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MEDIA RELEASE

WE MUST “TIGHTLY COUPLE” AGED CARE TO HEALTH CARE

EMBARGOED UNTIL 12:01am Monday 20 May 2019

THE uncoupling of health care from aged care is a worrying trend that “does not serve the rights of older people in residential care to equitable access to health care”, according to the author of a Perspective published online today by the *Medical Journal of Australia*.

Professor Joseph Ibrahim, Head of the Health Law and Ageing Unit at the Department of Forensic Medicine, at Monash University, wrote that as residential aged care facilities (RACFs) moved away from a “medically dominated model of care provision”, acute care hospitals and state health departments were doing the opposite.

“[They] consider RACFs as a quasi-acute health care facility, evident by the implementation of In-Reach services and other efforts to divert presentation of residents to emergency departments,” Professor Ibrahim wrote.

Modern care of older people required better gathering and use of data, more robust governance structures, and innovative models of care, he wrote.

“Annual, national data for evaluating the clinical management of frail older adults with chronic disease in RACFs is limited.

“The major danger [for the Royal Commission into Aged Care Quality and Safety] is failing to address gaps because of the absence of empirical data,” Professor Ibrahim wrote.

The extent of known poor clinical care includes:

- overprescribing of antipsychotics;
- prevalence and severity of chronic respiratory conditions are underappreciated and undertreated;
- poor diabetes management;
- poor oral care;
- sexual assault; and,
- serious injuries and preventable deaths from falls, choking, suicide, and resident assault.

“The Royal Commission needs to take a transformative approach that includes tightly coupling RACFs to health care,” Professor Ibrahim wrote.

“Addressing the egregious human rights breaches and developing strategies to reduce and eliminate harm from abuse, mistreatment and neglect are crucial.

“Optimal health care is an essential requirement for maintaining and improving the lives of older people and this should be one of the core roles of RACFs,” he concluded.

“This requires the medical profession to establish new standards, identifying and bridging gaps in empirical knowledge, using performance data and advocating for the structural solutions that support promoting the use of evidence-based practice at the point of care.”

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