Editorials

The spirit of the tent embassy: 40 years on

Indigenous self-determination is essential to health and wellbeing

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For me, the Aboriginal tent embassy is something that has always been there in my consciousness as something I gain strength from, and a reminder of how far we've come (and how far we have to go) in building a better future for Aboriginal and Torres Strait Islander peoples.

Now at its 40th anniversary, the tent embassy continues to be a symbol of living conditions and land ownership of Indigenous Australian peoples. It is a comment on the avenues of protest open to the often silent members of Indigenous society.[1] In many ways, what the tent embassy stands for is also what we, at the Australian Indigenous Doctors' Association (AIDA), strive to achieve in Indigenous health. We want to confront and reverse the negative impacts of colonisation, discrimination and cultural suffocation. In other words, we want self-determination.

Self-determination is essential to improving Indigenous health and wellbeing. Self-determination means equal entitlement to be in control of our own destinies while living with governing institutions.[2] Aboriginal and Torres Strait Islander people need to be participating in every layer of decision making to meet our health needs. We should also be actively involved in the design, delivery and control of health services. It's no coincidence that this notion first gained traction in a health service sense in 1971 — a year before the establishment of the tent embassy — with the formation of the Aboriginal Medical Service in Redfern, the first Aboriginal community-controlled health service.[3] Indigenous self-determination was a catchcry at the time, and 40 years later is still being called for.

An example of this occurred recently in relation to the consultation process for the Stronger Futures legislation (the Stronger Futures in the Northern Territory Bill 2012).[4] This legislation outlines the process for the next stage of the Northern Territory Emergency Response, and could have been an important opportunity for the Australian Government to practise the principles of Indigenous people being actively involved in programs and policies. While the proposed legislation commits to a 10-year funding program and reinstatement of the *Racial Discrimination Act 1975* (Cwlth), Indigenous communities were not properly engaged nor valued in the consultation process. The Australian Government has introduced "special measures" that are racially based, resulting in the possibility that the legislation will have few positive long-term health effects.

In addition to being actively involved in decision-making processes about policies that affect us, Aboriginal and Torres Strait Islander people also need to have access to health services that are equal in standard to those enjoyed by other Australians. This is particularly important, given that the Indigenous population has a greater need for health care than non-Indigenous Australians due to their lower life expectancy, and higher morbidity and mortality rates. In 2008, 30% of Indigenous people aged 15 years and over reported that they had a problem accessing services.[5] The ability to access health services includes considerations such as travelling distance, financial cost and cultural appropriateness. Where culturally appropriate services do exist, they are often underresourced or unable to meet community needs.

It is sobering to see that, 40 years after four Aboriginal men, Bertie Williams, Billie Craigie, Tony Coorey and Michael Anderson, camped under a beach umbrella in Canberra and called for equal rights, as a group, we still do not enjoy the same opportunities to be healthy as non-Indigenous people. Research into the hospital management and outcomes of stroke in Aboriginal and Torres Strait Islander people, published in 2012, has found that we were less likely to be treated in a stroke unit and receive timely assessments from allied health professionals than non-Indigenous patients. The study also found that Indigenous patients aged 18–64 years had threefold odds of dying or being dependent at discharge.[6] Studies such as these indicate that we still have a long way to go in providing good-quality health care for Aboriginal and Torres Strait Islander people — care that is affordable, accessible, available and appropriate; care that requires a real commitment from doctors and other health care providers.

As members of the medical fraternity, we each have a responsibility to adapt our practice to improve patient engagement and health care outcomes. This includes having knowledge of, respect for and sensitivity about the cultural needs of Indigenous patients, and acknowledging the socioeconomic and cultural factors influencing the health of Aboriginal and Torres Strait Islander people.[7] The medical fraternity should value and understand the relationship between cultural integrity and Indigenous health; this relationship is one of the driving forces behind the push to recognise Indigenous people in the constitution.[8]

Enhancing the awareness and participation of doctors, educators and other health professionals to improve the health of Aboriginal and Torres Strait Islander people requires commitment and collaboration across the education and training continuum. An example of such a commitment can already be found at the medical school level, where there have been initiatives to increase cultural safety, leadership and support for Indigenous medical students.[9] This work was underpinned by a joint work plan and principles set out in the AIDA and Medical Deans Australia and New Zealand Collaboration Agreement, and has been in effect since 2005. Work has now also progressed in the prevocational area with a formalised collaboration framework between AIDA and the Confederation of Postgraduate Medical Education Councils. Each collaboration outlines practical, measurable actions that are underpinned by the guiding principles of Indigenous self-determination, sovereignty, mutual respect, inclusive consultation and decision making, valuing each other's contributions and promoting cultural safety.

The significance of our connection between land and culture and our health and wellbeing is shared by our indigenous brothers and sisters across the Pacific. This shared relationship will be reflected in the theme "connectedness" at the 6th Pacific Region Indigenous Doctors' Congress Conference. This event, to be hosted by AIDA in Alice Springs in October 2012, will include delegates from Canada, New Zealand, the continental United States, Hawaii and Taiwan, and will cover issues such as clinical best practice, traditional healing, and health priorities such as chronic disease and mental health. The event is open to indigenous and non-indigenous friends and colleagues. I encourage you to join us, to identify barriers and challenges and, more importantly, to identify the successes and innovations progressing under indigenous leadership. These conversations are all in the spirit of the tent embassy, which I am proud to say is still going strong after 40 years.

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1 Robinson S. The Aboriginal embassy: an account of the protests of 1972. *Aboriginal History* 1994; 18: 49-63.

2 Anaya SJ. The right of Indigenous peoples to self-determination in the post-declaration era. In: Charters C, Stavenhagen R, editors. Making the declaration work: the United Nations declaration on the rights of Indigenous peoples. Copenhagen: International Working Group for Indigenous Affairs, 2009: 184-199.

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4 Australian Government. Stronger futures in the Northern Territory policy statement. Canberra: Commonwealth of Australia, 2011. http://www.indigenous.gov.au/wp-content/uploads/2011/11/Stronger_Futers_policy_statement_nov2011.pdf (accessed May 2012).

5 Australian Institute of Health and Welfare. Aboriginal and Torres Strait Islander health performance framework 2010: detailed analyses. Canberra: AIHW, 2011. (AIHW Cat. No. IHW 53.) http://www.aihw.gov.au/publication-detail/?id=10737420099 (accessed May 2012).

6 Kilkenny MF, Harris DM, Ritchie EA, et al; National Stroke Foundation. Hospital management and outcomes of stroke in Indigenous Australians: evidence from the 2009 Acute Care National Stroke Audit. *Int J Stroke* 2012; Feb 2. doi: 10.1111/j.1747-4949.2011.00717.x. [Epub ahead of print]

7 Australian Medical Council. Good medical practice: a code of conduct for doctors in Australia. Canberra: AMC, 2009. http://www.amc.org.au/images/Final_Code.pdf (accessed May 2012).

8 Australian Human Rights Commission. Social justice report 2011. Canberra: AHRC, 2011. http://www.hreoc.gov.au/social_justice/sj_report/sjreport11/pdf/sjr2011.pdf (accessed May 2012).

9 Medical Deans Australia and New Zealand, Australian Indigenous Doctors' Association. Medical Deans–AIDA national Indigenous health review: a review of the implementation of the Indigenous Health Curriculum Framework and the Healthy Futures Report within Australian Medical Schools. Sydney & Parkes, ACT: Medical Deans Australia and New Zealand Inc. & Australian Indigenous Doctors' Association, 2012. http://www.medicaldeans.org.au/wp-content/uploads/20120412Medical-Deans-AIDA-Review-Final-Report.pdf (accessed May 2012). ❑