We are at a time when there have never been better opportunities to translate health policies, practices and medical research into improvements for Aboriginal and Torres Strait Islander health. Critical to these efforts is a health and research system — including in the publishing sector — that recognises the importance of Indigenous leadership in producing and implementing health care and research in order to magnify research benefits across the communities it serves. However, as noted by Michelle Kennedy and Janine Mohamed from the Lowitja Institute, research requires appropriate Aboriginal and Torres Strait Islander ethical governance: “All research involving Aboriginal and Torres Strait Islander peoples should be deemed safe and respectful by Aboriginal and Torres Strait Islander peoples.”

The health outcomes in Aboriginal and Torres Strait Islander populations during the COVID-19 pandemic provide an outstanding example of how outcomes are best when Aboriginal people have a voice. Aboriginal Community Controlled Health Organisations coordinated the response from the National Aboriginal Community Controlled Health Organisation down to remote communities. As a result, the health gap was reversed in the first year of the pandemic, with Aboriginal and Torres Strait Islander populations experiencing six times fewer cases than the non-Indigenous population, and no recorded deaths. It is notable that research in New Zealand has included Māori ethical frameworks for over 30 years, which has strengthened the design and the implementability of medical research.

The health targets of the Closing the Gap report are just one indicator of how Aboriginal and Torres Strait Islander Australians are being failed by the current health system. Racism and discrimination are fundamental determinants of health. As highlighted by Pat Dudgeon and colleagues in the MJA in March this year, systemic racism — a legacy of colonisation — is prevalent and affects health directly: “Indigenous social and emotional wellbeing, and mental and physical health have been adversely affected by over 200 years of institutional, cultural and interpersonal racism.”

The National Agreement on Closing the Gap, published in 2020, is explicit about what is needed: “The Parties will listen to the voices and aspirations of Aboriginal and Torres Strait Islander people and change the way we work in response”. The July 2023 draft review by the Productivity Commission of the Agreement is blunt: “The Agreement’s reforms have not been prioritised by governments.” The review notes that “Stronger accountability mechanisms are needed to drive change” and that “a Voice could contribute to accountability and oversight of matters affecting Aboriginal and Torres Strait Islander people”.

Current health care structures and processes do not meet the needs of the Aboriginal and Torres Strait Islander population. New approaches, which place Aboriginal and Torres Strait Islander communities at the heart of discussions and decision making about their futures, are clearly needed. On this basis, the MJA supports an Aboriginal and Torres Strait Islander Voice to Parliament.

In developing our position on the Voice, we have been mindful of other views. In the health sector, many organisations including the Lowitja Institute, the Australian Indigenous Doctors Association, the Royal Australasian College of Surgeons, the Australasian College for Emergency Medicine, the Royal Australasian College of Physicians, the Australian Medical Association, and other prominent medical and research organisations have shown leadership and have expressed support for the Yes vote, as have many universities and the Australian Academy of Health and Medical Sciences. We also sought advice from our Editorial Advisory Group (https://www.mja.com.au/journal/staff/mja-editorial-advisory-committee) and from a number of Aboriginal and Torres Strait Islander health academics, and we have discussed our position internally. While we recognise and respect that every Australian is entitled to vote as they decide, we are firmly of the view that MJA should support the Voice because of the Journal’s fundamental role in promoting and supporting what is best for Australian health policy and practice.

As you form your own positions, we encourage our readership of health practitioners and researchers, and organisations across Australia, to weigh arguments for and against the Voice in an evidence-led manner that centres core public health principles.
of equity, justice, and recognition of the upstream determinants of health.

Competing interests: No relevant disclosures.

© 2023 AMPCo Pty Ltd.


