

**From:** [REDACTED]  
**To:** [Aged Care Legislative Reform](#)  
**Subject:** Submission regarding the aged care act.  
**Date:** Thursday, 25 January 2024 10:59:27 AM

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Hi there,

My name is [REDACTED], I am a GP, I work in [REDACTED] NSW.

My postal address is [REDACTED].

I do not work in Aged care, and believe no doctor should ethically contribute to a process that systemically abuses the people within its care at all levels. If we all withdrew our services and refused to interact with the system then it would have to change, instead of providing the usual lip service to change that I have observed over decades.

I have personally watched the aged care system kill numerous people through neglect and inhumane care. Simultaneously I have observed it providing pointless and futile care to many who would rather be dead but instead are forced to endure long periods of misery in inhumane conditions.

So I am not a good person to comment. I have done your survey but found many of the questions difficult to answer.

Here are my other thoughts.

1. regulation should be carried out by police, no one else. There is no place for a soft regulatory framework with the usual slaps over the wrist for neglect. There should be subunits set up within the police forces or through the AFP who have training in expertise in the Aged care act. Inspections should be random, unannounced and thorough. Breaches should be punishable in criminal law, and this law applied to all layers of management. Without such a regulatory structure you will have the usual box ticking exercises come accreditation time followed by the usual return to business as usual after the assessors have passed. Cameras should be mandatory and welcome and accessible by relatives at all times, so that real time monitoring of what actually takes place happens, rather than relying on what people say happened.
2. Access to aged care should not depend on age. It is obviously manifestly unfair and arbitrary to have the cutoff at 50 for ATSI and 65 for others. Access should be based on care needs. An unemployed 58 year old alcoholic caucasian with korsakoffs psychosis should be able to access the care in the same way as a university professor ATSI who has the misfortune to have a stroke at 58. You cant just say, well its up to other providers to look after younger people, because we all know there is no realistic alternative to aged care facilities for younger high care needs people in the

majority of Australia, and pretending some other group is going to magically fill this niche when we all know it will never happen is not helpful. The NDIS is not exactly falling over itself to provide care to high needs individuals when there is more money to be made by unskilled carers taking mildly disabled people to the gym for the day.

3. The financial affairs of all organisations that get government funding should be completely and unequivocally available for inspection by every citizen who chooses to look. ( That would include myself as a GP - more than happy to provide my complete financial records to the public). I vividly recall the Ferrari that used to park in a special spot at my mother in law's nursing home - it was owned by the owner of the nursing home of course, while the residents were dished up unidentifiable slop for dinner. The black pit into which money disappears at present that is labelled "commercial in confidence" or " religious non profit organisation" just needs to be called out for the joke it is.
4. As well as financial affairs, all the information gathered by the authorities about any group should be accessible. Numbers, qualifications of staff. Any restrictions from Ahpra etc. History of all inspections and all the details. Personal stories from residents and assessments by the doctors who work there. All GPs know that some nursing homes in a town couldn't provide adequate care to a healthy dog, whilst others do the best they can - yet this information is only quietly available to those "in the know".
5. Boomers need to pay. At no other time in life is it expected that the state meets ones accommodation cost ( with the exception of criminals in jail). People always have to pay rent or mortgages. If you have been lucky enough to benefit from the crazy policies that have seen house prices inflate beyond belief, then you need to pay that unearned money back in the form of rent in old age. Therefore the family home should be included in any assets test, and included early and fully. But see point 3 above - providers can not just screw the system without transparency.
6. I note that "safety" is given a high priority throughout the act. While safety is important from the point of view of protection from dangerous care practices, in my experience with old people, they prioritise safety well below quality of life. I have personally seen many elderly people denied good food, a glass of wine, a walk, time with their relatives etc because of a decision that "they are not safe to do that". This decision usually coincidentally aligns with the least effort care on the part of the provider. So if it was me writing the act I would explicitly distinguish " protection from neglect " ( which is clearly a priority) from " freedom to make unsafe choices" which is usually over ridden and ignored.

Anyway, thats enough ranting from me. Good luck with the project.

Yours sincerely, [REDACTED].