

## Health and Care of Older People

2018

### 1. Overarching principles

- 1.1. In the face of an ageing population with an increasing prevalence of complex chronic conditions, improving the health and care of older people should be a national priority.
- 1.2. Older people, under international law, have a right to the highest achievable level of health<sup>1</sup>. Australia's systems must adapt in order to uphold this human right.
- 1.3. Older people have a right to live in age-friendly physical and social environments in their home, residential aged care facility (RACF), community, city, and region, that:
  - (a) is free of discrimination against a person, or group, based on their age (known as ageism), gender, sexual orientation, race, or culture; and
  - (b) supports independence, prevents social isolation, and includes timely access to services, transport, and infrastructure that enables and supports healthy ageing<sup>2</sup>.
- 1.4. Older people have a right to timely, comprehensive, and appropriate palliative care services that will enable them to die at home if they choose to.
- 1.5. Ageing is a normal process and does not, of itself, imply illness, impairment or disability. However, most older people will at some stage experience a range of physical and/or psychological conditions resulting in functional impairment. This impairment can be reduced or managed by involvement of medical practitioners and other healthcare workers.

### 2. Health promotion and prevention

- 2.1. There are lifestyle behaviours that reduce a person's risk and impact of impairment and adverse health conditions in older age. Many of these have their origin at a much younger age and include regular physical activity, a healthy diet, maintaining a healthy weight, positive supportive relationships and participation, not smoking or drinking alcohol to excess, undertaking preventive health activities, and disease management. There needs to be a focus on healthy ageing in policies and services to maintain a person's functional ability<sup>3</sup> as they age.
- 2.2. Medical practitioners, in particular general practitioners (GPs), regularly incorporate preventive care as part of providing holistic, long-term, health and medical care. GPs also provide the medical home for many older people; coordinating their complex care requirements, ensuring access to services and advocating on their behalf. It is imperative that older people have access to a regular GP and that an older person can access GP-referred services provided by other health professionals.
- 2.3. It is a basic right for all older people to have access to a medical practitioner of their choice.
- 2.4. Health authorities, hospitals and community-based services should cooperate with GPs in developing programs to promote the optimal health of older people before impairment develops. Programs should target high risk persons and should be adequately funded.

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<sup>1</sup> <https://www.ohchr.org/Documents/Publications/Factsheet31.pdf>

<sup>2</sup> "The process of developing and maintaining the functional ability that enables wellbeing in older age" – World Health Organization (WHO) (2015) *World report on ageing and health*, p 28

<sup>3</sup> "Health-related attributes that enable people to be and do what they have reason to value" – WHO (2015) *World report on ageing and health*, p 28

- 2.5. Education for healthcare providers has an important role in promoting recognition of the special needs of older people as well as the value of health promotion in maximising functional ability and reducing impairment in older age.

### **3. Consent and decision-making**

- 3.1. Older people have the same rights as others to make their own informed health care decisions including the right to accept, or reject, advice regarding treatments and procedures.
- 3.2. Where an older person has limited, impaired or fluctuating decision-making capacity, they should be supported to participate in decision-making consistent with their level of capacity at the time a decision needs to be made (any assessment for capacity for health care decision-making is relevant to a specific decision at a specific point in time). This includes decisions involving their health care as well as the use and disclosure of their personal information.
- 3.3. Some patients will have capacity to make a supported decision while others will require a substitute decision-maker.

### **4. Australia's health systems for older people**

- 4.1. Healthcare services for older people should be expanded within home and community settings, in hospitals and in RACFs. The access and effectiveness of these services must be evaluated regularly to ensure that older people's needs are being met.
- 4.2. The quality of medical care for older people at home, in hospital and in RACFs should reflect those principles considered to be optimal medical practice.
- 4.3. Australia's aged care system is complex. The points of access to support services should be easily identifiable and available to older people, their carers and their medical practitioner.
- 4.4. Older people should be adequately supported when choosing their aged care service provider. Older people who do not have decision-making capacity require more support and this should be reflected in patient pathways, planning and resourcing.
- 4.5. There should be no service gap during a person's transition from National Disability Insurance Scheme (NDIS)-funded services to aged care-funded services.
- 4.6. Digital health and assistive technologies have the potential to significantly improve the aged care system through increased efficiency and coordination of care providers, and increased independence and health of older people. Further research into incorporating technology in the aged care sector should be considered. However, it is important that older people and their carers are adequately supported to use digital health and assistive technologies.
- 4.7. Aged care standards
  - (a) Standards of care should not be compromised through restriction of resources or economic rationalisation.
  - (b) The application of aged care standards should enhance and improve delivery of care, promote efficiency and be practical. Standard guidelines should be clear, concise and specific so aged care providers completely understand their responsibilities.
  - (c) The administrative process required to meet aged care standards should not restrict aged care staff's capacity to provide quality care to older people.

#### 4.8. Carers

- (a) All staff employed under aged care providers should be appropriately trained and be involved in continuing educational programs.
- (b) Providing ongoing care is physically and mentally wearing for carers. Home care packages must include services that support carers to manage their physical and mental health. This includes providing timely (including urgent) access to respite services to care for the older person while the carer takes leave.
- (c) The role of individual carers and voluntary private organisations in the care of older people is to be recognised and encouraged, and not used as a substitute for deficiencies in the provision of government services.

#### 4.9. Home and community care

- a. Many older people prefer to age in their own homes or community. For this reason, ensuring access to primary, home and community care should be a priority.
- b. Local services should be designed and supported to meet the needs of the local community. Primary Health Networks have a responsibility to identify the needs of the local community and any gaps in available services and should be adequately supported to carry out this role.
- c. Early medical assessment is critical to ensure older people receive home support to maintain their level of independence before their social and health situation deteriorates.
- d. GPs should 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 care packages and other community services.
- e. Services should be matched to the care and cultural needs of each individual, be comprehensive, linked to the medical services received by the patient, and coordinated at the practice level.
- f. Coordination of, and responsibility for, the health care of an older person should remain with their GP. GPs should be appropriately supported for this crucial role.
- g. GPs should be able to authorise urgent access to government-subsidised aged care services.
- h. The loss of independent transport in older age can result in social isolation due to a loss of access to social activities and can increase barriers to accessing basic needs such as food. Community care services should be complemented by programs that include transport arrangements so that people can access medical, health and other social services and activities.

#### 4.10. Residential aged care facilities

- a. When an older person is no longer able, or chooses not, to remain at home, a range of residential care options, which can cater to their physical and psycho-social needs should be available, irrespective of their financial position.
- b. Registered nurses should be available 24 hours a day in RACFs to ensure older people's medical needs are adequately met, including that medicines are administered when appropriate. This is critical to avoid unnecessary hospital transfers.

- c. There should be close communications between GPs, RACFs, and other care providers, including the capacity for remote electronic access to files by medical practitioners, secure messaging, and teleconference or videoconference facilities.
- d. Regular discussion of patient care issues between the patient's GP and the other providers of care should be encouraged.
- e. Quality assurance procedures must be established in RACFs to facilitate monitoring by medical practitioners of the clinical services provided to residents.

#### 4.11. Hospital care

- a. Hospitals should provide a designated geriatric medical service with beds and outreach services for acute care, assessment and rehabilitation, according to their size and specialisation.
- b. Other medical practitioners with expertise in aged care should be an integral part of each hospital's service and be available for consultation and advice for GPs, and to support policy development, professional development and pathways of care for aged care services.
- c. Unnecessary hospitalisations, unnecessary transfers and extended hospital stays should be avoided by ensuring there are appropriate numbers of aged care places, registered nurses in RACFs, point of care testing at RACFs, protocols of care developed at the RACF in conjunction with GPs, and timely referrals to the person's GP.

### **5. Dementia and psychogeriatric care**

- 5.1. Dementia and psychogeriatric care require access to medical practitioners and other staff, and facilities, to complement geriatric services.
- 5.2. The staff and facilities should be able to provide appropriate assessment and management, whether the older person is at home, in hospital or in RACFs. Adequately trained staff must be available to provide quality care.
- 5.3. Specialised dementia care units should not be used as a substitute for improving dementia management in usual aged care settings.

### **6. Palliative Care**

- 6.1. Comprehensive palliative care services that reflect an older person's and their carer's needs and wishes must be readily available for any person and in any setting when required, especially in community settings and RACFs. This will enable older people to remain in their own home if they wish, and reduce unnecessary hospital transfers and admissions.
- 6.2. Formal prior delegation of authority and an advance care plan should be sought whilst the older person has decision-making capacity, and should be regularly reviewed.
- 6.3. When an older person is incapable of requesting or refusing healthcare services, the views of family or a legally recognised substitute decision-maker should be sought to ascertain the wishes of the older person.

### **7. Elder abuse**

- 7.1. Elder abuse includes physical, psychological, sexual, emotional, material or financial abuse, neglect or abandonment and may be intentional or unintentional. It violates basic legal and human rights. Older people should be able to live with dignity and security and be free from abuse.

- 7.2. Carers should receive adequate information, education and support at the time the person is registered for care to reduce the risk of elder abuse.
- 7.3. Education and training programs on the recognition, intervention, and management of elder abuse should be available to all health professionals involved in the care of older people.
- 7.4. Medical practitioners, especially GPs, have a pivotal role in the recognition, assessment, understanding and management of elder abuse, with effective and available reporting mechanisms to allow action when required.

#### **8. Research related to the care of older people**

- 8.1. Improvements in care will result from properly designed, analysed and reported biological, clinical and public health research.
- 8.2. As a matter of urgency, resources and support should be made available by governments to ensure the funding of research programs that focus on age related issues, with focus on:
  - (a) The care of older people with co- and multi- morbidities.
  - (b) Prevention and management of, and cure for, dementia, as it is a leading cause of death in Australia.
  - (c) The prevalence and management of elder abuse in Australia.
- 8.3. 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.

#### **See also:**

*AMA Position Statement on Resourcing Aged Care*

*AMA Position Statement on End of Life Care and Advanced Care Planning*

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