

Strengthening the presence of Aboriginal and Torres Strait Islander voices in the *Medical Journal of Australia*

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Increasing the visibility of Aboriginal and Torres Strait Islander peoples will ensure that the *MJA* enhances its commitment to inclusivity and health equity



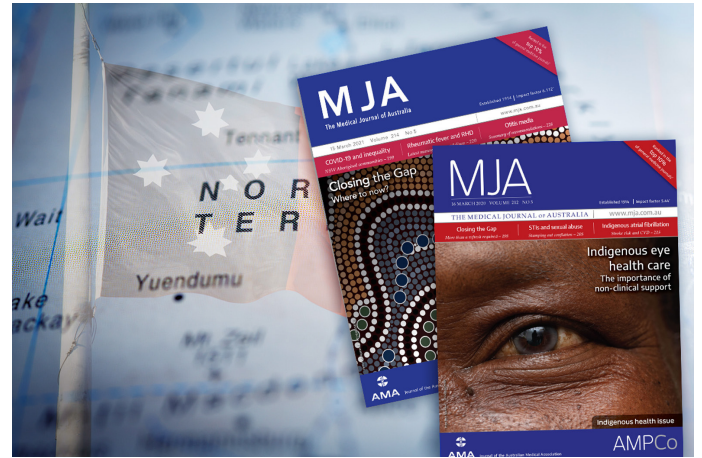
In October 2021, the *Medical Journal of Australia* published a letter¹ that challenged the Journal to show leadership in “foregrounding Indigenous sovereignty” by advocating and appropriately acknowledging the contribution of Aboriginal and Torres Strait Islander peoples in health research. The authors argued that journals should “enhance the ability to efficiently distinguish Aboriginal and Torres Strait Islander scholarship, increasing the visibility of our knowledges and perspectives in research and translation, thereby improving the transparency of academic literature to guide decisions about our health and wellbeing”.

We value this feedback, which has prompted us to examine our existing practices and to consider new actions we should take going forward. As part of this process, we met with Aboriginal and Torres Strait Islander academics and researchers about how to advance the ideas raised.

As the nation’s leading general medical journal, the *MJA* strives to advance Aboriginal and Torres Strait Islander health through the publication of high quality research and analysis. To achieve this goal and become a more effective platform for change, we will continue to engage meaningfully with Aboriginal and Torres Strait Islander leaders towards the abolition of health inequities.

Becoming part of the solution to this challenge means being prepared to critically reflect on and change our editorial policies and practices so we can help shift the deficit narrative, often

prominent in health research focused on Aboriginal and Torres Strait Islander peoples, to a strengths-based narrative. Such an approach aims to highlight how Aboriginal and Torres Strait Islander peoples are driving the priorities, research processes and solutions to the myriad impacts they have experienced through colonisation and ongoing racism.



What should this involve? Creating better and meaningful opportunities for Aboriginal and Torres Strait Islander voices to be heard in the Journal is one critical component. On a national level, the *Uluru Statement from the Heart* (<https://ulurustatement.org>) calls for the establishment of a First Nations Voice to Parliament in the Australian Constitution. It also calls for a Makarrata Commission, to supervise a process of

agreement making and truth telling between Aboriginal and Torres Strait Islander peoples and Australian governments. The statement is now approaching its fifth anniversary and while it is yet to be implemented, we welcome the new Prime Minister’s commitment to moving this forward (<https://www.sbs.com.au/news/article/what-is-the-uluru-statement-from-the-heart-heres-how-it-could-change-australia/19eq52s6k>).

Although we have aimed to prioritise Aboriginal and Torres Strait Islander health research at the *MJA* for many years, including publishing an annual Indigenous health issue, truth telling demands the Journal recognises we too have failed to sufficiently address the inclusion of Aboriginal and Torres Strait Islander voices, and good intentions are not enough. Instead, we aspire to lay the groundwork for continuous dialogue towards a more inclusive journal.

Milroy and Bandler summarise the current situation in the 14 years since *Closing the Gap* was announced:² “In 2007, *Closing the Gap* was heralded by the Australian government as a shift in health policy for Indigenous Australians, proposing drastic action that would be measured against clear benchmarks. The flaw in this policy was the assumption that a homogenous approach, unaccompanied by deep, meaningful engagement with Indigenous people, communities, and health care services would be sufficient.” Fixing the problems will need a radical rethink.³

Milroy and Bandler² recommend we move away from paternalistic initiatives and counting individuals with illness to “health care relationships and partnerships that empower” Aboriginal and Torres Strait Islander peoples. While we appreciate the importance of studies on prevalence and incidence in health, in recent years we have sought to prioritise publication of studies assessing the impacts of interventions on health outcomes and will strengthen this effort going forward.

Aboriginal and Torres Strait Islander involvement in health research is fundamental to producing research findings that address Aboriginal and Torres Strait Islander health priorities, benefit Aboriginal and Torres Strait Islander peoples, and build Aboriginal and Torres Strait Islander research capacity and expertise. This makes research leadership, governance and ethics central to our efforts at the Journal to advance health equity.⁴ As noted in a recent editorial, *MJA* authors may now include their Country in their article.⁵ We will always include Aboriginal and Torres Strait Islander reviewers when assessing submissions on Aboriginal and Torres Strait Islander health topics. We also recommend Aboriginal and Torres Strait Islander ethics approval for research that impacts or is of particular significance to Aboriginal and Torres Strait Islander peoples.⁶

Today we announce that the *MJA* will work with Indigenous and Torres Strait Islander peoples to appoint a First Nations Editorial Advisory Subgroup of the Expert Advisory Group. This subgroup will work with the editorial team to identify actions to improve editorial policies and practices in order to advance inclusiveness and recognition of Aboriginal and Torres Strait Islander research in the Journal and promote health equity. Such actions might involve updating our instructions to authors, rethinking our approaches to evaluating research and analysis on Aboriginal and Torres Strait Islander health, training of staff to build knowledge and skills for working with Aboriginal and Torres Strait Islander people, forming partnerships with Aboriginal and Torres Strait Islander peak bodies in health and medicine, commissioning of content, and campaigning for change among our readership and in wider society, among others. Collaboration and relationship building are fundamental elements to this process, and we anticipate that the action plan produced through working with the subgroup will challenge our established publishing models, but we believe in a journal that recognises and respects Aboriginal and Torres Strait Islander voices in a profoundly meaningful manner. The process that we announce here today is an affirmation of this goal and a manifestation of our commitment.

As members of a leading Australian medical and scientific organisation, it is incumbent on us to demonstrate reflexivity and introspection about the ways our positions as editors and the *MJA* governance systems, power structures, policies and processes might be contributing to the very inequities we seek to redress. We must be accountable for creating meaningful change and we commit to reporting on progress towards our goals regularly to our readers.

At the *MJA*, Aboriginal and Torres Strait Islander peoples must have their voices heard through the work we publish, because this is one way they will directly influence the policies and programs affecting them. For without a strong voice, how will it be possible for Aboriginal and Torres Strait Islander peoples to finally achieve health equity and justice? We look forward to feedback from readers, reviewers and authors throughout this journey.

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Provenance: Externally peer reviewed. ■

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- 6 International Committee of Medical Journal Editors. Recommendations. Protection of research participants. <https://www.icmje.org/recommendations/browse/roles-and-responsibilities/protection-of-research-participants.html> (viewed May 2022). ■