

Caring for Older Australians

Diagnosis of Dementia

A Brief Outline:

A profoundly deaf and almost blind 94 year old lady was placed into a nursing home by members of her family, against her wishes and those of her Enduring Guardian (EG). This lady had been diagnosed *by three of her children who were also her Power of Attorney's (POA's)* as suffering from Dementia. No qualifying documentation from medical practitioners or psychiatrists accompany this lady to the nursing home. The RN admitting the lady accepts the diagnosis. The Director of Nursing (DON) of the nursing home accepts without question the diagnosis of Dementia.

A Mini Mental State Examination (MMSE) at the time of admittance is the only examination done - no blood work, no physical examination, no consultation by a fully qualified Geriatrician. The lady being unable to see, could not repeat a drawing on the MMSE also, being profoundly deaf, could not hear the questions asked. And so, the lady was deemed to be suffering from Dementia.

When the nursing home was asked for documentation to corroborate this diagnosis, the one member of the family still interested in the lady and her EG, was stonewalled and fobbed off with excuses and misdirection. This stonewalling continued until the lady's death some years later. It would appear a diagnosis of Dementia is applied easily and loosely to any-one with short term memory loss. Under the Aged Care Funding Instrument (ACFI) a diagnosis of a mental disorder is required in order to make a claim in the behavioral domain.

Later, a Non Compliance document was signed by one of the POA's absolving the nursing home of any responsibility if the lady choked on solid food, which the POA wished the lady to have rather than the pureed food recommended by doctors and speech pathologists. When the EG requested this document be revoked, the nursing home refused to do so, as it was the POA's wishes.

This nursing home refused to acknowledge a legally drawn up Enduring Guardian document and chose instead to accede to the demands of three POA's. When it was pointed out to the DON and the CEO of the nursing home by a solicitor, the Enduring Guardian document was valid and overrode the POA's the DON still refused to obtain legal advice and dismissed the Enduring Guardian document. Instead, the DON actively encouraged the POA's to apply to the Guardianship and Administration Tribunal (GAAT)

Submission

It must be, on admission to a nursing home compulsory for a resident to be examined by a fully qualified Geriatrician. This will remove all doubts regarding the residents mental capacity, and stop false claims to ACFI which, over the course of a residents time in care, can amount to a substantial amount. ACFI and Medicare have stated they require no documentation from medical personnel to accompany a request for extra funding for Dementia patients.

An MMSE is not enough to diagnose a case of Dementia, neither is an ACAT which are guides only. It could be Short Term Memory Loss, Depression or a severe case of Urinary Tract Infection which in the elderly which can, and does produce symptoms of Dementia. If there is any doubt whatsoever - or no qualifying documentation accompanying the resident, further medical examinations MUST be done before a diagnosis of Dementia is automatically foisted upon the resident.

Non Compliance documents where the health and safety of a resident are put in danger, should never be allowed. There should be some provision made whereby such documents must go before a panel of independent assessors allowing them to cancel or activate the Non Compliance. When residents are put in danger on the whim of a family member, it must be questioned as to their motives. An independent panel is vital. (Not GAAT, it has been awash with controversy almost since its inception, there isn't another authority which can operate with the kind of power this department has)

All documentation should be examined by an independent solicitor to determine the veracity of same. It should not be left to the whims and fancies of the DON's or CEO's of a nursing home to decide who should be listened to. When legal documents are chosen to be ignored, it should not then be the decision of the DON to assume the position of advocate for a POA.