

Relax and consider a lo-tech healthy future

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OPINION & ANALYSIS

IN 1973, I helped plan the Department of Community Medicine for Sydney's new Westmead Hospital. It included hospital-outreach care for older people, rehabilitation, prevention and general practice.

Dr Bernie Amos, chief planner of Westmead, told me: "Get yourself to Newcastle and see Dick Gibson [geriatrician] and Grace Parberry [social worker] at the Royal and see how they do geriatric care," and I did. I took the Flyer one April Friday morning and arrived in time for Dick to show me his ward at the Royal Newcastle Hospital.

For older patients leaving hospital, general practitioners helped plan care and social services were arranged according to need. Then Dick took me on a home visit. The wife of an elderly patient greeted us and at the end of an effective and warm conversation Dick gave the woman his business card.

"Remember," he said, "that I promise to find a bed for your husband at the Royal if he needs it. Call me any time that's my daytime number and that's my home number."

As we closed the gate I asked Dick, given that the geriatric service was caring for well over 100 patients in the community at that time, how often was he called at night? "Oh, a couple of times a month," he said. "Once patients and carers know that help is there, they don't panic and don't call unless it's really necessary."

Prime Minister Kevin Rudd has recently sown seeds of alarm about the growing numbers of older people in Australia and how expensive it will be to care for them medically.

As the story suggests, we know how to care for older people and have done so for decades, and have been doing it pretty well, and that the sky will not fall in because the number of older people is increasing.

We know how health care can be better managed along the lines pioneered in Newcastle to care for older people. If you are sceptical, take a look at Europe with populations already as old as ours will be in 2030, and it is coping using these methods.

So what is the fuss about? Is there a problem? Yes and it has to do with the way we invest in health care in Australia at present. In brief, we have invested heavily in hi-tech care without looking carefully enough

at what it is achieving. We have bought lots of hammers to use now in health care and so we are tempted to see all health problems as nails.

Or, like conventional armies facing an enemy equipped not with tanks, infantry and canons but with Boeing 767s and roadside bombs, we find ourselves at sixes and sevens, and feeling vulnerable.

Chronically ill people need community-based integrated care and we, the health professions, have concentrated ourselves in hi-tech health-care institutions.

Using hi-tech care is expensive and often inappropriate. It is good for trauma, cancer care, heart surgery, neonatal support and a dozen other things, but not heaven's answer for the massive majority of older people.

The big problem, as our Canadian cousins point out, is not the growing number of older people but rather the rapid rise in costs of care for them, which are due to more and more hi-tech interventions.

I would applaud if we decided to pay GPs more and gave them incentives to visit patients and their carers at home again.

If we do not invest in lo-tech community support, older people will, sensibly, seek out care in our hi-tech hospitals when they are in strife. That wastes money. It also wastes the lives of patients. I know from our patients that 10 days in hospital for something that could have been treated in the community stuffs their quality of life for weeks. It is as though we have lost the Gibson-Parberry vision.

Most care of people with chronic illness actually has nothing to do with the health and welfare systems. Informal carers family, neighbours and friends carry the biggest load. When someone develops heart failure or emphysema, families struggle to find meaning and to understand what on Earth the health professionals, frequently in haste, are trying to communicate to them. A cross-cutting communication network, probably IT-based, could link all care providers and be centred on the patient.

It is an irony that we can now put all of Bach's music onto a PDA the size of a five-cent piece, but are unable to get the medications recorded on a portable device for all to know when a patient with multiple problems is taking a mere 20 or 30 different pills.

Bottom line? No need for panic. Doing well in health care but could do a lot better. Could be much more efficient if we stopped buying hi-tech care unless it really adds a benefit, and instead made sure that everyone whose needs could be met by effective low-cost care in the community gets it. 2030 and 2050

will not see the end of civilisation as we know it, at least not because we have more people over 65.
Relax and have a happy 2010.

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