

More than 'hospital' versus 'aged care' in the COVID Victoria blame game

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Some critical core principles - including the fundamental human rights of the people who are at the heart of it - are at risk of being forgotten in the debate raging in Victoria around the medical care provided to residents of aged care homes, according to the Australian Association of Gerontology (AAG).

The President of the AAG – which represents professionals working in research, policy and practice across all disciplines and interests in the field of ageing – says the current COVID-19 crisis, characterised by blame shifting and finger pointing among groups claiming to 'know best', oversimplifies the issues and fails to acknowledge important, if inconvenient, considerations.

Speaking on the day when Victoria's new cases hit 723, Professor Christine Stirling commended the work of frontline workers, service providers and governments in trying to address the spread of COVID-19 through Victorian residential aged care facilities.

However, she said it was vital to understand there were no simple, 'correct' solutions.

"AAG has been monitoring the debate around whether all older people in residential aged care should be transferred to a hospital immediately upon testing positive, or whether other responses, such as acute hospital care provided in residential aged care facilities (so called in-reach acute care), should also be considered.

"The complexity of the epidemiological, societal and individual issues that must be balanced in trying to control the COVID-19 outbreaks in Victorian residential aged care facilities cannot be papered over. Indeed, the differing opinions on how the outbreaks should be managed are reflected in the views of our own diverse membership".

"However, there are some important nuances and some fundamental principles that we can all agree on, that must be upheld, and that should not be lost in this debate," Professor Stirling said.

She said it is a fundamental human right that all people have access to the treatment and expertise provided by acute care hospital-type services.

"This means the right for every one of us, regardless of our age or where we reside, to have access to the same level and quality of healthcare, and to be involved in decisions about our care. This of course includes people residing in residential aged care homes."

No one-size-fits-all response

Professor Stirling also reminded the public, policy makers and politicians that what works for one person or one aged care home cannot simply be expected to work for all people or all aged care homes.

"It should be no surprise that all older people are NOT the same and within residential aged care facilities there are older people with very different needs. For example, some people living in residential aged care have high clinical needs while others may have low clinical care needs but require intensive behavioural and social supports."

"Likewise, not all residential aged care facilities have the same design and set up and this can make a big difference from an infection control perspective. Some are set up as rooms running off shared corridors; others are groups of independent units with their own entrances and there are others," said Professor Stirling.

"The design of a residential aged care facility plays a role in determining which infection control measures are most appropriate, and skilled clinicians can help with this," she said.

“The decisions older people make together with the family and significant others in the face of COVID-19 are likewise complex and will be different from case to case.

“Some people may want to protect themselves from the risk of COVID-19 infection by moving in with family or friends for a while; other people may be at the end-of-life stage of care when diagnosed with COVID-19 and want to stick to their original end-of-life plans. There will also be people who want to be transferred to hospital and receive care there after being diagnosed with COVID-19.”

Professor Stirling said, despite the many nuances, there was no debate among members of AAG as to the role and critical importance of Government funding.

“We need to use increased Government funding to make sure that there are more healthcare clinicians, including nurses, doctors and allied health professionals, available on site to support residential aged care staff to prepare for, and respond to, COVID-19 outbreaks.

“These clinically trained staff who know about infection control need to be put in place now,” Professor Stirling said.

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About AAG

The Australian Association of Gerontology is a professional membership body whose purpose is to improve the experience of ageing through connecting research, policy and practice. Since 1964, AAG has been Australia's peak body linking professionals working across the fields of ageing. The multidisciplinary nature of our association is one of our key strengths. With 1,455 members across every State and Territory in Australia, our members include researchers, aged care leaders, geriatricians, nurses, allied health professionals, policy makers, advocates for older people and others with expertise in ageing.

AAG Spokesperson- Professor Christine Stirling, President

AAG President, Professor Christine Stirling, is available to be contacted by the media for comment on this Media Release.

Professor Stirling is a nursing academic at the University of Tasmania, Australia. Christine has a career long interest in improving health care through workforce innovation and consumer research. She has a particular interest in supporting older persons to remain living in the community, in dementia studies, and in the future workforce innovations that can support improved health care. Christine's published work covers volunteers, informal carers, decision aids, and memory clinics and how these can help to improve health services. Christine joined the AAG in 2009 as a member of the Tasmanian Division, serving as Treasurer 2010-2011, then State President 2011-2013. She has served on the National Board (previously Council) since 2011 and was Vice President 2013 - 2017.

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