

Health blueprint fails the elderly

To be or not to be response overdue

Suellen Hinde

Darrell Giles
POLITICAL EDITOR

QUEENSLAND'S aged-care industry fears it has been shoved to the bottom of the list in the Rudd Government's \$50 billion health reform package.

Peak industry body Aged Care Queensland said the blueprint announced last week had failed to address the needs of older Australians.

ACQ chief executive Anton Kardash said the Prime Minister had mentioned aged care only once in his address and gave little by way of specifics to deal with problems.

"I am very worried we are being relegated to last in the queue," Mr Kardash said.

An exclusive *Sunday Mail* report last weekend revealed that Queensland hospitals were bleeding \$200,000 a day looking after elderly patients, due to a critical lack of aged-care homes.

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The State Government said aged-care patients cost the health budget \$85 million a year and if beds taken by the elderly were available, more than 36,000 extra operations could be performed annually.

Mr Kardash said he was encouraged by federal interest in reforming the health care system. "But I would be disappointed if it reversed the progress we had made as an industry in fixing the cracks and flaws in the aged-care system," he said.

ACQ was concerned aged-care reforms could take years to implement - well beyond Mr Rudd's 2013-14 vision.

"Nearly 50 per cent of all hospital admissions are people aged over 65. A properly functioning healthcare system is a continuum that includes a well-funded aged-care sector," Mr Kardash said.

"Any attempt to 'fix' the hospital system will fail if the pressures on residential and community aged care are not addressed at the same time.

"If the Government genuinely wants to reform the health sector, then it can no longer afford to treat aged care as an after-thought.

"The aged and community care industry already struggles against funding pressures with

40 per cent of the industry running at a loss... The failure to address the immediate aged-care needs will inevitably put at risk the level of services our industry can provide to the frail and elderly."

Mr Rudd was expected to reveal more details on the aged-care strategy during a video address at the ACQ state conference on the Gold Coast on March 17-19.

"The aged-care industry needs immediate additional support and investment in services for older Australians and their families," Mr Kardash said. "An aged-care reform blueprint is needed and the industry stands ready to work together with Government to create solutions and implement reform."

But Mr Rudd disputed ACQ concerns, claiming the strategy would "directly benefit Australians of all ages".

"Local Hospital Networks will be obliged to work with

local primary healthcare providers and aged-care providers so their care extends beyond the hospital doors," a spokesman from the PM's office said.

"They will strengthen relationships between services such as general practices and hospitals to help older people receive the right services when they need them."

He said Canberra had committed more than \$8 billion over the next four years to Queensland aged-care providers to care for the elderly.

The Queensland Government had also been given more than \$97 million to expand sub-acute care services - rehabilitation, palliative care and geriatric evaluation.

The spokesman said: "We are also delivering on our election commitment to provide 2000 additional transition care beds nationally by 2012."

The *Sunday Mail* report revealed that so far Queensland had only received 129 beds.

LESS than 1 per cent of Queenslanders have made end-of-life decisions, putting families and health care workers under unnecessary stress, experts claim.

Just 20,000 people have filed a legal document - known as an advanced health directive - which must be followed by medical staff if a person is facing death.

Advanced health directives allow a person to declare they do not want to be resuscitated if they are unable to live without life support.

Medical interventions including cardiopulmonary resuscitation, assisted ventilation and artificial hydration are used to prolong lives in a range of scenarios, including terminal illness, coma and vegetative state.

Queensland Health Metro South Palliative Services clinical director Professor Liz Reymond said an unwillingness by the general public to face their mortality was causing distress among health professionals and families.

To help ease the conflict,