

Things are not always as they seem



Jenni Parsons, MBBS, FRACGP, is Medical Editor, Australian Family Physician, and a general practitioner, Gisborne, Victoria.

While editing the articles in this issue of *AFP* on the theme of diarrhoea, my thoughts turned to a backpacking trip I took to India as a medical student. Traveller's diarrhoea, and the avoidance thereof, was a topic high on my agenda at that time. Fortunately, I was blessed with a high index of suspicion about things I ate and drank, and a cast iron gastrointestinal system. My travelling companion was less suspicious, and less fortunate. After several weeks of crowded trains, camel treks and no-star accommodation we lashed out and spent 2 nights in the sumptuous luxury of the Lake Palace Hotel in Udaipur. Lulled in to a false sense of security by the beautiful buildings, clean crisp sheets, glorious sunsets over the water and the numerous attentive, well dressed hotel staff, my friend drank from the beautiful jug of ice cold water in the refrigerator... and paid the price (see page 243 for tips on avoiding this fate.) He should have known that things aren't always as good as they seem.

A week before we had stayed at a somewhat less impressive establishment that had boasted 'hot and cold running water'. Desperate for a hot shower, we had checked in, only to find not only no shower, but no taps or plumbing of any type. When we asked about the water issue, a boy duly came running up the stairs to our room with two buckets of water: one hot and one cold.

Here in Australia, things aren't always as they seem either. While we pride ourselves on a 'fair go for all' and a high quality health system, many individuals have poor health

outcomes by virtue of belonging to a marginalised group: indigenous Australians, the socioeconomically disadvantaged and those suffering from a mental illness.

The inequities in health outcomes in Australia are highlighted in a policy statement released by The Royal Australasian College of Physicians (RACP) on 7 March 2005, 'Inequity and health: a call to action'.¹ This document shows that overall Australia has done very well on the health league tables of the world. The average Australian female born in 2000 has a life expectancy of 82 years and a male, 77 years. Seventy-four of those years are likely to be disability free for women, and 69 years for men. However, the RACP policy statement shows a different reality for disadvantaged groups. An indigenous Australian male born between 1997 and 1999 has a life expectancy of 56 years, and a female 63 years. Compared to their nonindigenous counterpart an indigenous Australian is:

- 8 times more likely to die from coronary artery disease
- 22 times more likely to die of diabetes, and
- 6 times more likely to die as an infant.

While countries such as Canada, New Zealand and the USA have made significant inroads in reducing the gaps in life expectancy and morbidity between indigenous and nonindigenous populations, we have not.

The effect of socioeconomic disadvantage also has significant health consequences. A male child born in 2000, living in an area of greatest socioeconomic disadvantage, could expect to live 13 years less than a child

living in an area of least disadvantage. When compared to people living in areas of least disadvantage those living in areas of highest disadvantage:

- are 1.5 times more likely to die as an infant
- over 2 times more likely to die of coronary artery disease
- over 2.4 times more likely to die of respiratory disease, and
- are subject to over 43% greater burden of mental disorder.

Fortunately, as general practitioners, we are trained and experienced in looking beneath what is presented to us, to see the more important reality that needs to be addressed: is this tired, irritable parent really depressed, does that febrile child have meningitis, could that patient with anaemia have coeliac disease? It is also important that we look behind the successes of our health care system, to see the health inequities that exist and to try to address that important reality.

These are issues we hope to explore in greater depth later this year in our October issue. In the interim, have a look at the RACP position statement and its recommendations for government and the health sector, and consider what action you can take in your professional sphere of influence to reduce health inequities in the population you serve.

Reference

1. The Royal Australasian College of Physicians. Inequity and health. A call to action. Addressing health and socioeconomic inequality in Australia. Policy statement 2005. Available at: www.racp.edu.au/hpu/policy/inequity.htm.

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