

AMA Position Statement on Care of Older People - 1998 - amended 2000

General

1. Ageing is a normal process and does not, of itself, imply illness, impairment or disability.
2. The quality of medical care for older people at home, in hospital and in residential aged care facilities should reflect those principles considered to be optimal medical practice. Standards of care should not be compromised through discrimination on the basis of age, restriction of resources or economic rationalisation.
3. Health care and social services, including comprehensive assessment and effective rehabilitation, should be directed towards the restoration and maintenance of each person's optimal level of independence.
4. With the increasing proportion of older people in the population, health care services for older people should be expanded within the community setting, in hospitals and in residential care. The effectiveness of these services must be regularly evaluated to ensure that older peoples' needs are being met.
5. Medical Practitioners should encourage health service planners and funders to provide funding for the needs of older people and of their carers, and to consult older people on all issues which affect their social, physical and medical environment.
6. The resources allocated for the health of older people by Federal and State governments should be regularly reassessed, in consultation with older people, as well as with health care professionals, providers of residential care, and carers.
7. Health services for older people should specifically acknowledge and meet the special needs of older people and acknowledge cultural values.
8. When an older person is incapable of requesting or refusing health care services, the views of a legally recognised guardian should be sought.

Home and Community Care

9. Community care including domiciliary services for older people are of crucial importance. Co-ordination of services is essential and should be matched to the needs of each individual. These services should be comprehensive, regionally based and closely linked to the patient's general practitioner and geriatric services. The person's own general practitioner is usually best placed to co-ordinate access to these services.
10. Services for older people should complement and enhance, rather than replace, the supportive care of family members and should, therefore, include respite for carers.
11. The role of voluntary and private organisations in the care of older people are to be recognised and encouraged, and not used as substitutes for deficiencies in the provision of Government services.

Residential Aged Care Facilities

12. When an older person is no longer able to remain at home, a range of residential care options, which can cater for their physical, functional and psycho-social needs, should be available.

13. High level care in a residential aged care facility should be available to any person who is in need of such care irrespective of their financial position.
14. Application of standards for residential aged care facilities should enhance and improve delivery of resident care, promote efficiency and be practical. The associated documentation should promote face-to-face contact or services by staff and medical practitioners.
15. Appropriately funded mechanisms of medical audit must be established in residential facilities. These mechanisms should facilitate monitoring by medical practitioners of the services provided to residents. Regular discussion of patient care issues between the patient's general practitioner and the other providers of care should be encouraged. Provision must be made for the appropriate remuneration of the involved medical practitioners who should participate in relevant quality improvement programs in aged care facilities.
16. All staff employed in residential aged care facilities should be appropriately trained and be involved in continuing educational programs.

Hospital Care

17. General hospitals should provide a designated geriatric medical service with beds for acute care, assessment and rehabilitation.
18. Older persons must not be denied access to acute hospitals on the basis of their age or because of their co-morbidities. Medical practitioners with expertise in aged care should be an integral part of each general hospital's services and be available for consultations and advice.

Involvement of Medical Practitioners

19. Co-ordination of, and responsibility for, the health care of an older person should remain with their general practitioner. General practitioners must be involved in the decision-making process relating to the care of their older patients, including involvement with Aged Care Assessment Teams, geriatric and rehabilitation services, Home and Community Care and other community services.
20. Each patient's general practitioner is best placed to assess the outcome of the care and services provided to that person and carries the responsibility for so doing. The point(s) of access to regional domiciliary services should be easily identifiable and available to the general practitioner, older persons and their carers.
21. Medical practitioners must be remunerated adequately for their involvement in the co-ordination of the care of an older person including case conferencing, family conferencing and advisory committees.

Dementia and Psychogeriatric Care

22. Dementia and psychogeriatric care require specialised staff and facilities to complement geriatric services. The staff and facilities should be able to provide appropriate assessment and management, whether the older person is at home, in hospital or in residential care. Adequate staff must be available to provide quality care.

Elder Abuse

23. Elder abuse includes physical, psychological or financial abuse or neglect and may be intentional or unintentional. It violates basic legal and human rights. Older people should be

able to live in dignity and security and be free of exploitation and physical or mental abuse.

24. Some elder abuse is preventable if carers receive adequate information, education and support. Education and training programs on the recognition, intervention and management of elder abuse should be available to all involved health professionals.
25. Medical practitioners, especially general practitioners, have a pivotal role in the recognition, assessment, understanding and management of elder abuse and neglect.
26. Research and programs to prevent and alleviate elder abuse should be encouraged and supported.

Research related to the Care of Older People

27. Improvements in care will result from properly designed, analysed and reported biological, clinical and public health research. Resources should be made available by governments which will ensure the funding of research programs which focus on age related issues.
28. As a matter of urgency, research, especially clinical research into age-related issues, should be encouraged and supported.
29. This research should be multidisciplinary because of the complex inter-relationships between genetic, psycho-social, environmental and economic factors causing dysfunction from disease, disuse, and the effects of biological ageing.

Education and Health Promotion

30. Disability in old age is often influenced by prior lifestyle. Health authorities, hospitals and community based services, should co-operate with general practitioners in developing programs to promote the optimal health of older people before disabilities develop. Programs should target high risk persons.
31. Undergraduate, postgraduate and continuing education of health care providers must address and emphasise the care and, in particular, health promotion amongst older people.