

Our doctors making a difference

Peter O'Mara

Aboriginal and Torres Strait Islander doctors walking in both worlds for the benefit of all Australians

In 1983, this country saw a major milestone — for the first time, an Aboriginal Australian graduated from an Australian medical school. This, however, was about 100 years after the graduation of the first Maori, Native American and Aboriginal Canadian medical students.¹ In the following decade, only seven other Indigenous Australians would graduate.

We have had enormous ground to cover and obstacles and system barriers to overcome in the 28 years since Professor Helen Milroy's graduation. It is with great pride that I can now say that there are over 150 Aboriginal and Torres Strait Islander medical graduates and almost 170 Aboriginal and Torres Strait Islander medical students.² There is still much work to be done. With the increasing overall numbers of students entering medical training, we need to ensure that the gap between Aboriginal and Torres Strait Islander students as a proportion of all students and non-Indigenous people undergoing medical education and training narrows, not widens.

It is timely that, while the Australian Government's focus is on the imperative to close the gap in life expectancy between Aboriginal and Torres Strait Islander people and other Australians within a generation, we are beginning to hold in our sights the second generation of Aboriginal and Torres Strait Islander doctors.

The Aboriginal and Torres Strait Islander doctor profile is not dissimilar to the Indigenous population profile. There are few medical elders; a limited number of Fellows of Australian medical colleges; most of our doctors are in junior years and training programs; and growing numbers in medical schools. A continuing challenge is to improve school retention rates so that more young Aboriginal and Torres Strait Islander people complete Year 12 and have the prerequisite skills to enter medicine.

Work on pathways for our people into medical specialties is also important. Building on the Australian Indigenous Doctors' Association's (AIDAs) successful collaboration with Medical Deans Australia and New Zealand, we now have a set of priority areas for action in cooperation with the Confederation of Postgraduate Medical Education Councils,³ and have also committed to collaborate with the Committee of Presidents of Medical Colleges.³ This level of collaboration along the entire medical and education and training continuum is unprecedented.

Further, I am bolstered by the level of concrete action by individual medical colleges. No fewer than nine colleges contributed to the annual AIDA Symposium held in Launceston, Tasmania last year, through provision of sponsorship, information and personnel. This is important both for AIDA members and for the colleges as they seek to improve Aboriginal and Torres Strait Islander health and engage with the Indigenous health workforce. A workshop run by the Royal Australasian College of Surgeons, which included a mobile surgical simulation van that travelled from Sydney, is an exemplar of ways in which colleges might work with AIDA in the future.

A large proportion of the current cohort of Indigenous medical students have commenced their studies directly from school, in contrast to many earlier Indigenous doctors who started medical studies after other careers when they already carried responsibili-

ties as parents, community members and leaders. Despite this shift, demands related to family, the Indigenous community and the wider community continue to be disproportionately high for Aboriginal and Torres Strait Islander doctors, and I anticipate that this will be the case for many years to come. There is often an expectation that, when still relatively junior in their clinical and professional lives, these doctors will take up policy, advocacy, representational and community leadership roles. This frequently occurs within the context of their own communities and families living under stress and with extremely poor health, and a congested and changing policy landscape, and while they also need to be servicing their own clinical and professional development requirements.

With the expiry of the current National Strategic Framework for Aboriginal and Torres Strait Islander Health in 2013,⁴ there will be a new Aboriginal and Torres Strait Islander health plan. Aboriginal and Torres Strait Islander doctors will continue to advocate for the plan to be developed and conducted through genuine partnerships between governments and Indigenous organisations, not only because such an approach is consistent with what is contained in the United Nations Declaration on the Rights of Indigenous Peoples,⁵ but because it makes good sense. It will only be through genuine partnership, including mutual respect, proper negotiation with Aboriginal and Torres Strait Islander people and shared decision making, that collective ownership by all parties will be secured.

Health workforce will be an important feature of any new plan. AIDA recognises that having an inadequate workforce to deliver high-quality, sustainable health services for Indigenous people is a real problem, and continues to push for more Aboriginal and Torres Strait Islander health professionals across the board. As Australian political leaders point to a need to support employment,⁶ it makes economic sense to attract more Indigenous health professionals into the growth area of health care, with multiple flow-on benefits.

In some way, every Indigenous doctor is working to improve the health of Indigenous people, whether by leading national policy debates or working at the family or community level. Every contribution is important. The statement "I am an Aboriginal or Torres Strait Islander doctor, not a doctor who is Aboriginal or Torres Strait Islander" holds true for us all; it speaks to the central issue of identity and the primacy of our Indigenous identities being a strength to our practice of medicine.

To quote Professor Helen Milroy, now Director and Winthrop Professor at the Centre for Aboriginal Medical and Dental Health, University of Western Australia:

Part of the reason why Indigenous doctors are so important is because they can walk in both worlds, bridging an Indigenous knowledge base with a Western one. There is increasing focus on needing more than just an "evidence" base for best practice. Including other knowledge systems and experiences to develop a system of "wise" practice is required in order to close the gap. We are translators, and without translation, we have confusion (personal communication, April 2011).

But of course, we need a workforce of Aboriginal and Torres Strait Islander people working in health — not only Aboriginal and Torres Strait Islander health but the whole of the health system — as well as a workforce of all people working specifically to tackle the disparity in outcomes between Indigenous and non-Indigenous Australians.

This is where our profession, the community of medicine, can lead the way. The health of Aboriginal and Torres Strait Islander people must be a priority for all doctors — not simply because “close the gap” is a part of the contemporary health lexicon, and a Council of Australian Governments priority, but because of much more. This is about our fundamental roles and responsibilities as doctors — we must advocate to end the glaring inequity and differential health outcomes between our first peoples and other Australians.

Having Aboriginal and Torres Strait Islander people practising medicine will benefit all Australians, as a comprehensive approach to patient care is a must for achieving better health outcomes for Aboriginal and Torres Strait Islander people. Such an approach is client- or patient-centred while being strongly guided by the family and community context; it prioritises partnership and joint ownership; and it takes into account cultural, spiritual and clinical aspects of health. We need look no further than the achievement of Aboriginal general practitioner and 2011 Australian of the Year finalist Associate Professor Noel Hayman in establishing the Inala Indigenous Health Service in Brisbane, Queensland, to see the results of such an approach. Over a 15-year period, the service grew from having 12 Indigenous patients to providing comprehensive primary health care and public health programs to over 3000.⁷ Many of the 150 Aboriginal and Torres Strait Islander community-controlled health services across the country have had similar success.

The theme of the AIDA Symposium in Broome in October this year is “Our doctors making a difference”. I hope interested colleagues will be able to join us to hear about the work being undertaken by the current generation of Aboriginal and Torres Strait Islander medical students and doctors. I also hope that our non-Indigenous colleagues will join with us in making a real difference for our people.

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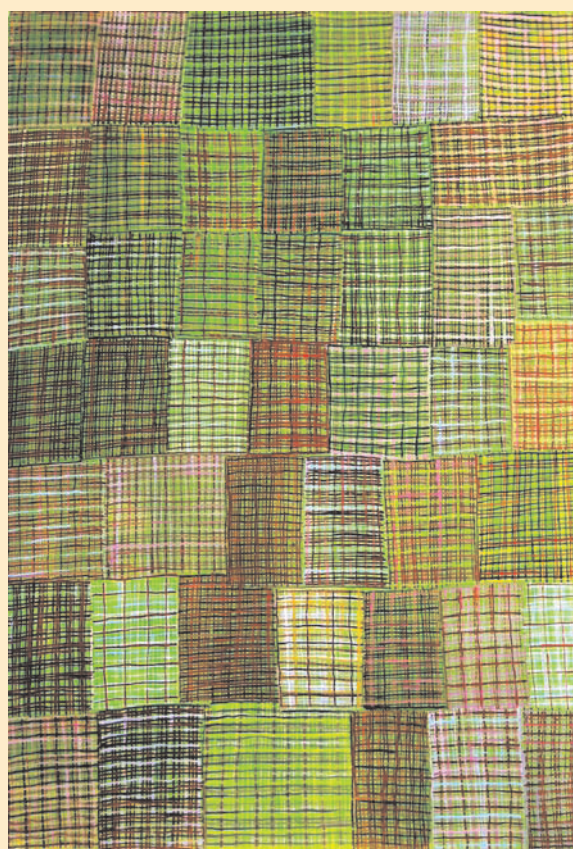
5 United Nations General Assembly. United Nations Declaration on the Rights of Indigenous Peoples. <http://www.un.org/esa/socdev/unpfii/en/drip.html> (accessed Apr 2011).

6 Wooden M. Abbott's plan should be put to a work test. *Australian Financial Review* 2011; 2 Apr: 63.

7 Hayman NE, White NE, Spurling GK. Improving Indigenous patients' access to mainstream health services: the Inala experience. *Med J Aust* 2009; 190: 604–606.

Provenance: Commissioned; not externally peer reviewed.

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