

OPAN Position Statement – Access to Healthcare

OPAN acknowledges this is an extremely stressful and challenging time for older people, their families, representatives and health care professionals. This is complicated by inconsistent messaging around the impact of COVID-19 on the older community and their access to healthcare.

OPAN's position is that:

- Access to Health Care is a basic human right that must be upheld
- All older people have the right to access and receive quality healthcare
- Delivery of, and access to healthcare, especially for marginalised and vulnerable older people, must be non-discriminatory
- Continued and timely access to primary care services and transfer to hospital for secondary care must continue, at the direction of the older person, their family or representatives, during periods of restricted movement in response to COVID-19
- Health resource allocation decisions must
 - be based within an ethical framework
 - not be based solely on a person's age

Right to Health and Healthcare

The right to health and healthcare does not only apply in terms of access to health services for COVID-19 but the right for all older people to access health services to maintain their health and wellbeing. This includes the right for residents in Residential Aged Care Facilities to be enabled to access health-related and medical services externally to the facility that they are living in.

COVID-19 has impacted all of us but especially on older people. Their perceived increased susceptibility to the virus has led to targeted responses designed to protect them. Unfortunately, these responses have led to a greater level of stigma and discrimination within the broader community. This is exacerbated by media, with their simplified messages of “older people are more likely to die” and coverage of the situation in Italy, where overwhelmed health resources are being rationed, it is being reported that older people are more likely to be the ones that are denied interventions.

Every day we hear the public debate about “competition for ventilators” and “older people taking up beds” as though their lives are negotiable and expendable. OPAN is hearing through our member advocates that some older people are already deciding not to seek treatment for general illnesses or for existing chronic conditions. They are not wanting to be a “burden” on the health system, they don't want to “use” resources that younger people could need or they consider themselves as not worthy of care. This is the result of ageism, the stereotyping, prejudice, and discrimination against older people on the basis of their age, which is becoming dominant in current debates. This is not to say that an older person cannot choose not to receive care as this is within their rights to autonomy, choice and control,

1800 700 600 www.opan.com.au

OPAN service delivery organisation in your state or territory:

ACT TAS VIC NSW NT – Top End



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Tasmania



Elder Rights
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Service



QLD

SA

WA

NT – Central



aras
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but OPAN is concerned that there are now external factors pressuring older people to make these decisions.

All older people have a right to receive quality healthcare treatment when and if they need it. Whether this is for existing health care needs, chronic conditions, other illnesses or because they have, or think they may have, COVID-19. Health care must be age friendly, responsive to older people's needs and take *"into account the diversity of older people, as they are not a homogeneous group but face varying health risks and circumstances"*.¹ Recognising the right to health also highlights the needs and issues of more marginalised and vulnerable older people such as Aboriginal and Torres Strait Islander people, lesbian, gay, bisexual, trans and intersex people (LGBTI), people with disability, people who are homeless or at risk of homelessness, people from culturally and linguistically diverse backgrounds and people from low socio-economic backgrounds.

An Ethical Framework for Resource Allocation

OPAN recognises that this is a difficult time for health professionals in trying to balance the rights and needs of diverse sectors of society while planning for potential demands on limited resources. We acknowledge that health professionals face difficult decisions each day and will have processes in place to help them make the right decisions about treatment and care in partnership with their patients. However, current discourses around health resources requires a clearly communicated message that access to health care is a human right and that age will not be the single deciding factor on access to resources.

While older people are considered to be more susceptible to COVID-19, there are other underlying health conditions that are known risk factors. Therefore, age alone must never be the defining characteristic, or sole category, in determining access to health treatment or resources as age *"is not a risk factor for vulnerability to Covid-19. Rather, age is correlated with other underlying risk factors"*.² In addition, as the UN Independent Expert points out, *"any suggestions that the allocation of scarce medical resources be based on age rather than medical need, scientific evidence and ethical principles are completely unethical and discriminatory"*.³

OPAN believes that an ethical framework is urgently needed before there is any rationing of healthcare resources and before decisions are made based on the perceived social worth of a person. The *"key point is that ... age is never taken as a defining quality or characteristic of a person ... Its relevance is linked to what it implies for the particular person, not to an assumption that old people have diminished value and are less worthy of treatment"*.⁴ The ethical framework must not embed inequities into the

¹ Concluding observations of the Committee on the Elimination of Discrimination against Women: Canada. Forty-second session, November 7, 2008, CEDAW/C/CAN/CO/7. Accessed 6 April 2020, from http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CEDAW/C/CAN/CO/7&Lang=En

² Professor Christine Stirling, President, Australian Association of Gerontology, Rapid Response: Re: Covid-19: control measures must be equitable and inclusive, British Medical Journal, 2020; 368. Accessed 6 April 2020, from <https://www.bmj.com/content/368/bmj.m1141/rr-9>

³ UN must respond to UN expert's statement on 'unacceptable' discrimination of older people in the light of COVID-19, HelpAge International 29/3/20. Accessed 6 April 2020, from <https://www.helpage.org/newsroom/latest-news/un-must-respond-to-un-experts-statement-on-unacceptable-discrimination-of-older-people-in-the-light-of-covid19/>

⁴ Kerridge, I., Komesaroff, P. and Skowronski, G., A coronavirus spike may put ICU beds in short supply. But that doesn't mean the elderly shouldn't get them, The Conversation, 06/04/2020. Accessed 7 April 2020 from <https://theconversation.com/a-coronavirus-spike-may-put-icu-beds-in-short-supply-but-that-doesnt-mean-the-elderly-shouldnt-get-them-134782>

health system and this “includes not basing any ethical framework on simplistic correlated general groupings of vulnerable people (such as by age) and instead focussing on clear ethical values (such as maximising benefits through being responsive to evidence)”⁵ It will also have clear guidance as to when rationing will be implemented and when rationing will stop.

The ethical framework must be developed in consultation, specifically with older people, their carer’s and representatives. As noted by the World Health Organisation “ ... *policy-makers should establish a process for setting priorities and promoting equitable access that involves civil society and other major stakeholders in the decision-making process so that decisions about the criteria to be used in allocating scarce resources are made in an open, transparent, and inclusive manner; [and] incorporates clear, pre-established mechanisms for revising decisions based on new evidence when appropriate.*”⁶

A time of crisis can also provide opportunity. The opportunity here is to strengthen patient-centred care throughout the healthcare system. Primary health care, secondary healthcare, disability, aged and other health support services must still be available and accessible to all older people. Older people must be reassured that they can and should continue to access these services and that these services will provide high quality needed care.

In addition, OPAN advocates for state, territory and Commonwealth governments to make continued and creative attempts to expand services to meet need. Rationing should be a last resort. Whilst planning needs to be occurring for an ethical framework, and the last resort now, there should be an equal emphasis on finding solutions to meet need first (so that we don't get to the point where we are needing to ration).

It is also important to monitor and evaluate the implementation and effectiveness of relevant laws, policies, practices and decisions made under the ethical framework.

Discharge from Hospital

Being discharged from hospital is a particularly vulnerable time for older people, especially those that live alone, have unwell partners or do not have family or carer supports. The current additional restrictions and guidance about physical distancing and older people staying at home, is only exacerbating this situation.

Older people have told our advocates that they are being discharged from hospital without relevant planning for the supports they will need once home. This includes older people who are returning home to no food or other necessary supplies. The health system has a responsibility to ensure that older people are not being discharged prematurely, or to “make beds available”. The health system also has a responsibility that when older people are being discharged from its care they will not end up in a situation where their health and wellbeing will be harmed.

OPAN calls for a review of current discharge practices during COVID-19 so that older people are not left in a more vulnerable situation. Where the older person has no supports, the hospital must have a duty of care to keep the person in hospital until supports can be arranged.

⁵ Professor Christine Stirling, Op. Cit.

⁶ World Health Organisation, Ethical considerations in developing a public health response to pandemic influenza, 2007. Accessed 14 April 2020, from https://apps.who.int/iris/bitstream/handle/10665/70006/WHO_CDS_EPR_GIP_2007.2_eng.pdf;jsessionid=4FCD1346EFA08426CCEBD028A3511F10?sequence=1

Communication

Information is also a human right and accessibility includes the right to seek, receive, and be informed about health-related information in an appropriate format. Better, clearer communication is needed especially for older people who may be isolated from their usual social supports and may be unaware of their rights in accessing health services. Messaging must be concise, consistent, in plain English, in language (including Aboriginal languages) and animated for those who need visual information. It must also be available through a range of formats, for example radio or written, not just online. Access to health information enables a person to access care, interact with health professionals, and understand their treatment.

The dissemination *“of accurate information is critical to ensuring that older people have clear messages and resources on how to stay physically and mentally healthy during the pandemic and what to do if they should fall ill”*.⁷ Therefore, misinformation must also be targeted with messaging framed in a way that does not cause further misunderstanding and unnecessary fear. For example, current messaging, particularly through the media, implies that all older people above a certain age or all people with certain chronic conditions will die from COVID-19. They are at higher risk of getting COVID-19, this does not mean that they will die.

Specific messages must also be made to groups who have historic and current experiences of healthcare discrimination (e.g. certain socioeconomic groups, Aboriginal and Torres Strait Islander, LGBTI people, people experiencing homelessness etc.) that they will receive care as needed.

⁷ Statement – Older people are at highest risk from COVID-19, but all must act to prevent community spread, 2 April 2020, Copenhagen, Denmark, Dr Hans Henri P. Kluge, WHO Regional Director for Europe. Accessed 6 April 2020 from <http://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/statements/statement-older-people-are-at-highest-risk-from-covid-19,-but-all-must-act-to-prevent-community-spread>