

## The excess burden of severe sepsis in Indigenous Australian children: can anything be done?

TO THE EDITOR: The excess burden of severe sepsis among Indigenous children<sup>1,2</sup> reflects poorly on Australia's image of itself as a prosperous and fair nation. Indigenous children are entitled to the opportunities afforded to non-Indigenous children. The high rates of infection in Indigenous communities also have implications for the entire Australian community, because of the risk of spread of multidrug-resistant organisms.<sup>3</sup>

Palasanthiran and Bowen in their *MJA* editorial,<sup>1</sup> and Ostrowski and colleagues in their related research article,<sup>2</sup> describe a biomedical approach to the problem of severe sepsis in Indigenous children. Biomedical approaches focus on responding to clinical signs and laboratory markers to diagnose and treat disease. Although such approaches may explain disease and lead to rational treatments, they can dominate perspectives to such an extent that they construct our understanding of health, making it seem that there is no alternative approach.<sup>4</sup> However, the goal of reducing sepsis in Indigenous children appears elusive with a biomedical approach.<sup>1</sup>

Indigenous Australians describe health as "not just the physical wellbeing of the individual but ... the social, emotional and cultural wellbeing of the whole Community".<sup>5</sup> Aboriginal community controlled health services (ACCHSs) were established to approach Indigenous people's health needs holistically.<sup>5</sup> Holistic health services include advocating for appropriate housing, supporting literacy programs, providing fresh fruit and vegetables to families in need, and assisting children to attend school through breakfast programs.<sup>6</sup> A holistic approach to Indigenous health includes culture and language, and relationships among people and their country.<sup>5</sup>

Indigenous health emerges from Indigenous people's place in Australian society, through social determinants; biomedical approaches may therefore have limited impact. Also, because ACCHSs remain primarily accountable to government funding agencies, they are limited in their capacity to overcome structural impacts on Indigenous health.<sup>6</sup>

Working with Indigenous people's approaches to health provides opportunities to promote wellbeing.<sup>6</sup> Such

an approach may not only reduce sepsis in Indigenous children, and the likelihood of spread of resistant pathogens, but could also contribute to a more equitable Australian society and enhance the wellbeing of all Australians.

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References are available online at [www.mja.com.au](http://www.mja.com.au).

- 1 Palasanthiran P, Bowen A. The excess burden of severe sepsis in Indigenous Australian children: can anything be done? *Med J Aust* 2017; 206: 71-72. <https://www.mja.com.au/journal/2017/206/2/excess-burden-severe-sepsis-indigenous-australian-children-can-anything-be-done>
- 2 Ostrowski JA, MacLaren G, Alexander J, et al. The burden of invasive infections in critically ill Indigenous children in Australia. *Med J Aust* 2017; 206: 78-84. [https://www.mja.com.au/journal/2017/206/2/burden-invasive-infections-critically-ill-indigenous-children-australia?utm\\_source=mja&utm\\_medium=web&utm\\_campaign=related\\_content](https://www.mja.com.au/journal/2017/206/2/burden-invasive-infections-critically-ill-indigenous-children-australia?utm_source=mja&utm_medium=web&utm_campaign=related_content)
- 3 David M, Daum R. Community-associated methicillin-resistant *Staphylococcus aureus*: epidemiology and clinical consequences of an emerging epidemic. *Clin Microbiol Rev* 2010; 23: 616-687.
- 4 Engel G. The need for a new medical model: a challenge for biomedicine. *Science* 1977; 196: 129-136.
- 5 Australian Government. National Aboriginal and Torres Strait Islander Health Plan 2013–2023. Canberra: Commonwealth of Australia, 2013. <http://www.health.gov.au/natsihp> (accessed Aug 2016).
- 6 Khoury P. Beyond the biomedical paradigm: the formation and development of Indigenous community-controlled health organizations in Australia. *Int J Health Serv* 2015; 45: 471-494. ■