

## SUBMISSION TO THE PRODUCTIVITY COMMISSION

1. I am the wife of resident in a residential facility. My husband has dementia and has been classified as a needing high care. He is in an "extra care" facility and I have no complaint with respect to it. However, I am concerned with the lack of medical and dental care.

2. I should like to put my concerns into context. Many people in residential care have few who can attend to the needs that are not met by the facility in which they are resident. Often, their husbands or wives have predeceased them; if still living, they, too, are elderly and, often, with limited resources. Other family members often have full time jobs and are not able to ~~attend~~ take time off from work. Many residents have no visitors at all. It is in this context that I wish to raise the question of medical and dental care for those in residential facilities.

3. As a general rule, no provision is made for dental treatment in residential care facilities. It is left to family members to organise dental care as best they can. Like many people in aged care facilities, my husband is wheel chair bound. And like many other residents, the real problem is transferring him to and from a wheel chair. Although I am nearly 70 and suffer from a form of debilitating Parkinsonism, I can wheel my husband to the dentist, if need be. Alternatively, I can take him in a wheel chair accessible taxi. But I cannot transfer him from wheel chair to dentist's chair. In the result, he receives no dental care. Nearly all aged care residents are in that position.

4. Although some general practitioners visit residential aged care facilities, their visits are not frequent and are often prompted by immediate need. I have spoken to many persons, including family members, nursing home staff, general practitioner, specialist geriatricians, palliative care specialists and, even, the Minister for Health. No one even suggests that the present system caters adequately for the medical needs of nursing home residents. Worse still, when illness dictates that a dementia resident be treated in hospital the attending nursing and medical staff seem to have little experience in dealing with such patients and demonstrate little ability in communicating with them or with their relatives. This is not the occasion for me to document the difficulties I have encountered when my husband has had to be taken to hospital. It is sufficient to say that the experience has been so bad, that it is with the greatest reluctance that I even consent to that course. And obtaining medical treatment otherwise is near impossible.

5. I have a specific proposal to make. I make it on the basis that I can see no other way to ensure regular medical treatment for residents of aged care facilities. My proposal is that all facilities be required to provide an area in which doctors can see and treat patients. The second part of the proposal is that each area health service provide, as an adjunct to its outpatient clinics, regular clinical services to each

residential care facility within its area. Those services must include geriatric medicine, palliative care and psycho geriatric services. In this last regard, let me say that the emotional suffering evident in the facility in which my husband is resident is shocking. The Director of the facility tells me that it is all but impossible to get medical practitioners to visit these residents or to prescribe anything other than "behaviour management", yet their suffering is acutely visible.

6. I am not proposing that residents of aged care facilities should be given "heroic" treatment, just that they be checked regularly for pain, including emotional pain, dietary and/or vitamin deficiencies, adjustment of medication or treatment and the like. I imagine that a lot of the basic clinical work could be done by a nurse practitioner with back up from medical practitioners. Longer term, however, I would like to suggest a special diploma for aged-care medical practitioners, dealing with palliative care, geriatric medicine and, especially, psycho geriatric medicine. The diplomates would be primarily responsible for the clinical services for residents of aged care facilities.

7. Although my proposals might appear costly, I see the provision of medical and dental treatment, and associated facilities in nursing homes, as a basic human right. At the moment, there is, in my opinion, real discrimination in the provision of these services. My aged mother, who lived independently until shortly before she died received excellent medical care through Bankstown Hospital. She was an aged pensioner with a "care package" through Baptist Aged Care. Her carers were able to take her medical and dental appointments. My husband receives nothing like the care my mother received and, it seems, there is very little I can do about it. I find it ironic that countries that allow euthanasia provide a much better system of health care for persons in facilities than we do in Australia. In this regard, reference should be made to the Netherlands where specialist aged care doctors are on hand in nursing homes.

8. One final comment. The efficacy of medical treatment for people in aged care facilities cannot be assessed by reference to the aged population generally. I have experienced the situation where a medical practitioner was reluctant to prescribe a particular medicine for my husband because the improvement was not "significant". However, it made the difference between rotting in bed and being able to walk, with assistance, into the sunshine. For him and for me, that is significant. All I am asking for, is regular medical and dental treatment that will let him and the many in like positions throughout Australia live as well as possible. And free of physical and mental pain.

Mary Gaudron.