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.

Australian Indigenous Doctors' Association, Canberra, ACT.
Louis G Peachey, BMed, FACRRM, Foundation President; and GP Anaesthetist, Beaudesert Hospital, QLD.
Reprints will not be available from the author. Correspondence: Dr Louis G Peachey, Australian Indigenous Doctors' Association, PO Box 3497, Manuka, ACT 2603. lpeachey@aida.org.au

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

secondary school to see that all professions are accessible and supportive, so they can confidently consider tertiary education as a reality rather than a fanciful dream.

Many of our medical postgraduate clinical colleges are already seeking to actively recruit Indigenous doctors into their training programs; we will also need to see the introduction of compulsory Indigenous health curricula into each of the postgraduate training programs.

Beyond incorporating Indigenous health and health workers into our ranks, we need to actively encourage appropriate access to health services. For example, as a profession we need to call for the introduction of a Medicare safety net that will make a discernible improvement to the health status of Indigenous Australians. Real gains in Indigenous health are attainable by incorporating Indigenous health provision (albeit with additional benefit or consideration) into our mainstream delivery of health services, rather than, or at least in addition to, setting up more and more services specifically for Indigenous Australians.

Beyond healthcare delivery, more of our profession should consider taking leadership in issues related to sovereignty and treaty, and ensure that satisfactory access to housing, education and employment is pursued.

What benefit can Australia expect to receive from such a radical change in approach? As Senator Ridgeway said, much of Australia may avoid self-examination for fear of what will be found and what will be lost. This apparent milieu of fear is a poor legacy to leave to future generations of Australians. In confronting these issues, we can offer a better future for our nation and bring healing to the festering sore that is Australia's Black history (and health). The medical fraternity can play a leading role in this process — after all, healing is the prime concern of our profession.

References

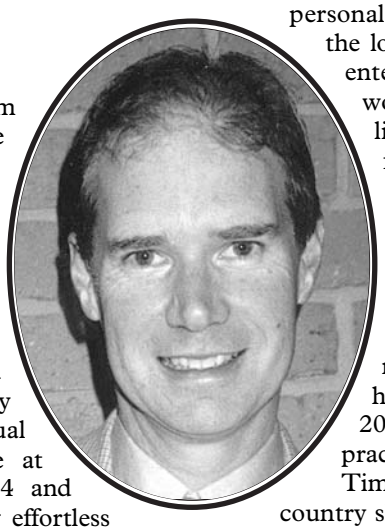
1. Commonwealth Grants Commission. Report on Indigenous Funding 2001. Canberra: Commonwealth Grants Commission, 2001.
2. Senator Aden Ridgeway. Speech to the United Nations Human Rights Commission. 26 March 2001. Available at: http://www.democrats.org.au/speeches/index.htm?speech_id=631&display=1 (accessed Apr 2003).
3. Flannery T. Beautiful lies: population and environment in Australia. In: Quarterly Essay, Issue 9. Melbourne: Blank Inc, 2003: 4.

(Received 20 Mar 2003, accepted 17 Apr 2003) ❑

OBITUARY

Timothy Francis McArdle

MB BS DipRACOG FRACGP



ON 11 SEPTEMBER 2002, at the age of 45, Tim McArdle was killed in a road accident while cycling.

Tim was the third of seven children, a son of the late Frank McArdle, formerly a general practitioner in Ballarat, Victoria, and mother Patricia, a nurse and nurse educator. Born on 30 September 1956 in Ballarat, he was educated at Villa Maria and St Patrick's College, Ballarat. Tim was an outgoing, humorous and playful person who loved people. From an early age, his many talents and formidable intellectual qualities were evident. He gained a place at Monash University Medical School in 1974 and completed the medical course with seemingly effortless ease, graduating among the top 10 students in his year.

Tim worked at Prince Henry's Hospital, Melbourne, the Royal Children's Hospital and the Queen Victoria Medical Centre, where he obtained a diploma in obstetrics and gynaecology. He then spent a year in Cohuna, in northern Victoria, working in a typical rural general practice, before returning to Melbourne to run the Moorabbin Hospital Emergency Department for a year.

In 1987, Tim was invited to Warragul, in south-eastern Victoria, where he decided to join an established practice because of the congeniality of the colleagues and the "grass tennis courts". It was in Warragul that his medical and personal skills blossomed and he developed a love for the local community. He had the good fortune to enter a happy and thriving medical practice, working with colleagues with whom he established wonderful personal and professional friendships. Tim's own practice focused on maternal and child health, but over the years he branched out into other areas.

Tim's interest in community medicine inspired him to write a weekly local newspaper column on health issues for 15 years, under the by-line of "Dr Kev". In more recent years, he chaired a regular session on health issues on ABC Regional Radio. In 2000, he spent five weeks as a volunteer medical practitioner in East Timor.

Tim loved sport, including tennis, golf, cross-country skiing and horse-racing, which for him were a source of relaxation and comradeship. He was also a natural musician and inveterate performer. He supported himself at university playing piano in restaurants and bars, and later played for 12 years with a group of medical friends in a local Warragul band called "The Fabulous Beatroots".

Tim appeared particularly happy and content in the company of his partner Robyn during the last year before his death. His sudden and tragic death leaves a huge gap in rural medical services and is an enduring loss to his mother, siblings and many friends.

Peter McArdle