Australian Government – Matilda and Assistive Technologies Transcript

Prof Ron Johnston:

I think what we’re seeing here is the basis for an entirely new industry. A sector of the economy, dedicated, operating under all the normal conditions probably globally and highly competitive, technology enabled.

I see the expert forum of having a very interesting potential. We’re not going to change the world overnight but through workshops like this and our other activities, engaging people in thinking, collecting them together to talk about the kinds of issues, slightly shifting mindsets can contribute a great deal to a gradual shift in the way people think about these things.

Prof Keith McNeill:  
We are very good as a health system at fixing people up and in curing diseases, but that’s a very old paradigm that we work and live in now. Care has shifted from young people with great infectious diseases and new things that we discovered back in the fifties and sixties and antibiotics, it’s changed now to focus on chronic disease due to self-inflicted lifestyles, the great human capacity to inflict harm upon ourselves, and ageing. And a few of those things came out in that video when he mentioned congestive cardiac failure, you know, a bit of arthritis and the one thing that really hits us is that cognitive impairment that goes with dementia which is going to be huge. To change the paradigm we’ve got to get out there and think completely differently, get out of the old system and into the new.

Ian Yates AM:

Which is recommending a vastly different system, and they’re not recommending that because the baby boomers will want it in twenty years’ time, they’re recommending that because it’s overdue now, and it’s an indictment on us as a society that we haven’t looked at issues of control and choice and high quality in aged care now. The people who I’m talking about are people that we talk to every day, and who are old.

Older people actually predominantly want support to get on with living their lives. Let’s think about older people today as aspirational, let’s think about all of them being engaged, let’s think about how the technology can enable that, but the final point I’d say is let’s not invent the technology and then find out how we can get older people to use it, let’s talk with people about what their needs are, what the things that they would like to have assistance with are, and work out what we already have that can make that happen, and what we need to invent to make it happen even better.

Prof Greg Tegart:

If you look at what we’re thinking about in terms of ageing in place then you can divide the opportunity areas into three areas; those of security and safety, and we’ve heard a little about that already, the issue of diagnosis and treatment, and assistive technologies.

Prof Janet Wiles:

We’ve started talking about robots, partly because we have a robot at our table already. There are a number of different areas, there’s service, carer, companion, rehab, and the one that we really talked about a lot was this notion of a carer or a companion which is a focus for integrating the person into their social network, their community, with the doctors. The idea is it’s an integrated information system, it’s also monitoring, and it can also begin to support the person as a carer as well.

Prof Rajiv Khosla:

So the whole idea here is to keep the elderly independent, to help the elderly stay mentally and physically active and socially engaged with the society.