

29th June 2008

Submission No. 604

(Inq into better support for carers)

A.O.C. 8/7/08

Secretary
Inquiry into Better Support for Carers
Standing Committee on Family Community
Housing and Youth
PO Box 6021
House of Representatives
Parliament House
Canberra ACT 2600

Dear Secretary

I wish to make a submission to
the House of Representatives
Standing Committee on Family
Community Housing and
Youth's Inquiry into Better
Support for Carers

my role as a carer to my

husband is important to him.

It allows him to have the best quality of life he is able to enjoy.

only role as a carer is a twentyfour hours a day 7 days a week job.

only role as a carer is constant very real and requires a great deal of patience.

It can be exhausting and frustrating.

It requires daily scheduling of time especially when appointments have to be attended.

only husband is a diabetic and a strict routine is necessary to maintain his optimum health.

Caring for a person is an individual and dedicated role.

Each person requiring care has their own specific needs and

problems.

at the present time learning with health professionals is the only way of learning how to care for a person.

There are no courses which enable one to learn how when what and why specific things have to or need to be done.

It is all about doing one's best with whatever one has and whatever problems one is faced with.

I contribute to society by being on call twentyfour hours a day seven days a week dealing with all the special needs of my husband.

my husband was a Shunter-in-charge in Brisbane.

a train driver ignored his red light reversed the engine

and crushed him.

He was discharged medically unfit by Queensland Rail in 1994.

He suffers from the following medical conditions -

- chronic lower back pain
- diabetes
- high blood pressure
- high cholesterol
- Gout
- sleep disturbances

I keep a check on his medication and order same from the doctor when necessary.

I drive to the chemist to place prescriptions and collect same - sometimes a day or so later if medications has to be ordered.

I put out daily medications.

This means sorting out tablets and capsules in correct doses.

Different containers for morning lunch tea and night tablets or capsules are necessary so medications are easily recognised.

Even though my husband knows which containers hold certain tablets he often gets confused and needs help.

He needs constant reminders to take medication at necessary times and twice daily insulin injections.

I monitor his insulin and make sure it is ordered - transported in an eski with a cold pack and transferred to the refrigerator until required.

Until recently I have had to write to my husband's specialist for all scripts and enclose a stamped self addressed envelope for return - more expense depending on how many scripts run out at once.

I make all his appointments.

I drive him to all appointments.

I ensure he attends appointments at the podiatrist specialist skin cancer clinic and general practitioner when required.

I attend all appointments with him as support and so I am aware of any new medical problems.

I liaise with the medical practitioner and my husband as to his treatment and ensure the correct care is carried out.

I consider I am contributing to society by doing these tasks which would either not be attended to or require a professional person to attend to same.

I am also trying to help my aging parents with whatever jobs they may need done when necessary eg. cleaning paying bills and

bathing dogs.

I think this should be recognised by an increase in carer's payment or a lump sum payment each year.

A lump sum payment helps out.

It enables one to plan for big expenses such as replacement of a refrigerator or washing machine.

My caring role affects my life by having to be physically available to attend to my husband's needs twentyfour hours a day.

My daily routine requires tight organisation.

I am unable to take time off.

I have to attend all appointments with him so I am aware of any new medical problems and

new medications and what type of care to provide.

I am on call twentyfour hours a day seven days a week.

In 2006 I was helping my husband by holding a ladder while he removed screws holding the top of a water tank in place.

He slipped and fell on top of me.

I fell on the concrete patio and broke my right wrist.

Following 82 days in a cast and months of physiotherapy I can do all I am required to do as a carer.

Should my husband pass on I would find it difficult to obtain a legal secretarial job due to my specific problems which are due to trying to help and care for my husband.

The barrier I experience as a carer in finding and/or retaining employment is that I have a twenty four hour seven day a week job.

only physical presence is necessary to assist my husband in his everyday life so he can have the best quality of life he is able to enjoy.

He suffers daily lower back pain.

I help him to shower and dress.

He is unable to take off or put on his socks.

He has difficulty putting on his shoes.

He needs reminding to take medication at the correct times.

I drive him to all appointments and attend all appointments with him.

I attend to all household duties
eg washing shopping cleaning
ironing driving

I attend to all our secretarial
duties - writing cheques letters
paying bills and any other
necessities.

all these jobs take time and I
am always busy.

I find it difficult financially
as there are always
items necessary to purchase for
my husband's care and
comfort.

Dressings and certain medications
are not on the Pharmaceutical
Benefits Scheme.

my husband has suffered from
foot problems caused by
diabetes eg - blenat Foot 2006
left foot - broken left
ankle 2004 - amputation of
third and fourth toes left foot 2008

and a further current toe problem on the left foot second toe - requiring daily dressings at the doctor's surgery.

Daily appointments require extra petrol to drive to appointments over a fortnight.

Daily appointments require daily time organisation and liaising with the doctor and diabetic nurse as to the best time each day to attend the surgery depending on what shift they are on.

at times I have to dress toe and other wounds.

Dressings are expensive.

Specific dressings for specific problems cost more than normal dressings.

It would be helpful if dressings could be discounted or placed on a Pharmaceutical

Benefits scheme on prescription.

This would only apply to specific dressings to treat specific long term medically diagnosed problems NOT merely bandaids and like dressings.

The practical measures that would support me are -

- an increase in carer payment
- a lump sum payment every year
- special dressings for diagnosed long term medical problems on prescription and covered by the PBS
- reimbursement of petrol costs when attending all doctors' appointments
- the PBS prescription system works well for us - it is always a struggle in the first half of the year to pay for medications - at times a few medications fall

due at once - @ \$5-00 per
prescription in 2008 - says rise
prescriptions fall due at once i.e.
\$30-00 per fortnight - a big
chunk out of the
pension - what about
a review of costs of prescriptions
for chronic patients?

- subsidising a St John's
ambulance course would
assist carers to recognise
medical problems quicker and
enable appropriate medical
help to be sought for the
person being cared for.
It would also help
a carer to gain skills and
knowledge in general wound
care and bandaging and
general medical issues

Thank you for taking my views into
consideration as part of the
committee's Inquiry. I look forward
to reviewing the recommendations you make
in order to improve support for carers.

Yours sincerely

PATRICIA