

# Investigations in gastroenterology ... and a focus on achieving kidney health equity for Indigenous Australians

This issue of the *MJA* has two themes. In the main journal, we have a series of articles on topics in gastroenterology, including a perspective by Fitzpatrick and colleagues on dietary management of eosinophilic oesophagitis, a chronic condition first described in the mid 1990s and now increasingly recognised as a frequent underlying cause of dysphagia and food bolus obstruction (doi: 10.5694/mja2.52101). The condition rarely resolves, and hence dietary management is key. Unfortunately, high quality trials are scarce and challenging to perform and the evidence base for treatment remains sparse. In the meantime, the authors argue the need for a careful multidisciplinary approach for management.

A better recognised condition, coeliac disease, is the focus of a research letter by Muir and colleagues (doi: 10.5694/mja2.52105). International studies have shown that a family history of coeliac disease is the strongest risk factor for coeliac disease but limited data have been available for Australia. In their study of first degree relatives of patients in Brisbane, the authors found a substantial amount of undiagnosed coeliac disease in the relatives: “seven of 62 child first degree relatives of people with coeliac disease had biopsy-confirmed disease [and] two of 140 adult first degree relatives had biopsy-confirmed disease”. In a linked editorial, Robson and Day conclude “it is likely that many people with [coeliac disease] are not diagnosed in a timely fashion, if at all. Actively looking for coeliac disease in groups at greater risk may help identify these people earlier and avert disease-related complications, regardless of the presence or absence of symptoms” (doi: 10.5694/mja2.52116).

A second theme in this issue and the accompanying supplement is kidney disease. The main issue includes a guideline summary of recommendations for culturally safe clinical kidney care for First Nations Australians by Tunnicliffe and colleagues. The authors note that the recommendations represent “a major first step in addressing the evident disparity in [chronic kidney disease] among First Nations Australians compared with non-Indigenous people in Australia”, and crucially, “are the first to be developed in partnership with First Nations Australians to improve kidney health and wellbeing” (doi: 10.5694/mja2.52114).

The supplement published with this issue of the *MJA* also focuses on kidney disease. It comes from the National Indigenous Kidney Transplant Taskforce (NIKTT) and explores kidney transplantation for Aboriginal and Torres Strait Islander peoples from a number of different angles, including how to drive practice change in kidney transplantation care, how to address cultural bias, and the role of consumer engagement through Indigenous reference groups within transplantation units, all with the ultimate aim of improving equity and outcomes in kidney transplantation. The linked editorial by Hughes and colleagues in the main journal places the work in the context



of the wider issue of inherent racism that exists in the health system in Australia for these patients (doi: 10.5694/mja2.52107). The authors observe that “As clinicians, researchers, policy makers, and health experts, we must all be drivers for change in how care is delivered so that it best serves the health gains of Aboriginal and Torres Strait Islander people.” They conclude with a call to action: “the NIKTT has established a foundation. The challenge for all of us is to build upon this if we are to succeed in achieving equity in access to kidney transplantation.” It’s an important reminder of the continuing work that remains to be done. ■

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