On Ageing and Being an Older Person

Hazel Hawke

5th National Rural Health Conference
Adelaide, South Australia, 14-17th March 1999
Proceedings
The topic I have been asked to speak about today is "On Ageing and Being an Older Person." Well I’m not going to deny that I'm getting on, but let me get something off my chest first up.

One of my pet hates is stereotyping and categorising whole classes of people and the one that perhaps makes least sense of all is the "Older Person" category.

When members of my generation were twenty, thirty, forty, even fifty, no-one thought of lumping us all together as some amorphous mass. We were divided and subdivided in any number of ways. Men and women, blue collar and white collar, urban and rural - I could go on dividing and sub-dividing in a million ways. And any one of these categories I could suggest, is in turn made up of individuals with different backgrounds, different tastes, different interests, and different circumstances in life.

When we all turned sixty, we did not by some overnight miracle all become alike - a dodderly, grey haired, passive, indistinguishable bunch to be referred to by the generic term of "older people".

Yes, there are problems that affect many people in similar ways as they get older. Yes, there are specific issues such as health care and accommodation where government action and policies geared to older people are required. Yes, there is room for discussion and debate at forums such as this one.

But please, let us resist the pollsters and demographers and advertisers and those in the general community who want to lump us all into one convenient box. Quite apart from the fact that it is offensive, it can also have an unfortunate, and very dangerous consequence. The "older persons" box is one that tends to get put up in a back corner of the top shelf of life's storeroom, and forgotten about for long periods of time.

This analogy is true of the community at large, and tragically, it is all too often true at a personal level: once mum, dad, auntie, or grandpa is seen as "an old person" they can be ignored, and sometimes, virtually forgotten.

So that is my starting point, if you like. Let us resist and defy stereotyping and categorisation, and acknowledge that we are all individuals, with our own histories, and our own lives still to lead.

Last year I was in Perth for a function to honour Elizabeth Jolley, the Western Australian author whose career has gone from strength to strength over the last fifteen years. Elizabeth is about my age, perhaps a little older. As noted at the
time - we are of an age that our culture has traditionally been dismissive of as 'over the hill', but both Elizabeth and I could take some pleasure in defying that stereotype.

We both found our directions, or at least our individual paths, relatively late in life, after raising our children, and living in the shadows of our husbands' careers.

Elizabeth's first book was published when she was fifty-three. She has blossomed in the twenty odd years since then, to the point where she has become one of Australia's most eminent authors, has been made a professor, and is perhaps the most respected figure on the huge campus of the John Curtin University. I was ten years behind Elizabeth - I was sixty-three when my first book, 'My Own Life' was published. Though I don't expect to catch Elizabeth, I have had a second book published, and have plans for more.

The moral of this particular anecdote is to make the point that, whatever your dream might be, it is never too late. I know it is not always this simple, but I would like to suggest that as we get older, some of the day to day burdens and responsibilities that may have tied us down in earlier years are lessened or removed, and it can be a time to blossom in new directions, to realise wishes and dreams long suppressed, to find new talents, new ways of expressing ourselves.

From what I hear, 'The Silver Sirens', who are going to follow me this morning are a perfect example of what I am saying - I am looking forward to seeing them.

Certainly in my own case, I could not be happier with my lot than I am at present. I am the first to acknowledge the many pleasures and benefits from my life with Bob; it had its moments, and I regret none of it. But I can assure you that I relish the life I lead now, and the ability I have had in recent years to pursue my own interests on my own terms.

For the first time in my life, I am living on my own, and let me tell you, it is an absolute pleasure. I eat and cook (or not cook as the case may be) to please myself. I can play my piano when I please for as long as I like. In short, I am my own boss, and I like it.

I do have the benefit of a daughter and son-in-law and two grandchildren a short walk away, and regular contact with my other children and grandchildren; and the pleasure this brings makes me feel for those who do not have such family links, or have greater difficulty than me in maintaining them.

At the same time, whilst it is not as full on as during my time at The Lodge, I have been able to maintain an involvement in public life, and in the issues that are dear to my heart, such as music, heritage and Aboriginal reconciliation. And through events such as this one, I am able to get out and about, to be continually learning something new, and to meet new people.

In short, though it's hard to define just when it started, I'm pretty happy with my career as an "Older Person" so far.
I am old enough to remember a time when Rural Health Services were not what they are today, when I don't think any of the organisations affiliated to the National Rural Health Alliance existed - with the possible exception of the Flying Doctor Service, when a conference such as this one could not have been imagined.

As a young girl, I used to visit an uncle and aunt on their farm at a place called Ajana, on the northern fringe of the Western Australian wheatbelt, well beyond the railhead. In his day my grandfather was the 'bush healer', renowned for 'fixing up' the people of this district, where doctors were unknown.

Ajana is not even on the map these days, having become a victim of the changing demographics of rural Australia. Bush healers like my grandfather have gone the same way.

Compare this to an advertisement we see on television today. A doctor in her city hospital watches a monitor with an ultrasound of an unborn child, conferring with the expectant mother. This woman is in another hospital thousands of kilometres away. The advertisement ends with a shot of the patient wandering happily down the corridor of her rural hospital, reassured by her long distance doctor.

The advertisement is for a telecommunications company, and is supposed to be about the marvels of the modern age, and the great boons the new technology brings to us.

I suppose it is wonderful in some ways. But I can't help wondering whether perhaps in real life the mother to be would be much happier, and much more reassured, if her obstetrician was actually there by her side for a face to face consultation, rather than at the other end of a phone line so far away.

This analogy is my way of approaching what I am sure you all realise for yourselves in your work and your lives. Medical knowledge, medical technology, medical services expand and proliferate at an incredible rate. The expectations of the public, the health consumers, rise accordingly.

At one time, as in the Ajana district of my grandfather's era, the people of the bush accepted the burden of their isolation as part of their lot. They did not expect to see a doctor, let alone a hospital. They treated themselves or relied on the bush healers.

Those times have passed. Quite rightly, in this day and age, the people of the bush expect access to the best the health system can offer. But a country as vast and as thinly populated as Australia faces unique challenges and significant costs in delivering this.

One small example. My son was telling me of a woman he met recently, an Aboriginal woman from a bush community inland from Port Hedland, whose kidneys have failed. Because there is no dialysis machine north of Perth, every three months she must fly down to Perth for extended stints of dialysis, and in between times must rely on the messy business of kidney bags.
How much better would her health, her lifestyle, and her family all be if there was a dialysis machine available in Port Hedland? And she is far from unique. There are many others like her in the Pilbara and Kimberley who would benefit hugely from such a facility.

I suppose one should be hesitant about saying anything at all is impossible. But I somehow doubt that the telephone companies will ever be able to deliver dialysis treatment down the phone lines. The reality will always be that there are facilities and services that must be located out there, within reach of the people of the bush.

And perhaps even more importantly, we have to ensure that the human services - the doctors, the nurses, and the social workers - are also available in rural and remote areas, that we never become deluded into thinking that modern technology can solve all the problems.

For older people living in rural areas this human aspect is even more important. The personal support, the home visits and back up that will enable them to keep on living in their home if that is their choice, are more difficult and expensive to maintain in remote areas, and the potential pool of volunteers is not so great.

In small towns and rural areas the economics of establishing and maintaining the nursing facilities and the retirement homes that will provide older people with the alternative option of residential care within their home community are always going to be difficult.

More difficult, but not impossible. In tiny Fitzroy Crossing, a town as remote as they come, the Aboriginal community of Junjuwa has established a residential aged care facility located right in the heart of their village that enables the old folk from Junjuwa and nearby communities to continue living amongst their families, instead of the previous options of Derby and Broome, hundreds of kilometres away.

I am not familiar with the financial details of how this facility was set up and is maintained. I assume that ATSIC has provided its support. But it came into being because it was identified as a priority by the community concerned. They wanted to be able to care for their elders, and to keep them close to home, as a part of the wider community. Perhaps there is a lesson in this for us.

In this era of economic rationalism there has been much talk of a growing divide between rural and urban Australia. The focus of this debate about the rural/urban divide has been, more than anything, on the issue of services. The lack of, or inadequacy of basic services such as telephones and post offices and banks are burning issues in rural areas, and so they should be.

The issue of health services in the bush does not seem to have attracted quite the same attention. But surely a decent health service is amongst the most basic things a region, a community, and the individuals within that community have a right to expect.
The technology that provides long distance obstetric services can be a part of the answer. But only ever a part. The health budgets of governments are constantly under pressure, and public hospitals and health systems are in a never ending state of change that seems to be directed at cost cuttings and efficiencies more than providing better services. It is hard enough to hold on to what we have, let alone to be arguing for expansion and improvements such as more dialysis facilities in remote centres, or more small scale hostels for aged care.

I am sure the National Rural Health Alliance and its member organisations are many steps ahead of me in thinking and talking about these issues, and in developing strategies for how to deal with them. There is little I can do except to say that it is important work, and to wish you luck in your efforts.

To return in a roundabout way to my topic of ageing and older people. As we get older, we don't necessarily get wiser, but we do become more experienced. I have spent many years and countless hours now involved in varying degrees and different ways with organisations like the National Rural Health Alliance that are doing their best to 'deliver the goods' to their constituents. The task is always huge, and the constraints are always many.

Sometimes we are in danger of not seeing the woods for the trees. In your particular field the objective should be to deliver to country people a quality of life, and the choices and the facilities in relation to health services at least as good as their city counterparts.

As I said earlier, old age can be a time of new opportunities, new directions, of returning something to the community from our accumulated knowledge and experience. But all of this requires the security of a home base, and a supportive community. A decent health service is an important part of this - an increasingly important part as we get older.

I will be returning from here to my nest in Sydney secure in the knowledge that I have access to these things, and looking forward to the many adventures that I am sure still lie ahead.

To the National Rural Health Alliance, its member organisations, and the delegates here, I wish you every success in your endeavours, for your task is an important one.
Hazel Hawke and the Siver Sirens