SUBMISSION TO PRODUCTIVITY COMMISSION INQUIRY INTO CARING FOR OLDER AUSTRALIANS (2010)

This submission answers the following questions in the Productivity Commission (PC) issues paper ‘Caring for older Australians’:

Are the aged care services that older Australians require available and accessible?

Not in the two particular categories I address later below and which I probably share with many other people. These categories are (i) old people whose teeth might start falling out one by one and (ii) old people who ideally want to die conveniently and productively.

Is there sufficient emphasis within the current system on maintaining a person’s independence and on health promotion and rehabilitation?

This question appears to link independence automatically and positively with health promotion and rehabilitation, which may be wrong. Others may wish to take every medical screen or test in town. My personal and broader fear, however, is that the drive towards increasing specialisation in care of the body also drives increasing dependence on the public and private purse by frightened older people who may also be found to be increasingly invalid after a supposedly expert preventive or curative process. I am suspicious of the increasingly specialised professional advice on illness prevention and rehabilitation that I get as I age. I guess following some of it could give me unnecessary pain and also risks making me really sick, as well as requiring a lot of money. Thank God for the internet and a pair of brains. See the discussions later on my teeth and death.

In this context one also looks forward to the development of a person-controlled electronic personal health record as a necessary step in any national, more openly evidence-based service delivery. See the attached submission to the National Health and Hospitals Reform Commission (NHHRC) made before any trouble with my teeth was really clear to me. Addressing key recommendations from the NHHRC report entitled ‘A healthier future for all Australians’, I argued, partly from recounting personal experience, that some may produce new, dysfunctional, professional health service silos, as the report is clearly a product of many collegiate cultures pursuing vested interests which may be unspoken or ‘misspoken’. One problem is that for various reasons, the richest and the poorest working in health and community services may not openly recognize themselves as industrial, financial or related legal actors. The US health promotion direction that many researchers in Australia appear to follow may also be more like a prescription for communities driven by health professionals and their private sector, rather than by the broader World Health Organization (WHO) and related Alma-Ata approaches to health promotion ideally supported by the United Nations (UN) and Australian governments.

The development of the electronic health record ideally enables clients, health practitioners and all related communities to focus comparatively, in more reliable ways, on apparent types and outcomes of treatment, perhaps for the first time. Without this and other community development direction, such as that discussed in

the attached article on mental health, I predicted geriatric psychiatrists and their legal and financial mates would scoop the financial pools, followed by other medical specialists and some dentists. I predicted others would trail behind according to their associations. More recent experiences with my teeth have supported rather than changed these earlier views.

One could also write a book on tradesmen, who may face many and varied difficulties and who may experience many potentially problematic relationships with their older clients, from linked personal and community perspectives. For a related discussion see the attached entitled 'Am I dementing on your watch and does it matter?' This follows a submission to a PC inquiry on the need for better directed vocational education and training. This submission recommended the use of Australian and New Zealand Standard Industrial Classification (ANZSIC) codes and Australian and New Zealand Standard Classification of Occupation (ANZSCO) codes to address some of the problems discussed below. The related response to the Council of Australian Government's (COAG) National Legal Profession Reform Taskforce Consultation Report (2010) which is attached answers Taskforce questions on professional indemnity insurance, fidelity fund cover, continuing professional development requirements, and disclosure and charging of legal costs in related international, national and regional development contexts. Appropriate management of all trust money and accounts is also considered ideally to improve many social, environmental and economic community outcomes.

More supportive, protective, rehabilitative, fairer and competitive management and investment outcomes should generally be expected through individual, organizational, industry and community choice of management, saving and investment directions which operate consistently with ANZSIC and other key definitions and investment directions found in the Superannuation Industry (Supervision) (SIS 1993) Act. Consultative consideration of proposals of the review into Australia's superannuation system is now also recommended in this context. National policy and taxation directions to support greenhouse gas reduction and sustainable development, and the proposed resource super profits tax (RSPT) are both ideally discussed in related regional industry and community contexts to reduce the problems discussed below and in the submissions attached.

I retired from teaching at Sydney University in 2007. At Christmas 2008, during the international financial crash in which UniSuper dropped $80,000 of my retirement income comparatively suddenly, plumbers repairing a drain on the property of one of the 18 townhouses where I live, discovered $14,000 worth of asbestos to be removed (with no approved signature from any designated expert to guarantee asbestos was present). The lights along a path also went out suddenly and electricians called to fix them claimed plumbers who did nearby work six years ago had done it unsafely, and it had to be ripped out. At the same time, lawyer associates of the Institute of Strata Title Management apparently suggested that body corporate members are controllers of premises under the occupational health and safety act and so must carry out a range of work, starting with inspections of all properties for asbestos, so as to fix other potential problems for workers. As I pointed out to our body corporate and strata manager, I never felt more out of control of any premises in my life. The electricity black-out which occurred uniquely in my house perhaps proved it, but I preferred to

think I'm just an ignorant old woman, perhaps like the others apparently driving the body corporate behaviour at that time.

A current problem with much legislation is that service providers may drive it for their financial and related industrial purposes, helped or led by lawyers. Old women are natural targets for their attentions and any financial crisis is likely to exacerbate this tendency, especially in towns, as distinct from in the bush, where one may still marvel at the wealth of housing which, according to WorkCover guidelines, may be best thought of as asbestos. I started looking for another place to live as a result of the above experience. Fortunately things have got a lot better in recent times, as I love my home and suburb. Many solutions for these general legal and financial problems are discussed in the attached submissions.

Health promotion and rehabilitation are 'hurrah' words, a bit like 'mother'. They largely assume that nothing very painful, unpleasant, embarrassing, very faulty or very costly, is going to happen during one's periods of 'preventative' screening, care or 'rehabilitation' and related professional recommendation. I know some instances where I believe that this is false and will not go down that route in my old age. For example, the later discussion of apparent dental practice in regard to tooth loss may give one pause for thought in this direction, unless, perhaps, one happens to be a dentist or allied health professional. After I wrote it, my dentist made me a beautiful new tooth in two hours for around $300 in comparison with the commonly recommended route of a specialist and tooth implant. The latter typically costs $4000 and take at least 8 months, providing there is enough bone for the tooth to hold properly. Two of the four old local women I asked about tooth implants related bad experiences. My next door neighbour appeared fit to die after his 'preventative' flu injection. I now consider myself beyond all screening unless in pain.

Ideally, health policy for old people should be clearly understood and developed by adults in the context of the inescapable fact that we are all going to die, as distinct from all going to get better. Lionel Shriver's recent novel 'So much for that' deals with some of the issues I address, but in a much more problematic context of younger sufferers of cancer and other health problems in the US economy. Until recently the US has supported health care markets driven by private sector service providers, to the comparative detriment of the US people in terms of longevity, accessible and equitable health service provision and related service and premium cost. See Stephen Duckett's Australian research on this or watch Mike Moore's film 'Sicko' for more information.

Policy on independence and dependence ideally are constructed in the above context. It is inappropriate for governments to encourage the common community refusal to face the inevitability of death and to assume that independence is naturally equated with prevention and rehabilitation service, not increasing long term invalidity. It is also totally unacceptable for government to prevent the choice of old people who want to die and unconscionable not to help them to achieve their wishes in a prompt and pleasant manner.

How might any inadequacies in the system be addressed?

Help Rome develop its new approach to communication and related risk management. According to the article 'Condom incident threatens papal visit' (Sydney Morning Herald World 26.4.2010, p. 6) a Vatican spokesman, Father Frederico Lombardi, told a meeting of the Italian bishops' conference, '*This is the age of truth, transparency and credibility. Secrecy and discretion, even in their positive aspects, are not values cultivated in contemporary society. We must be in a position to have nothing to hide'*. Men everywhere will naturally be thrilled to hear this and should immediately get into line and follow suit. The next stage must surely be learning about the joys of writing, in which the pen is not so much seen as mightier than the sword, but different to it. Email and Google are also seen as truly and equally exciting, along with much other media like TV, videos and radio. Find out more about this direction at www.Carolodonnell.com.au and in the attached submissions. It is also a new ageing workforce direction.

GET USED TO THE IDEA THAT WE ARE ALL GOING TO DIE

While it is hard to see the suicide of younger people as normally other than a tragic social failure to provide everyone with a happy and fulfilling life, the suicide of some old people may be very different in quality from that of those who are younger. For those who may feel as I do, the self-directed death may ideally be seen as the logically chosen end of a full, happy and engaged family and community life. Any Buddhist may also be encouraged to look dispassionately upon her own decline as a research project ideally leading to a termination helpful to humans left behind or to other life on the planet. What could be more natural than that – virginity followed by lifelong monogamy and constantly forced reproduction, which usually only applies to poor and ignorant women?

As a comparatively free modern woman I have always chosen my own sexual partners and tried to plan my reproductive schedule throughout life myself. Over the years I have also got used to an extraordinarily pain free and self-determining life and have also become intolerant of much personal interaction. This does not make me a welcoming candidate for a nursing home or a lot of other community care in my decline. The idea of others deciding what would be good for me is also highly repugnant to me and under the combination of these circumstances I guess I would rather be dead. Please note I do not much fear dementia as I imagine it as a happy place full of pop songs, jokes and movies. You may here recall the dying Dirk Bogarde's compelling continuation of his extremely satisfying working life as the purser of a P&O liner for the rich in 'Daddy Nostalgie'. On the other hand, I would hate to become a lot more trouble than Anne in 'Little Britain', although she has been a much admired role model in recent years, from a duo that has produced many memorable women we may wish to copy, while travelling in old age.

In general summation and speaking as a sixty-three year old self funded retiree, I regard the world as overcrowded with people and naturally now want to plan my death in the way that I consider will be best for me, my community, my daughter and other species. Obviously I reserve the right to change my plan in future, as we may often do through life. However, at present my key wish is to prevent myself experiencing unnecessary pain or loss of control over my own body or affairs as I get older. I demand the right to end my own life as easily, comfortably and usefully as possible when I want to do so.

My experience of life is of having known a few old people who badly wanted the right to die easily and who were denied it with nasty consequences. I therefore once suggested to former health sciences students at Sydney Uni. that we should all be sent a congratulatory birthday card from the government at seventy, plus information about how to access a registered cyanide pill with our name on it, should the time ever come when we want to die. My students rejected this idea, which admittedly was a little mischievously made, to upset any of the kind of Christians who I regard as too used to dictating to the rest of us how to be born and how to die over centuries. Few young people know that even before any of the current debates on abortion and related policy, the earlier 20th century teachers on any birth control commonly went to jail for breaking the law. No pressure then?

As we are all going to die, it now seems particularly obscene to me that we are offered many 'preventative', 'rehabilitative' and 'cosmetic' procedures, but no relief is available to those old people who may prefer an easy death. I particularly wish to avoid becoming an unnecessary hindrance and expense to my daughter or to any other people who would, in my estimation, probably be much happier and better off getting on with their own and others' lives, rather than fretting about or paying for upkeep of my miserable old bag of bones. One may also see material separation as comparatively unimportant if one can easily conjure a well known person up by thinking how they were, not how they are now, especially if the latter is in pain or miserably finished with life and wishing it would end.

If every Australian over retirement age who wished to do so was given the choice to end their life up to two years earlier than might otherwise be so, the taxpayers could save vast amounts of money on care towards the end of life, when its quality may also be diminished and so valued least by those who may feel as I do. When we are old enough to rationally assume we will not get better, some of us may wish that the money which keeps us alive was spent instead on making life more comfortable for many who apparently have much more reason to live than we do ourselves, such as all those who are younger and more vulnerable. From such moral perspectives, voluntary organ donation in old age may be conceived as a great form of public service, a related potential gesture of personal gratitude or atonement and a choice ideally made available in the public interest to anybody who is elderly. I would also love to have my left over body bits used usefully to feed fish or other species. A funeral would be a horrible pretence and a waste of time and money as far as I'm concerned. I'd just want to see my daughter before I go.

I expect that a lot of Chinese people and Buddhists would at least understand the way I feel, whether or not they would want the same. I think the fact that my position is ignored is merely another of the many ways in which many Australians who think of themselves as non-discriminatory may in fact be highly censorious, racist or narrow minded. Since we cannot escape death, this is ideally also a commercial debate which should be opened up in the interests of people in developed and developing countries.

For example, Christian or related legal exhortations against the death penalty for major criminals may also be understood as occurring in many contexts where the urban or rural poor and disabled are given no government economic support of any

kind whatever. From any perspective, but especially from theirs, the jails may appear most accurately conceptualised as comparatively expensive forms of welfare service provision, made primarily to those who appear least deserving. The funds might logically have been spent more usefully elsewhere, including on provision of relevant contraceptive devices to reduce poverty, crime and all related environmental degradation. We need more useful dialogue with Christians so that everybody can have their personal wishes satisfied better.

In this context I am also reminded of the brilliant old movie, 'Soylent Green', in which a corporation secretly turns dead people into food for all living on an overcrowded, violent and denuded Earth. This movie got the future wrong? It certainly lacked an evolved understanding of the coming feminist, consumer and related technological revolutions and the broader markets they delivered to many of us. The continuing policy and service development direction that I now propose involves elderly people being given greater personal choice over the timing of their own death, in order to help raise the chance for healthier, greener development for all. Church is no longer the only ideal female refuge from involuntary breeding and violent destruction by men whose live are also stripped of almost all other pleasures at the hands of brotherhood mafias. Get off our old backs!

LET'S TALK ABOUT TEETH

I refer to the article entitled 'Minister says 'argh' to dentists $7 m bite' in the Sydney Morning Herald (10.6.10) in which more information is invited. Mine is only personal experience and surmise. On the other hand, none of the three dentists referred to below know my body the way that I do and nor will a periodontal specialist. (Trust me on that.)

I am sixty-three and have just lost my first tooth, as a result of bone loss and detachment of the tooth from ligament. I fear the future. I have had the same dentist for over 20 years and have recently shown images of my teeth to two others. I have also done a lot of Googling to see what I could find out. I have reached the views below so far:

The typical response from dentists appears to be to refer me to a periodontal specialist for a deep clean treatment of teeth under the gums which are viewed as being diseased and attacked by bacteria in plaque which must be cleaned off. I gather the periodontal specialist may typically wish to do this deep clean every three months under anaesthetic, or may wish to undertake more invasive, surgical treatment.

As I have no pain and can find no research on the comparative success of outcomes of performance by periodontal specialists in averting further tooth loss, I am loath to go down the potentially highly invasive and costly specialist route which dentists typically recommend. Quixotically, perhaps, I also tend to view my first tooth loss as more likely to be primarily related to the effects of the changes in bone and also in saliva in my drier mouth after menopause, than 'disease' which strikes at any age. (In 2008 I at last discovered that Sjogren's syndrome describes the thicker quality of my saliva and related drier mouth, although the medical literature I found later does not suggest it may be related to menopause, as has seemed likely to me since both occurred at the age of 47).

However, Sjogren's syndrome, whatever its cause, is recognised in medical rather than dental contexts, and dentists appear typically to resist the view that change after menopause is a key determinant of bone and tooth loss. (On the other hand, I used to teach at Sydney Uni. and read the proposal of a dentist in the Middle East whose research involved counting the number of teeth in post-menopausal women and x-raying their mouths in order to offer them HRT drugs as a possible solution to further tooth loss (!)(!).

Australian and US dentists on the internet also appear to view implants as the answer to tooth loss. An implant in Sydney costs $4000 per tooth and takes around 8 months for the job to be completed. Dentists do not appear to like to discuss bridges any more. If each person is normally expected to replace each lost tooth by an implant the cost over time will be enormous, if losing teeth is typically related to aging, which dentists appear unwilling to discuss, but which the net rather obliquely suggests is so.

I think dentists are gearing up for the most expensive and invasive solutions possible to loss of teeth in older people. This would be okay if there was evidence based dental research (i.e. comparatively good outcomes) to support this direction involving periodontal specialists and implants, but I can't find this on the internet. Some dentists I have spoken to and research I have found goes out of its way to ignore age as related to tooth loss. (On the other hand, I know that falls in old age break bones more easily. I am a gym junkie so this is not my problem. However, tooth is bone which is also affected by aging, I guess, and this is my problem.)

I greatly regret not having taken better care of my teeth after menopause despite my dentist's repeated urging. (I brushed every day but did not do nearly enough related cleaning work). On the basis of the assumption not favoured by dentists, that my problem is mainly related to oral dehydration and bone weakening after menopause, I intend to try the following before considering a peridontist:

1. Drinking much more fluid each day (milk, green tea and water)
2. Constantly chewing non sugar gum in the hope that just as I successfully built bone by exercising my body, I can do this with my teeth as well. Chewing gum will hopefully also ensure more saliva flow. Will this work do you think?
3. Cleaning my teeth with the level of care and attention that my dentist has always recommended but which I neglected to do to the required extent until recently.
4. Wonder what to do next about the tooth I have lost.

I have no idea how the tooth profile and related experience of other Australians around my age compares with mine and I would be grateful for any information available on this or other issues of evidence based dentistry and related cost that I referred to above.

Finally, we say 'Thank you for the opportunity to make this submission and Heaven is what you get for being good. Join the Broad Front Franchise (BFF) for more

sustainable development and read more about it in the attached discussion of vocational education and training', etc.   Yours truly,

Carol O'Donnell