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Caring for Older Australians
Productivity Commission
G P O Box 1428
Canberra City
A C T 2601

With reference to your Inquiry into Caring for Older Australians

Dear Sir/Madam

I am a former rural General Practitioner who had quite an interest in what was called Geriatric care. I am now retired and have become one of them myself. My comments are looking at the subject from these several perspectives and trying to cope with my own problems and a number of my acquaintances who are of the same age.

When I was young, older relatives were cared for by their own family and /or their unmarried daughters. The ability of the family to care for their parents is now aggravated by the fact that generally both parents are employed and there is no one at home to care. There are obviously many problems in old age related to location, transport, support systems and changes in political and social attitudes. Added to this has been the increase in government involvement which, while it adds to the available facilities it also has problems related to working hours, work to be done, facilities and back up facilities and also to respite care when domestic support fails. Changes to medication and the availability of medical help seems to have become a serious impediment as well. Quite often people are not seen, kept waiting or referred for investigations without complete assessment of their complaints at a primary care level. Appointments have been as far away as three weeks and I have seen an urgent request being three days later. Transport is a problem particularly with the above which generally means that the geriatric has to rely on the goodwill of a neighbor or a friend.

Another problem that I have recently come across is that of food through the source of aid agencies. I have seen at least two refrigerators full of the second part of the locally supplied meals as the person is not willing to prepare their evening meal. While the meals supplied do contain the necessary food content they do not help if only half is eaten. I have also seen cases of psychotropic drugs being supplied as sedatives. I can remember the case of the of a person visiting an aged care place of residence and finding the letter M alongside 8P M of all but one resident's drug sheet. Enquiry showed that this was Mogadon. Rather alarming when projected ahead. It did not show much mental occupation later in the evening.

More recently I have heard that most people going into aged care residential accommodation do not have their own medical officers but rather the one who visits the facility. Quite often people may not be moved into a place close to their own private doctor so this may not be practical. I do think that they should be encouraged to have their own private doctor.

I have recently seen two friends move into care accommodation become confused and disorientated within a few weeks of admission and can only suspect that this may have been due to drug therapy and their recent isolation from well known pathways rather than the sudden onset of brain damage or stroke although the latter could be initiated by the loss of visual and auditory brain activation.

I can remember the case of the staff being advised that they should finish at 5 .00PM. Dinner was prepared at 4.30 and the rest of the night was the residents to make the most of. A few weeks later one of the board members tried to show the residents the slides of his recent trip. They were all in bed and were criticized by not being supportive of people trying to help them. On another occasion a local lady started to take the residents in her rather opulent car for drives to let them relive and discuss their past. The driver was informed that this was not allowed because in the case of injury the passengers would not be covered by her car insurance. Enquiry showed this to be rather difficult to achieve so one more avenue of occupation disappeared.

A medical student remarked that people building aged care home did not think of the local population and the proximity of the residence to the main shopping centre was a traffic hazard that should be avoided.

It appears to me that the longer we have an increasing aged population the more reasons that will arise that reduce their standard of living. With a number of people who I have known that have gone into aged care have rapidly deteriorated . (this may of course be the reason that they had to go into care)but in a number of cases one would have to accept that the deterioration in their standard of living has hastened their demise. It was amazing to hear that they had had massive strokes.

There is little doubt that a happy person is easier to look after and more co-operative. Good results bring happier staff and make for better staff and more contented staff. One would feel that as the problem grows larger and the numbers increase that there must be a more attempts to enlarge the home component. I have recently been required to employ a domestic person, the help keeping me and my wife at home. This lady who is doing the work is a very nice person and a good and thorough worker but the conditions under which she can be employed require more of my time to prepare the house for her to be able to work within the instructions than if I were than if I were to continue doing the job myself.

I feel that in what I have said that I am being entirely negative but I do get the impression that our present attitudes and practices reduce the quality of life of older people and those who care for them and leave a very hollow feeling in the heads of relatives.

I am
Yours sincerely

(K A G Evans)