Indigenous health: partners in healing

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Five years ago, we began to deliberately cluster the publication of research reports on Aboriginal and Torres Strait Islander health in the second issue of the Journal in May, to coincide with National Sorry Day (26 May) and Reconciliation Week (26 May–3 June). In the years that followed, the quantity and quality of papers related to Indigenous health grew, culminating this year in the inaugural *MJA* Indigenous Health issue. Some readers might question this initiative, considering that Indigenous Australians account for less than 3% of our population. However, we would counter that the social, economic and health disparities between Indigenous and non-Indigenous people in Australia are worse than in any other comparable country in the world,[1] and that the *MJA* remains the only high level Australian research forum to regularly report these issues.

The past 12 months have brought considerable changes that affect the lives of Australia's Indigenous people. The Australian Government has completely overhauled its approach to Indigenous affairs:[2]

- The Aboriginal and Torres Strait Islander Commission has been abolished, and a ministerial taskforce and a National Indigenous Council have been convened to advise on Indigenous affairs;
- Shared responsibility agreements are being forged with Indigenous communities; and, recently,
- Prime Minister John Howard has suggested changes to Aboriginal land rights, which would favour individual over communal ownership.[3]

In announcing the new arrangements for Indigenous affairs, Amanda Vanstone, the Minister for Immigration and Multicultural and Indigenous Affairs, promised,[4]

> We will work with states and territory governments and Indigenous communities to find the best mechanism for input at the local and regional level. Our focus will continue to be on better service and better outcomes for Indigenous people.

Despite widespread recognition that there were problems with the previous arrangements, some Indigenous leaders believe that the government's move to "mainstreaming" threatens Indigenous Australians' right to self-determination.[5] Concerns have also been expressed that it will be more difficult for Aboriginal and Torres Strait Islander voices to be heard in health policy development.[6] Disquiet about the place of shared responsibility or "mutual obligation" agreements in improving Indigenous health[7] is echoed by Collard et al in this issue of the Journal (*page 502*).

National Sorry Day was initiated in 1998, a year after the *Bringing them home* report focused public attention on the experiences of the Indigenous Australians who had been removed from their families. It was set aside as a day for acknowledging these people's suffering and committing to assist them on their "journey of healing". But this too has changed. The National Sorry Day committee has decided that the day will now be known as a "National Day of Healing — for all Australians". In explaining the change, committee chairs Ray Minniecon and Gillian Brannigan noted:[8]

> . . . the stolen generations cannot heal in isolation. Their healing depends on, and contributes to, healing among the wider Indigenous community. And healing among Indigenous Australians depends on, and contributes to, healing in the non-Indigenous community.

This emphasis on the need for healing among all Australians should take us, as health professionals, beyond the usual perspective that the poor health of Indigenous Australians is about "them" — to look at ourselves, our society and our health care system. According to the National Sorry Day committee:[8]

> If healing is to come, it will come through a grass-roots movement of people who feel each other's pain across the gulfs which divide us, and commit themselves to work for justice.

This was the experience of Gruen and Yee (*page 538*) after working for some time in a remote Aboriginal community. Engaging with Indigenous people, and coping with our own feelings of impotence, guilt, frustration and fear as health professionals, must play a role in the healing process. Some of the stories, pictures and vignettes in this special Indigenous Health issue may provide an avenue for such engagement.

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Health system problems also feature in this issue. A study published in the Journal in 2002 noted that Indigenous patients were less likely to receive diagnostic and therapeutic procedures in Australian hospitals.[9] While the reasons for this differential treatment are complex, a similar shortfall has since been reported in the management of cancer patients,[10] and, as reported by Coory and Walsh in this issue, in the rates of patients receiving percutaneous intervention or coronary artery bypass surgery after acute myocardial infarction (*page 507*). Whatever we make of these sobering findings the need for change is apparent.

One of the reasons advanced by Coory and Walsh for their findings is the high prevalence of comorbidities in Indigenous patients, which, in turn, reflects social, economic and health care deficiencies in Indigenous communities. In a recent discussion paper *Healing hands — Aboriginal and Torres Strait Islander workforce requirements*, the Australian Medical Association identified lack of access to high quality primary health care as one of the major impediments to improving Indigenous health.[11] The report revealed that these services were underfunded by $400 million per year, and there was a workforce shortfall of 430 doctors and 450 other health professionals. It also called for a commitment to increase the number of Indigenous people in the health workforce to levels proportionate to those of the general population — a project which requires training and support for an additional 928 doctors and 2570 nurses. An additional 2000 Aboriginal health workers are also required.

Full resourcing of primary care for Indigenous people makes good sense, and should be achieved both through mainstream measures, such as the newly funded primary care item, Aboriginal and Torres Strait Islander health check,[12] and via community-based projects achieved by partnerships with Aboriginal-control-

led health organisations. An addendum to the AMA discussion paper included five "good news stories" of community-based clinical research projects that have achieved meaningful on-the-ground outcomes. Several such reports are also published in this issue: a decade-long retinal screening project in the Kimberley (Murray et al, *page 520*), point-of-care diabetes monitoring and feedback in a remote community (Martin et al, *page 524*), and a collaborative shared antenatal care project for urban Indigenous women (Panaretto et al, *page 514*). Such projects might seem at times like drops in an ocean of despair, but they are proof that an adequately resourced and carefully designed primary health care system for Indigenous people can make inroads into health inequity.

So what do we make of Sorry Day, the National Day of Healing, and Reconciliation Week in 2005? Geoffrey Angeles, the winner of the first Dr Ross Ingram Memorial Essay Competition (*page 541*) should have the last word.

> There is nothing wrong with some of the old and a little bit of the new. Reconciliation comes in many forms, but basically it is about bringing together, compromise, resolution and understanding. Shaking hands and saying sorry is surface stuff. Examples of partnerships that work are more real.

The Australian Government has adopted the rhetoric of partnership in Indigenous health. It now remains to be seen if rhetoric becomes reality, and whether we can come together as individuals, as a society and as a health system to form true and equitable partnerships. These partnerships should be based on hearing and understanding each other's stories, healing relationships and an ongoing willingness, both personally and politically, to work together on upskilling, motivating and funding a health workforce that has Indigenous parity and is fit for the task.

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