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## 'It's our reputation': why nursing homes are denying Australians the 'dignity of risk'

The aged care royal commission has exposed the way residents are being drugged and physically restrained by institutions that are supposed to care for them

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**A**ustralia's nursing homes have been in the spotlight for five months and there is a picture emerging of residents being routinely drugged, physically restrained for large parts of the day and subjected to an heavily institutionalised daily routine.

A theme emerging from the aged care royal commission is the tension between allowing residents small freedoms that add to their quality of life versus a bureaucratised risk aversion in nursing homes.

In one case, the commission heard about an elderly man with severe Parkinson's disease and dementia who enjoyed walking around his nursing home's gardens.

Staff were worried about him wandering out on to the road in front of oncoming traffic, so they stopped him from going outside.

The man became agitated when he was locked in. The nursing home then medicated him and later moved him to a locked ward.

Henry Brodaty, a Sydney dementia expert, says: “Early on in the piece his wife said, ‘I’m very happy for him to walk and to take that risk because his quality of life is more important than his safety’. The nursing home said, ‘We respect that but it’s our reputation. If he gets hit by a car, we bear the responsibility. It will be all over the media and that’s very bad for the nursing home.’”

Brodaty suggests the introduction of some kind of legal waiver - written down and confirmed by families - could be a solution.

Joseph Ibrahim, a Monash university professor, says nursing homes are not granting residents the “dignity of risk”.

He says residents might be offered safe activities such as bingo and jigsaw puzzles but they are never asked what they actually want to do and how the nursing home can help them achieve it.

“I think that residential aged care should have the goal that it’s a place where people can at least enjoy their last few months or years before they die,” he says. “What currently happens is most of us sit around waiting for them to die and if they die quickly then it’s good job done, everyone sort of thinks it’s a good thing, and it’s clearly not.”

### **No cheese, no sense of home**

Stephen Macfarlane from HammondCare’s dementia centre says an overemphasis on safety does not necessarily reflect quality.

Macfarlane points out that some facilities won’t serve soft cheeses because of the risk of listeriosis. Many nursing homes won’t serve soft boiled eggs or fresh salad either because of similar risks.

“We accept those risks every day in our own home and eat soft cheeses,” he says.

For 84-year-old widow Merle Mitchell, losing her sense of independence has sapped her of joy since she moved to a Melbourne aged-care home.

“Suddenly I’m in an institution, I have to follow what the institution wants, the time to get up, the time to have meals and there’s no choice,” Mitchell said. “There’s just that feeling that this isn’t a proper life.”

### **Under-staffing, over-prescribing**

Multiple witnesses have given evidence that some nursing homes are using chemical restraints to make up for a lack of staff.

“Rather than giving proper care, you just sedate people so they’re not annoying you,” a registered nurse known only as Elizabeth said. “It’s not acceptable.”



Risk averse: the royal commission has found a tension between allowing residents small freedoms and the bureaucracy of nursing homes. Photograph: Carly Earl/The Guardian

Tasmanian pharmacist and senior lecturer in dementia care Juanita Westbury has previously trialled strategies such as staff training to encourage homes to reduce dependency on medication. But she had been denied federal funding to continue that work.

She says some nursing home staff are very quick to rush to the medication for behaviour management.

“A quote was ‘surely it’s better to have someone calm and cozy than to have them agitated and upset’,” she says.

Macfarlane is also concerned about the over use of antipsychotic drugs at the expense of other strategies.

“You wouldn’t expect a doctor to hand over a prescription for morphine to anybody who entered their surgery just because their carer demanded it,” he says. “I don’t see why doctors are in any way let off the hook by saying the residential aged care staff told me to do this. That doesn’t sit well with good medical practice.”

Both Westbury and Macfarlane criticise the federal government’s new regulations on chemical restraints.

“I don’t think they will make much difference,” Westbury says. “I think they’re very soft and there’s lots of caveats on them. There is no informed consent required to use these medications. It just says that it’s advisable to inform the resident or their legal proxy that they’ve been used, if possible.”

Westbury was asked to be an expert in the drafting process of the new regulations but she says “not a single word” of her advice was reflected in the final draft.

The practice of physical restraints was also widespread and problematic, the commission has been told.

Dressing gowns tucked into chairs, lap belts, cot rails and bed tables were all regularly used to stop residents from moving about.

The commission heard from the family of a Sydney man who was restrained for up to 14 hours at a nursing home where staff had been directed not to sit restrained residents where they could be seen by arriving visitors because “it doesn’t look nice”.

A retired New South Wales farmer who moved to Sydney for better dementia services said sufferers shouldn't be cut off from society.

Trevor Crosby, 69, says peer support programs are vital and living with dementia education programs need to be ramped up.

"It is a cruel, ugly killer, lurking in the shadows of my life," he says. "It destroys the very fabric of humanity, the brain."

Crosby says he has been able to improve his quality of life despite his diagnosis. He prioritises spending time with his friends and doing the things he loves such as golfing and sailing.

"I do yoga three times a week," he says. "I use yoga to put me into another zone. It keeps my mind off negative things."

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