INQUIRY INTO INQUIRY INTO ELDER ABUSE IN NEW SOUTH WALES

Organisation: Australian Medical Association
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The Director
General Purpose Standing Committee No. 2
Parliament House
Macquarie St
Sydney NSW 2000

Via email: gpscno2@parliament.nsw.gov.au

Dear Ms Dunn,

Thank you for the opportunity to make a submission on the important issue of elder abuse in NSW.

The AMA is a medico-political organisation that represents over eight thousand doctors in training, career medical officers, staff specialists, visiting medical officers and specialists and general practitioners in private practice. As such, the AMA (NSW) submission to the inquiry into elder abuse relates primarily to the role of the medical practitioner as a conduit to the providing appropriate support and care of the older patient.

The AMA (NSW) recognises that ageing population is increasing and that policy makers must consider how an increase in this population will impact policy development, service capacity and funding issues in relation to elder abuse.

Because elder abuse is most commonly perpetrated by family members,¹ there can be a significant reluctance on the part of the victim to report the abuse and potentially sever the family relationship.² Consequently, identifying the precursors and signs of elder abuse is an important aspect of prevention and intervention.³

Medical practitioners, in particular, general practitioners (GPs), are often the first independent professional to see an older victim of abuse.⁴ As a consequence, medical

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practitioners have a pivotal role in the recognition, assessment, understanding and management of elder abuse and neglect.\(^5\)

Improving access to medical services for older people who live in the community and residential aged care represent windows of opportunity for detecting and responding to cases of elder abuse,\(^6\) however there is a shortage of funding to meet the training needs of those in the frontline across the sector, and a failure of the MBS to appropriately value the delivery of care to older patients.\(^7\)

Although GPs and other health professionals often treat abused patients, in cases where a patient does not disclose, it can be extremely difficult for any practitioner to identify that abuse is occurring. Even if abuse is suspected or identified, there can be a resistance to discuss, document, refer, and follow up with victims due to an array of reasons. This means the opportunity to act will often be missed.\(^8\)

A further barrier to adequate responses is the lack of recognition in the MBS of the significant non face-to-face time a medical practitioner would need to spend to coordinate an appropriate continuum of referrals and services for patients experiencing abuse. A Medicare item number for GPs to liaise with social services would recognise the holistic services provided, not just the time spent providing clinical treatment.

In summary, the AMA(NSW) makes the following recommendations:

1. Funding accessible training to frontline medical practitioners in identifying and managing elder abuse.
2. A Medicare item number to liaise with social services.

The AMA(NSW) welcomes any opportunity to work the NSW government to advance these issues.

Yours sincerely,

*Sim Mead*

*Director, Policy & Industrial Relations, AMA (NSW)*

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\(^7\) Australian Medical Association (2012) AMA Position Statement: Access to Medical Care for Older Australians.