know the book that was in pod. There was a lovely little exercise given to me that when you hear that voice, which holds you back from the leadership into which you're called.

An exercise to help is to just say, Oh, hello, old friend. You're back again. And I started to do that and look at me, and sometimes it wasn't anything particularly difficult that we had to confront. I just realized that. Person F was going to be a bit annoyed about this. Cause they thought we should do something in a different way.

Sometimes it was a huge thing, like a really big call that we had to make that some were really committed to a different position. It was coming up all the time. But that little exercise of saying friend your back again, allowed me as a person not to negate my experience, my insights, because they're important.

But to say that's not what's most important now what's most important is that we do the right thing and. I have a clear sense as a leader, having consulted widely knowing full well, our ethical principles and the leadership I'm called to at this time, what we should do. And I don't need to apologize for that.

And I, in fact, the leadership call is to be courageous in this moment. And sometimes that courage means standing up and being blunt and saying, sorry, this is the direction we're going. And do you know what, just like that conversation with the person honking their horn outside her house each and every time.

I was absolutely surprised by the outcomes. In fact, people jumped in behind, they said, okay, all right, that's the decision. Let's go with it.

Pod: Can I pause you there, Dan? Cause you've shared some extraordinary insights in the last few minutes. I just want to underline a few of them because it'd be easy to, rush over what you've said as if it were just, it happened in a few minutes, but.

Clearly it didn't that happen over a few months as you were learning these things. The first thing is that you talked about, you were in the role and only you could lead this as an, you were in that role. So the leadership role demanded of you something bigger than you were previously able to give.

And once you recognize that, and I think this is a really common pattern for leaders is once they recognize. The role is requiring something of me that I've never done before. That is a first step of awareness of, I need to do something different because this is different to every before. And in your case, it sounds like not wanting to please people or seek a peaceful outcome, that wasn't going to be possible.

So you had to step into courage as you said. so yeah, very profound insight. The second thing I heard you to say, which is really profound as well as. Recognizing all of your background was coming through in terms of, Hey, be quiet, say nothing, seek for peace. And you went, hold on. That's my old friend.

That's been very useful for me, but right now it's not in this moment. It's not helpful at all. And in a previous podcast, Paul Lawrence talks about the notion of multiple cells and the motion of the notion of the inner critic is really useful because it has served you sometimes. But rotten trying to eliminate it, just go, hold on.

Yeah. Right now you're not helpful. Thank you old friend, but not right now. Two profound insights you've just shared, which I think are really worthwhile underlining. So thank you for doing that.

Dan: Ah, thanks, Paul. And look, just to link back to something we were talking about earlier on that piece of leadership growth is the same.

Exactly the same thing. That for example, when the rhetoric started during COVID, that we should be valuing some lies over others. It Dan's immediate disposition is a look that's terrible. Somebody should say something about that, right? We're in the driveway. Again, somebody should go out and deal with that.

And then the recognition, hang on. Old friend.

Pod: That's right.

Dan: That's somebody use, man. You're the one who's been entrusted with a position where. going right back to the start. We had the privileged position of seeing the vulnerabilities that occur when we value some lives over others. So you're the one with the insights, the credibility, the knowledge, to be able to inject a voice into this space that can challenge the rhetoric.

So do it. And the other thing that's been really helpful is remembering the moral heroes who I speak about on a daily basis to my people remembering those five sisters of charity. Now, if they, and those who followed after them went peacefully and never. Ruffled anyone's feathers. We wouldn't have one of the worlds leading addiction, medicine departments, for example, or one of the worlds leading end of life care services.

So of course there's a role for that self that's self who does like pleasing and all that kind of thing. And that's where I live and that's who I am. But nonetheless being called into a new space requires new skills and requires a different exercise of leadership. Yeah. Brilliant.

Pod: Let's move to a different topic. You've mentioned the word courage, and I'm going to put two other words next to it, passion and constellation. And that became the title of a podcast that you launched at the early stages of COVID for the organization. And it's been a

major success in connecting the organization and sharing stories, and indeed the general public have access to it.

If anyone wants to listen to it, I certainly have listened to it, many episodes. Tell me a bit more about that and tell me specifically around the impact it had on the organization.

Dan: Yeah. So this is a great story of, electrical pivoting. I was sitting with my dad over Christmas, who as but your listeners won't is a radio engineer.

I come from a radio family. Mum's arrived at dad's and engineer talking about all of the wonderful people. I meet at some people who just do the most incredible work and wishing there was a way to tell their story. And dad started telling me about all this new podcast equipment he knew also, I thought, Oh, wow.

Okay, look, that's a good opportunity. So we went through the whole process of getting us an instance podcast approved, and it was just going to be called stories of some Vincent's. And I was going to go around the country and sit with our people and hear their stories and tell them. To our organization and to the public, to profile this work as an attempt to do exactly what I've been employed to do, which is keep the mission heart of the organization, beating, keep people inspired by the story and living it.

And so on. Now then of course we get all the equipment and two days later we're in lockdown and we can't go anywhere. Plan a was shells, but. My manager and I had a good yarn about this. And we thought, why don't we just redeploy this equipment, this idea for another purpose, recognizing that our people are going to be under real stress, real strain are going to be called upon to be heroic in their care.

Like perhaps never before for most of them. How can we support them? How can we console them? It's a lovely word from our tradition, which is really about giving people the ingredients they need to thrive and flourish, even when it's challenging, even when it's challenging and compassion and courage are obviously so much a Podof our story.

So hence the three words, that started the podcast. That will go to approve because we'd already done all the work to get something like this approved. And I spoke to a lot of different people around the organization and outside the organization too, who will lead us in different ways. Some were sisters of charity, some were indigenous leaders, some were frontline clinicians.

And somewhere our executives and really the questions to them were more personal. Right then, what we might normally do in a corporate communications rollout team, because I was asking them, look, what are the stories from some instance, which inspire you most and what do you think they mean for today?

Where do you get your courageousness? Where do you go to seek consolation? How do you bolster up your compassion? And sometimes I was just in awe at the people I was listening to and the wisdom they had, it was just, it was such a privilege to be on the other end of the

discussion and hearing their stories and the feedback we were say from our people and others out in the community who listened as well.

Was that. Gosh, here's an example of just storytelling and connection and reflection in a time where those three things are far less possible because of the pressures we're under. And so we had frontline clinicians listening to us. We had, some of our back office staff plugging away at the numbers or sorting out appointments or in procurement, figuring out how are we going to get enough PPA with voices in their ears, telling them that what they're doing is beautiful, important, and giving them a sense of pride in the work.

I know. Yeah, it was just such a privilege. And I, it's interesting because you can watch, how many people have been listening and it still seems to attract a bit of attention. And just for your listeners, if they're interested in, I mentioned briefly the HIV AIDS story earlier. There's an episode with sister Claire Nolan, who is the director of nursing at some instances.

Time where she speaks about that pandemic and what it was like to be on the front lines. So it might just be interesting for folks because there's a lot of learning in that time.

Pod: I'm going to put a link to the podcast in the show notes, but I have listened to that episode. I remember walking on the South coast, listening to that episode, and then to hear her great story.

and the notion of living into the mission and values at the time and date, I think even saying there was no choices, it was obvious we had to do this. so it's a great, it's a great podcast. What really struck me though, is at a time when you were using the mission to help you steer your ethical views to help steer the strategic direction of the organization, you were also amplifying the mission through storytelling in the podcast.

And it was really, going back to my comment about structuring, to remember it's a great way to help an organization keep structured, to remember why the organization actually exists. Yeah, you did that beautifully.

Dan: Thanks Cod. Yeah. Thank you,

Pod: Dan. We're coming to the end of this great conversation.

So I appreciate all the time you've given us the two questions that I ask everybody. I'm going to have to adapt one of them for you. But the first one is what is your favorite band?

Dan: Oh, wow. I have many, but it, but if I could hone in on one, that's been particularly important for my, my ethics work and my formation work.

It's a guy who calls himself radical face. His name's actually Ben Cooper. And I just love the music. He makes. Number one, he's an acoustic singer songwriter, but he's also a storyteller and he wrote a whole kind of a family tree that he has these three albums called the family

tree. And maybe you're in there for the roots that are the branches, the leaves or something like that.

And. It's just marvelous. He's written a whole story about this family, which I gather in Podis autobiographical, but it's a fictional family and each song refers to them. And there are some just beautiful music. There's a song for example, called letters home, which is letters from a soldier in battle back to his father.

And when I listened to it, it gives me a sense of the tragedy of war and the pain of war in a way that. No other piece of literary or musical or even documentary work has ever done. yeah, I just love his work. I think it has deep, moral insight, but also I just find wonderfully inspiring and beautiful to listen to as well.

Pod: Fantastic. My last question is I typically ask people to look back to, and there were 35 and two given all the wisdom they have accumulated since then, what they would now tell that person or that version of themselves in your case, you've yet to reach 35. So the question is actually we don't it, but Dan, I am interested in given the wisdom that you have accumulated, what would you be telling the younger version of yourself today?

Dan: I think I'd be telling the younger version of myself to, to start thinking about that still small voice, which sometimes prevents you from adding what you've got to add into your leadership. I'm deeply grateful for when I started to listen to that a couple of years ago now. But had I known that a few years earlier, I think that would have been enormously helpful for me.

So yeah, it would be about listening to that voice, which sometimes prevents you from adding what you have to add that no one else can add into the leadership that you're called into.

Pod: Brilliant now you and Rochelle are about to head into your next stage of leadership. You've got your first baby daughter arriving in a few months time.

So delighted for you, both and very excited and that you will move on that journey. And indeed have a lot of joy on route. Dan, it's been a real pleasure having you with us today. Thank you so much.

Dan: Part, it's been a joy to talk to you. Thanks so much for having me

Pod: hope you enjoy that conversation with Dan Fleming. I know I certainly did. And I've listened to it quite a few times. Before launching it onto the podcast schedule. If you think strike me each time I listened to it and these are worth posing to reflect on. And there might be few years of questions to take away from this, for yourself.

Early on in the interview, he talked about the idea of the mission. Off st. Vincent's and our, it has guided the organization through not this pandemic, but many pandemics and many different crisises over its history. And the question of where do our values call us to lead or

to move into action right now was the question Dan used and indeed his colleagues you used early on this year to help guide them.

What an extraordinary question we often hear about values-based leadership and values guiding organizations, but in my own experience, leaders often forget to use them and that. Question has guide us in Vince many times over many decades. And as we heard from his conversation around the starting point of an ethical framework, the values and the history of st Vincent's helped guide the leaders there into that question.

Dan: The second thing that I

Pod: found really useful was again, the history of the organization has provided maybe guide notes or signals, or at least archives in terms of how it has dealt with. Previous pandemic such as the Spanish flu or such as the HIV outbreak in the 1980s and nineties. And the idea that leadership teams are never structured to remember because the team often changes in terms of its membership.

And therefore, how does the organization use a learning process and formerly archive the insights from their learning? So future leadership teams are able to delve into that. I have worked many teams this year. Leading into COVID and indeed during and bringing a team through a former learning process has been extraordinary instructive, not just for myself, but for the team members involved in the conversation.

And it is really interesting. The amount of insights garnered through. A simple 90 minutes to our conversation. What have we learned as a leadership team in terms of how we lead during 2020 and how do we not lose those lessons? For some groups, it has led to them formalizing a disaster recovery plan. And for others that has led to updating their business continuity plan and for others that has helped them look at the way they want to formalize our, not that notion of working from home or virtual base leadership.

how do you help yourselves and future version of yourselves being the leaders of the organization remain structure to remember so that other leadership teams down the track can gain insight from your experience. With that. There's a phrase that Dan use, which I love. And, he says it comes from ethics.

And the idea that in exceptional times, our core principles should not be exceptional. I E they are corporate symbols. How do they stay static? How do they stay relevant? And if they are not relevant during exceptional times, then it's time to review the principles themselves. See are they actually standing up to the notion of being a principal for many teams reviewing the way the lead together during 2020 or become slide is an emergent notion of principles.

I E act together never letting a good crisis go to waste, to use the old cliche and the notion of collaborating fast, wide, increasing adaptability through learning and sharing information becomes an overt principle. Again, going back to learning as a leader or as a group of leaders together, a how do we formula learn through experiences like leading during a crisis and

how do we use that to validate and to reset, or maybe even to review core principles that we held?

Dear?

last thing I want to mention here is Dan, when he talked about his own leadership, He gave us a great insight into stepping into complexity and two core ideas emerged in that scenario. One, recognizing that only he could lead in that time, he was chair of the committee to bring the various groups together.

And they, for, if he didn't step into that role, nobody else would. And number two, he recognized a lifelong pattern of wanting to please people and seeking harmony and recognizing that in this situation that would not be possible. So he didn't try to deflect his natural tendencies, but he started with recognizing them his phrase of welcome back old friend, whenever he noticed himself wanting to seek harmony and a situation that required him to step in and give direction.

I find that this situation is a very irregular situation for leaders. Whenever we are asked to step into areas of complexity that we have never been into before our natural coping mechanisms rise to the fore and our role is to recognize two things. One is we are asked to operate in a place that we don't quite know how to yet, and to the, some of our natural coping mechanisms may not be helpful.

On this podcast series, we have heard from many leaders who have recognized that they either the coping mechanisms or their imposter syndrome steps in loudly during times of increased complexity. And the effort required is not to try and to diminish them, but to recognize that they are Part of your leadership capability and sometimes they are not useful.

So welcome back old friend, but right now you're not needed.