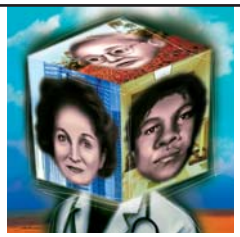

Indigenous health in my own community

Mark Wenitong, BMed, is an aboriginal medical officer, WuChopperen Health Service, Cairns, Queensland.

As an aboriginal doctor working as the SMO at a fairly large urban Aboriginal and Torres Strait Islander Health Service life can be pretty hectic. Picture a waiting room and outside area filled with indigenous patients waiting for consults as another minibus provided by our health service arrives and drops off more. There are almost no brief consultations at this service and many patients have significant comorbidities and need ongoing education and support.

WuChopperen Health Service

Situated in beautiful Cairns, North Queensland, WuChopperen Health Service is a community controlled indigenous primary health care organisation that services the local Aboriginal and Torres Strait Islander population (*Figure 1*). Around 13 000 persons identify as Aboriginal and Torres Strait Islander in the Cairns region. There are 70 staff members, including four full time general practitioners, four part timers and two registrars. The health service also provides services to the local prison and various outreach clinics, has a dental and social health program, and occasionally provides GP cover at the local emergency room.

The patient population

The local Aboriginal and Torres Strait Islander population is as diverse as it is rich in culture, with many of our patients being 'urban' aboriginal people, 'urban' Torres Strait Islander peoples, people from 'traditional' Cape York areas, and many on prolonged visits from islands of the Torres Strait. This of course leads to many language and culture issues that are well handled by our staff.

We are well aware of the incredibly poor health status of Aboriginal and Torres Strait Islanders and sadly see many premature deaths in our patient population, particularly from cardiovascular disease. Chronic diseases tend to present at much earlier ages and clinicians need to have a high index of suspicion in even relatively young people. Diabetes and its complications is also a significant problem in this population and is now being diagnosed in early teens. Normally uncommon problems such as rheumatic heart disease and sexually transmitted infections such as syphilis and donovanosis are also more prevalent.

The diverse GP role

My role is divided into clinical, population health, administration, policy and academic areas as well as planning input into many local health committees and organisations such as the local division of general practice, local ethics committee and state health initiatives.

Our service tends to be busiest in the early part of the week so generally I do clinical sessions then. Aboriginal and Torres Strait Islander people may often wait over the weekend until our clinic is open rather than going elsewhere before presenting, even for emergency problems such as prolonged chest pain or significant injury. It is a common scenario for our doctors to refer significant numbers of patients to the local emergency room because of late presentation.

Community education is obviously a key area for our service to be involved in, and we regularly speak on local indigenous radio educational sessions. It is not uncommon for patients to need help with such issues as paying for medications, family issues – especially loss and grief – and other social issues and our social health unit is utilised for patients needing ongoing counselling or help. Part of my role is to ensure smooth coordination between the clinical and social health roles of our service.

Our health service runs weekly clinics at the local prison, which is one of my key areas of involvement. This involves an hour long drive up the scenic Kuranda range and past Mareeba to the facility. The prison is a

Figure 1. WuChopperen Health Service

maximum security corrections centre with approximately 500–600 inmates, 60–70% being Aboriginal and Torres Strait Islander. This is often a challenging – but also rewarding – clinic with a variety of presentations.

I also spend significant time with a smaller team including some of our doctors, indigenous health workers, clerical and administration staff, planning our new chronic disease program, which is based on international best practice models. This is really a population health program based around improved recall and management planning systems and our own specialist clinics. Our population health programs are a rewarding part of primary health care where the GPs have input into fairly diverse programs including men and women's health, outreach and education, sexual health, child health, ear health, and a healthy lifestyle program.

My specific clinic is the men's health clinic. I see a variety of men's health presentations from homeless indigenous men with chronic disease to the usual male specific problems such as prostate, erectile dysfunction and relationship problems.

As an indigenous doctor I spend a lot of time on teleconferences or away from the clinic working on national Aboriginal and Torres Strait Islander health policy. This is a great opportunity for primary care practitioners to overview what is happening at a national level and give some practical input, as well as gain insights into the policy and politics of the Australian health system. This week, the main areas are the National Aboriginal and Torres Strait Islander Workforce Working Party and the National Aboriginal and Torres Strait Islander Male Health Framework document.

Part of my time is spent working with medical and premedical students as I also hold an appointment with James Cook University School of Medicine. Generally this involves input into curriculum development but also Aboriginal and Torres Strait Islander medical student support issues, and mentoring medical students in general. As we run a program called 'Indigenous Adolescents in Medicine' through WuChopperen Health Service, the other GPs and I have fortnightly sessions with local indigenous high school students selected because they have an interest in studying medicine. The program's general role is to encourage young Aboriginal and Torres Strait Islander students to succeed in whatever they choose to do, but more specifically to let them see that becoming a doctor is a realisable option.

I appreciate the diversity I can have at this type of practice where I can contribute at many levels of medicine and health, but particularly as an aboriginal doctor working with the poorest health population in our country; the indigenous community, my own community.

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