

Surgical training — a personal Koori journey

Kelvin M Kong

No Australian Indigenous doctor has previously chosen a surgical career

MEDICAL TRAINING is an arduous task in optimal circumstances. When also confronted by myriad social issues, the task can be quite daunting. I hail from the Worimi mob, located north of Newcastle in the Port Stephens area, and I am currently in my first year of advanced training in otolaryngology, head and neck surgery. I am extremely fortunate in the support I have been given, to help me make the most of the opportunities afforded to me. However, despite the support, there have been many difficulties, and here I will attempt to outline some of my experiences as my career has unfolded.

From an early age, I was interested in the field of health. My mother comes from a solid family of 12, and I was lucky enough to grow up among what I call my nuclear family — this includes all of my mother's family and a plethora of cousins. My mother, as the eldest in her family, didn't have the opportunity to finish secondary school; rather, she was given the task of helping to raise her siblings in very poor socioeconomic circumstances. The demands and stress imposed on our family are not new to most Aboriginal families, who confront these on a daily basis. Despite my mother's situation and lack of opportunity, her determination allowed her to successfully attain registered nursing qualifications. With the myriad health problems that face us, and the reluctance of Aboriginal people to seek medical help, it was very common to see family and friends seek help from mum. Naturally, as a curious child, I was always keen to assist in a range of basic first aid. The greatest reward was seeing the appreciation and smiles that came with improvement in their wellbeing. It wasn't until I was older that I questioned why my family would seek help from mum and not from the medical system. More intriguing was why it seemed to be Indigenous people, and not my non-Indigenous counterparts, who frequently were afflicted.

It is only now that I can discuss with my sisters the humorous side of our upbringing and how it has affected us. Simple things like bed arrangements, and our desire to have our own bed instead of sharing it with our cousins; the wish to have a doona instead of a bundle of crocheted blankets; and the longed-for luxury of an indoor toilet or simple heating for the house in the winter months. By no means am I trying to embellish a hard-luck story, but, rather, to illustrate the closeness and appreciation of family life that I experienced. The greatest quality that I have gained from this experience is to be humble and non-judgemental.

My acceptance into university created a "mixing pot" of emotions. On the one hand I was elated — fancy me, going to university to study medicine! Of course, to enter the

health profession had long been an ambition, but it had been an unlikely prospect, particularly as I was actively discouraged from pursuing tertiary education, both covertly and overtly, by people who thought the idea of a Koori studying medicine was incredible. There was also pressure to get a job to help bring in money, rather than create an extra financial burden by going to university — tertiary education is a daunting expense for already strained family finances. Apart from two very recent exceptions, none of my family had finished Year 12, and anything beyond that was a far cry from their world. What I did have on my side were my amazing twin sisters. They had always shown the way by example, and have given me so much encouragement. They both completed Year 12, and both were accepted into medicine at Sydney University. In fact, they were the first Indigenous medical graduates from the oldest university in Australia. Now, for this to occur first in the 90s is a modern-day example of institutionalised inequality. Their acceptance into medicine also cast some doubts on my medical career, as there was resentment from the non-Indigenous community, even though my sisters' academic merit spoke for itself. To counter this, they gained strength from a belief in themselves and the big smiles of pride emanating from our community.

In my final year of high school, I was without my sisters' physical presence for the first time. But their words of encouragement and pride in me had strengthened my determination to succeed. I was still fortunate to have the support of my mother, who always believed in all of us. It is easy, in retrospect, to realise why she saw our education as such a high priority, particularly when you hear of the battles she went through at a similar age. She always kept me grounded in reality and enlightened me on the journey ahead, but, most importantly, she impressed on me, and instilled in me, pride in our heritage. No one would ever take that away. Many instances of institutionalised racism occurred — unless you are on the receiving end, you often don't see it. It can be as subtle as being the only black face in a sea of white faces; to schoolyard taunts; to double standard treatment (eg, being checked when purchasing items on a credit card as a "routine" security check); to hearing other people speak slightly of your family; and to hearing media stories denigrating your culture. But my mother never wavered in her support for our culture, and explained the importance of our ancestry.

My mixed emotions included intimidation — the medical culture was a daunting thought. I was leaving my comfort zone. I had felt the emptiness at home when my sisters ventured to medical school, but now I was to follow. As I was not accepted at Sydney University, I could not follow exactly in their footsteps. I entered the medical course at the University of New South Wales (UNSW), and, initially, it took me quite a while to settle in.

It was hard to leave the friends I had grown up with, who accepted me for who I was and what I represented. They

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knew my background and my family, and I considered them to be family. I envisaged medical students as all upper class, private school boarders, with no idea about the realities of life as I knew them. I thought my colleagues would be my opposites: had never left the city, had never met a Koori, had their own rooms, owned cars, and had always been comfortable financially. I also wondered how my lecturers and seniors would treat me. Needless to say, entering university was terrifying.

Leaving my family behind was extremely difficult. As a Koori, family is extremely important to me — looking after cousins, big family gatherings, and being able to support one another in difficult times. I really wanted them all to move with me. I was terrified of becoming an “outer” in the family; to be rejected for following what, until recently, was a non-Indigenous career path; to lose my identity that I had finally grasped (from teenage years); to become lost in the system; and to fail (when my sisters had led the way and the community had high expectations).

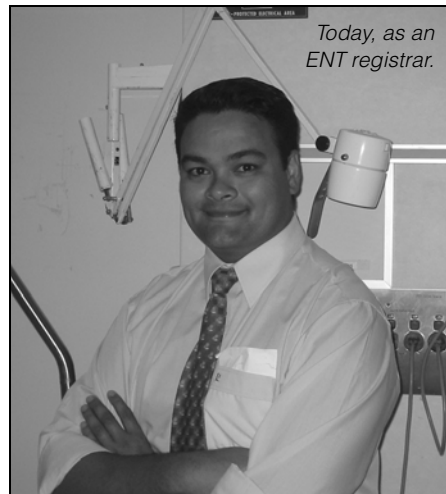
I am happy to say all my fears were ill founded, and studying at UNSW was a delight. It is true it took me a while to adjust. The new social surroundings were initially difficult, but I was fortunate enough to reside at a university college, and met many new people and formed long-lasting, inspirational friendships. This also gave me an avenue for meeting people outside the medical course, so I could appreciate the diversity of opportunities the university had to offer. The university environment is dynamic as well as diverse, and I strongly feel that being immersed in this ambience was equilibrating. I learnt a great deal from other people’s experiences, as they learnt from mine. I acquired a better understanding of other cultures and how other people lived. This provided a great opportunity to learn to treat different people. I have made wonderful friendships with the very people I was initially afraid of, and I soon realised that the majority of medical students are pleasant and open. Sure, there were a lot of mixed impressions, and ignorance sometimes reared its ugly head. But, talking to other Indigenous medical students made me realise that my experience was not unique, and the strength that had been instilled in me helped me to rise above any adversity. I also realised the magnitude of help and assistance that was available to students, and that most lecturers were readily available and willing to help.

Although I had become comfortable among my new friends, I felt alone in my studies. I realised this when a dear Aboriginal friend transferred from another university halfway

With my twin sisters who led the way.



Today, as an ENT registrar.



through my training. Instantly, I didn’t feel alone any more. It was a feeling of someone else understanding my predicament without having to explain it myself. Newcastle University had always had strength in numbers of Indigenous students, and at Sydney University my sisters had each other. This inspired the instigation of a premedical program at UNSW for Indigenous students wanting to study medicine. I was passionate about creating an environment that supported, rather than discouraged, the aspirations of Indigenous students, while at the same time not creating unrealistic dreams. A small group of us set about formalising a program. We received lots of strong support, mixed with a small amount of resistance. Rallying the support of the Faculty, making a presentation at a medical deans’ conference and providing a realistic business plan were all worthwhile and achievable.

My graduation highlighted the pride of my family. A strong family contingent attended my graduation, many of whom had never set foot in a university. In their words, it “charmed” them to attend and be part of it. And, in many ways, it was their graduation — my accomplishment is a testament to my family, my mother, my community and my ancestors and to the incredible fight they have endured, and the struggle that we as a race continue to endure.

This aspect was really brought home to me when, as an intern, I first treated an Indigenous patient. My worst fear was upsetting the elder, as being able to treat Indigenous patients was my reason for being there. After a thorough history and examination, the patient began to cry. My heart sank and I felt I had failed. My smile proudly appeared again when she explained that her tears were tears of joy, as she never thought she would ever be treated by an Indigenous doctor. The importance of professional equality hit home, and it reaffirmed my desire to give back to my community.

Residency was hard work, but fun and rewarding. It seems, though, no matter what you go through, you always come across poorly managed Indigenous patients. What surprised me most was that their first contact with a medical institution seemed to have a profound effect on how these patients responded, not medically, but rather in their compliance and willingness to attend follow-up. I continued to come across racism, but again it was more institutionalised. For example, there was the reaction and misunderstanding of medical staff when confronted by an Indigenous patient, at the same time claiming they were not racist — their actions obviously stated otherwise and they didn’t have the insight to recognise their inbuilt perceptions and prejudice.

I decided to pursue a career in surgery because it appealed to me and suited my persona. I was fortunate to have the great benefit of support from my surgical mentors at St Vincent's Hospital, although the surgical exams were my toughest exams to date! The major difference was being able to create a suitable study environment, and the greater appreciation of my desire to better equip myself for my future role. Although my mentors were wonderful, again I felt isolated, given that no Australian Indigenous doctor had previously chosen a surgical career. This is understandable, given the demands of surgical training and the small number of Indigenous doctors Australia has, as yet, produced.

I passed my surgical primary examination and have gained great experience in general surgery. With the Third World status of ear disease in Indigenous Australians, I had always had a desire to pursue a career in ENT. After gaining some experience in ENT, I realised the scope of the specialty beyond ear disease, and the great professional opportunities available. I am back where my passion originated, but now I am on the professional side. The understanding and support from the otolaryngology community has been overwhelming. As I embark on my advanced training, it seems almost surreal to be where I am now, and I am even more proud of my culture.

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Indigenous health: it's time for a change

Louis G Peachey

How to heal the festering sore of Indigenous health?

IN AUSTRALIA, Indigenous health remains a blot on the nation's collective consciousness. There has been little, if any, improvement in the last quarter of a century.¹ Although an association between health and socioeconomic status has been described in many different societies, in Australia we seem to avoid taking this connection into account when considering Indigenous health. The First Nation's people of Australia still do not have the same access to housing, education and employment as those who are relative newcomers; thus, it should not be surprising that their health status is worse.

Senator Aden Ridgeway, in his address to the United Nations Human Rights Commission,² summarised the root of this problem as:

Non-Indigenous Australians are keen to embrace the rhetoric of reconciliation, so long as it doesn't require them to take effective action to share the country's abundant resources and political power. Most are not prepared to make any significant adjustments in how they live their lives or how they see their future.

Few are prepared to really look within themselves to challenge their beliefs and values, for fear of what they might find and for fear of what they think they might lose.

So, what might it be that non-Indigenous Australians are so fearful of finding? Possibly, that the entire basis of land ownership in Australia, and therefore our economy, is based on the lie of *Terra Nullius* — that is, that no one owned the land claimed by others.³ And, what might non-Indigenous Australians be so fearful of losing? All their benefits, including health benefits, that they may have derived from this lie.

At a recent National Health Summit in Sydney (held at Merchant Court Hotel, Sydney, 18–19 February 2003; hosted by Terrapinn), speakers outlined Australia's achievements in health, most notably that we can boast the second highest longevity among OECD countries. But little of what was said had any bearing on Indigenous health — it was almost as though Indigenous health had to be annexed so that the mood could remain positive.

However, it is neither moral nor ethical for Australia to continue to ignore the deplorable state of Indigenous health. For too long, too many of the issues have been relegated to the too-hard basket. The festering sore of Indigenous health will not go away by ignoring it, but rather needs direct action — the active promotion of opportunities for Indigenous Australians in mainstream professions and services, health or otherwise.

The medical profession has long recognised its social contract to Indigenous Australians, and we can easily start to fulfil this contract by attending to our own backyard. For proportionate racial representation in the medical profession in Australia, we should have about 1260 Indigenous doctors; however, there are no more than 55. All have graduated since 1983 and more than half from the one medical school. Had the other nine medical schools made the same effort to recruit and train Indigenous doctors, we would now be much closer to the racial equity goal of 1260 doctors.

The presence of Indigenous Australians within the student body of our medical schools does more than just help to meet a target. It enriches the profession and enables other medical students to access something of the Indigenous experience — many Indigenous medical students and doctors have been the first Indigenous Australians that our non-Indigenous colleagues have met. The presence of Indigenous Australians in our medical schools also keeps the focus on Indigenous health active and honest. And it can provide a shining example and model for other professions who should recruit, support and graduate Indigenous students. In fact, it is important for our Indigenous students in primary and

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