



Accepting the challenge...

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We all know the statistics. The overall health status of Australia's Aboriginal and Torres Strait Islander people is abysmal, especially when compared with the rest of the population:

- life expectancies 20 years less than non-indigenous Australians
- high infant mortality rates
- increased prevalence of chronic diseases such as diabetes and renal failure and
- the tragic frequency of deaths through accidents or self harm.¹

And all this occurring in a society that prides itself on having a health system that compares well with the best in the world.

As members of a profession that exists solely to improve health and quality of life, these statistics are a source of some despair and the impetus for much research and re-evaluation. Reams have been written about the reason and nature of the problem, but the challenge of course is doing something about it. Our history is littered with stories of well meaning but misguided attempts to address this disparity of health status between indigenous and non-indigenous Australians. But after more than 200 years we have, by all accounts, learned a thing or two.

At the recent WONCA World Conference on Rural Health, Ms Pat Anderson, Chair of the National Aboriginal Community Controlled Health Organisation (NACCHO) addressed an international audience of primary care providers. She stated that even though there were many areas of indigenous health improvement that necessitated government regulation and funding, the key to a real and lasting solution to this health inequality lies with the

indigenous population itself. It is only from within that true change can be effected. Ms Anderson challenged her audience and non-indigenous health providers in general to be either part of the problem or part of the solution.

As doctors we have a wealth of knowledge of evidence based medicine that we know would help improve these health statistics. The desire to dictate, medicate and regulate is strong. But what history and people who work in the area of indigenous health tell us is that patriarchal programs and imperial-style policies are most often doomed to fail. Even worse they tend to create more resentment and antagonism toward modern science and its practitioners.

However, health programs that are developed and implemented through a process of consultation, collaboration and cooperation with local indigenous communities are much more likely to succeed. This was demonstrated in a number of presentations at the WONCA conference and is indeed supported by the theme articles in this month's issue of *Australian Family Physician*.

It goes against our nature to see a health crisis such as we see in our indigenous population and not rush in immediately. But we have a whole stolen generation who illustrate the tragic consequences of self-righteously imposing our solutions on others.

Collaborative health programs are effecting change, albeit frustratingly slowly. When we see the desperate statistics we often lose sight of how far we have come.

In the country town where I lived for many years (and where I accumulated a never-ending source of anecdotes — lucky

you!) I got to know a wonderful family the mother of which was part Koori. I only found this out incidentally — it was never even a topic of conversation let alone an issue. She had been brought up largely unaware of her indigenous heritage. In fact, her father, a bushie, had been known to fight a man who made reference to his Aboriginal ancestry. This ancestry was a source of shame, a handicap to be overcome. My friend however was fairly noncommittal about this heritage, it did not really figure in the course of her life either negatively or positively. She married a local man and raised five children. Interestingly now a number of her children have developed an interest in their Aboriginal heritage. They see it as a source of pride and celebrate their ancestry, learning traditional ceremonies and re-establishing family ties. Indeed, one of her daughters-in-law, who is non-indigenous organised a traditional Aboriginal ceremony following the birth of their child.

This case illustrates the complete turnaround in attitudes — in two generations thinking has changed to such an extent that Aboriginal heritage is now something to be cherished and sought after.

We just need indigenous health to follow suit.

The necessity is obvious, the problems complex and the challenges great, but as doctors we remain committed to a high standard of health for all Australians — we want to accept Ms Anderson's challenge and be part of the solution.

Reference

1. Australian Institute of Health and Welfare. The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples. 4704.0.2001.

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