

Inquiry into Elder Abuse in Queensland

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Thank you, the Education, Arts and Communities Committee ('the Committee'), for inquiring into the important topic of elder abuse in Queensland. I work as a hospital doctor in Queensland. Before medicine, I trained in law. I am a university educator and researcher. I have a spinal cord injury. I was a senior advisor to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. I do not represent the views of any organisation that I am employed by. I do not speak for any group or person. I hope to share some perspectives on the treatment of our elderly gained from the course of life and work; as well as the overlap between disability and ageing. According to the Australian Institute of Health and Welfare (the 'AIHW'), "patients aged 65 and over accounted for 24% of presentations of the patients aged 65 and over who presented to ED". The AIHW continues to say, "52% were subsequently admitted to hospital compared to 30% for all patients." Therefore, of the 8.8 million presentations to Australian emergency departments noted by the AIHW, many people will be over 65. Many will be admitted to the hospital. A few years ago, I found a gentleman, eighty or so in age, waiting in the hospital reception to meet me, after finishing a shift at about eleven in the night. He had apparently been waiting all evening. I was saddened to hear that he drove about ninety minutes to come to Gold Coast, waiting to discuss issues that he noted in healthcare for the elderly. The gentleman yearned to have a hospital dedicated to the expert care of elderly, as he felt that our country was not delivering for those in his cohort. There are efforts to improve the situation. Queensland's Geriatric Emergency Department Intervention (GEDI), for example, have passionate doctors that care for the health of our elderly in the busiest settings. Nonetheless, many of these patients face complex medical issues, requiring time and careful consideration. With the pressures facing health systems, vulnerable patients like our elderly face the biggest risk of misadventure. Sometimes, quality-of-life judgements are made. But, these are complex conversations that are different for everyone. An elderly patient once said, "my only wish is to kiss my grandchild's forehead for as many years as I can, however that may be". In a 2020 paper titled, 'Elder Abuse Identification by an Australian Health Service: A Five-Year, Social-Work Audit', published in the journal Australian Social Work (<https://doi.org/10.1080/0312407X.2020.1778050>), it was noted that of vulnerable groups, "Half were aged 80 years and over; two thirds lived with the person of concern; two thirds were from culturally and linguistically diverse backgrounds, and a third had cognitive impairment." Anecdotally, these intersected groups appear to experience elevated levels of violence, abuse, and neglect, reminiscent of the disability community. The practice of medicine is often a window into society at a given time. It has been saddening to see people who are dependent due to immobility, language barriers, or cognitive impairment, experience abuse due to their vulnerability in this journey. There are elderly living with children struggling with drug addiction. There are elderly who have given their children to our country, now war veterans, who are devastated by the lack of care for their most loved. There are elderly who have a variety of challenges in accessing healthcare. There have been high-functioning 66-year-olds, torn away from the workforce still in the height of their career, due to an injury without access to the National Disability Insurance Scheme. There are elderly who are assaulted. There are elderly who are not given access to food or medicine. There are elderly without homes. Seeing these situations have created moments to reflect on where we are as a society. Mahatma Gandhi said, "The true measure of any society can be found in how it treats its most vulnerable citizens". I believe that we are lucky to live in an Australia. We are lucky to live in Queensland. We must remember though, that it is a place built by those who are the subject of this inquiry. We enjoy the fruits of their work, tears, sweat, love, and taxes. For that, we owe them.