

# Tackling health inequalities

## *General practitioners and physicians working together*

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The dramatic increase in life expectancy of the Australian population during the early twentieth century was largely due to improved management of infectious diseases, while the improvement in the second half was largely due to a decrease in rates of chronic diseases including heart disease and stroke; and in more recent years, lung, colorectal and breast cancer.<sup>1</sup> Future gains in life expectancy will likely be influenced by further improvements in the management of chronic disease and a renewed focus on preventive care and health promotion. Responsibility for these areas of clinical medicine is largely the domain of the general practitioner, the paediatrician and the specialist physician.

However, increases in life expectancy have not been shared equally by all people in Australia.<sup>2</sup> Mortality rates remain significantly higher for specific population groups including men, people living in rural and remote areas, and the socioeconomically disadvantaged. Moreover, health inequality most strongly affects Aboriginal and Torres Strait Islander peoples. The marked disparity in life expectancy for Aboriginal and Torres Strait Islander peoples remains our national shame and should be our top health priority.

In this issue of *AFP*, Sophie Couzous and Scott Davis graphically illustrate how health inequalities are preventing access to effective asthma management for many Aboriginal people, and outline some of the key barriers.

Alex Brown and Grant Blashki highlight the complex physical, emotional and social factors that contribute to health inequalities in

the prevention, diagnosis and management of cardiovascular disease and depression in Aboriginal men. This issue also examines some of the ways that the RACGP is working with the National Aboriginal Community Controlled Health Organisation to assist GPs to overcome many of these barriers.

Access to services continues to be a strong and important theme in health inequality research. As physicians and GPs, we are ideally placed to identify barriers to successful health service delivery to disadvantaged people in Australia and to intervene appropriately. John Furler and Doris Young argue that although preventive care recommendations are relevant to socioeconomically disadvantaged groups, there are problems both in reaching some target populations and in the implementation of key interventions. As clinicians, we are advised to identify subgroups at risk within our own patient populations and proactively tackle the impact of social and demographic factors on our patients' capacities to access best evidence health care. This may involve identifying the impact of issues such as literacy, income, cultural values, and access to services, as well as examining the impact of our own attitudes on the care we provide.

Interventions at key life stages, such as pregnancy and early childhood, and improving access to quality education are key to breaking the intergenerational cycle of poor health.<sup>2</sup>

Our two colleges are committed to working together on a range of initiatives to support improvements in clinical care. The membership of both colleges is strongly committed, both

through training and professional practice, to addressing health inequalities and ensuring that high quality clinical care is accessible and affordable for everyone.

Initiatives to improve communication and knowledge sharing between our clinical disciplines is important. Although we treat many similar conditions, we do not work in isolation. Approximately 23% of all medical specialist referrals by GPs are made to specialist physicians.<sup>3</sup> Many physicians and GPs developed a 'shared care' approach to patient care long before the term became fashionable.

Since January 2005, Australian Fellows and Advanced Trainees of the Royal Australasian College of Physicians have been receiving *AFP*. This joint initiative by our colleges has been well received and we hope it will contribute toward continued improvement in understanding and knowledge sharing between our disciplines.

Similar initiatives in the future will assist our members adopt a united approach to tackling serious health inequalities. Working together we can ensure that high quality medical care is available to all people in Australia.

### References

1. Draper G, Turrell G, Oldenburg B. Health inequalities in Australia: mortality. Health inequalities monitoring series No 1. AIHQ Cat no. PHE55. Canberra: Queensland University of Technology and the Australian Institute of Health and Welfare, 2004:xv.
2. The Royal Australasian College of Physicians. Inequity and health: A call to action. Addressing health and socioeconomic inequalities in Australia. Available at [www.racp.edu.au/hpu/pdf%20files/inequality.pdf](http://www.racp.edu.au/hpu/pdf%20files/inequality.pdf).
3. Charles J, Britt H, Know S. Encounters with indigenous patients in Australian general practice. *Aust Fam Physician* 2005;34:810–11.

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