



RACP
Specialists. Together
EDUCATE ADVOCATE INNOVATE

Aboriginal and Torres Strait Islander Health Position Statement

The RACP's role in improving Aboriginal and Torres
Strait Islander Health

December 2018

145 Macquarie Street, Sydney NSW 2000, Australia

Telephone +61 2 9256 5444 | Facsimile +61 2 9251 7476 | Email Indigenous@racp.edu.au

Contents

Acknowledgments	3
Who we are	4
Principles and positions	4
The RACP's policy contribution.....	5
Health as a human right.....	6
Racism	7
Partnerships and advocacy.....	8
Conclusion.....	10
References	11

Acknowledgments

This Position Statement has been developed by the RACP's Aboriginal and Torres Strait Islander Health Committee:

Professor Noel Hayman (Chair)

Dr Angela Titmuss (Deputy Chair)

Associate Professor Luke Burchill

Dr Melissa Carroll (Australian Indigenous Doctors' Association representative)

Ms Dawn Casey PSM (National Aboriginal Community Controlled Health Organisation representative)

Dr Angela Dos Santos

Professor Niki Ellis

Dr Andrew Hutchinson

Associate Professor Phillip Mills (community representative)

Dr Naru Pal

Dr Simon Quilty

The development of this Position Statement has been supported by the following members of the RACP Policy and Advocacy unit:

Mr Patrick Tobin

Ms Louise Hardy

Ms Paula Myott

Mr Samuel Dettmann

Ms Beth Wilson

For inquiries about our work on Aboriginal and Torres Strait Islander health, please contact Indigenous@racp.edu.au.

Who we are

The Royal Australasian College of Physicians (RACP) is responsible for training, educating and advocating on behalf of over 25,000 physicians and trainees across Australia and New Zealand. The RACP represents more than 33 medical specialties including paediatrics and child health, general medicine, cardiology, respiratory medicine, neurology, oncology, endocrinology, nephrology, public health medicine, occupational and environmental medicine, palliative medicine, sexual health medicine, rehabilitation medicine, and addiction medicine.

In conjunction with primary health care providers, physicians and trainees play a key role managing the health care needs of Aboriginal and Torres Strait Islander peoples in a wide range of geographic locations and settings from inner-urban through to remote. Most medical specialties also focus on preventative health, and particularly on the prevention of chronic disease. All physicians and trainees Australia-wide are likely to provide care to Aboriginal and Torres Strait Islander peoples and communities, many on a daily basis.

Access to timely, high quality, culturally safe and appropriate specialist medical care provided by physicians and trainees within well-designed multidisciplinary teams is essential to close the gap between Indigenous and non-Indigenous Australians' life expectancy, infant mortality, and overall health outcomes.

This position statement has been developed by the RACP's Aboriginal and Torres Strait Islander Health Committee (ATSIHC), whose purpose is to strengthen the College's capacity to develop a coordinated College approach to improving the health and social outcomes for Aboriginal and Torres Strait Islander peoples in Australia. ATSIHC's membership includes a number of Aboriginal and Torres Strait Islander Fellows and trainees of the College, community representatives, and representatives from the Australian Indigenous Doctors' Association and the National Aboriginal Community Controlled Health Organisation.

Principles and positions

The RACP:

1. Acknowledges Aboriginal and Torres Strait Islander peoples as First Peoples, and recognises Aboriginal and Torres Strait Islander people's rights as Indigenous people.
2. Supports the Constitutional recognition of Australia's First Peoples,¹ supports the development of a Treaty, and recognises the health benefits of genuine reconciliation.²
3. Recognises that without self-determination it is not possible for Aboriginal and Torres Strait Islander people to fully overcome the legacy of colonisation and dispossession and its ongoing impacts on health.

4. Is committed to improving health outcomes for Aboriginal and Torres Strait Islander people, as a human right and as a component of national reconciliation.
5. Recognises the cultural diversity among and within Aboriginal and Torres Strait Islander communities, and understands that languages, traditions, and spiritual and cultural beliefs vary.
6. Understands that despite this diversity, there is commonality across Aboriginal and Torres Strait Islander peoples with respect to the importance of family, community and kinship networks; a holistic understanding and life course approach to health and wellbeing; and a strong connection to the land and sea.
7. Recognises that the ongoing history of colonisation, dispossession and marginalisation, including the legacy of the stolen generations and the experience of institutional racism, has had a profound and lasting effect on Aboriginal and Torres Strait Islander peoples and their health and wellbeing across generations.
8. Acknowledges that many Aboriginal and Torres Strait Islander people continue to experience poorer health outcomes compared with non-Indigenous Australians as a result of the ongoing history of discrimination and disadvantage (including economic, environmental and educational disadvantage), the greater burden of disease-related risk factors, and difficulties accessing appropriate health care.
9. Is committed to help close the gap between Aboriginal and Torres Strait Islander and non-Indigenous life-expectancy and health outcomes.
10. Recognises the value of health knowledge among Aboriginal and Torres Strait Islander people and Elders.
11. Acknowledges the importance of strengths-based discourse about Aboriginal and Torres Strait Islander health, and about social determinants of health, including for policymaking and advocacy.
12. Acknowledges, supports, and is guided by Aboriginal and Torres Strait Islander leadership in health.
13. Emphasises the importance of genuine partnership with Aboriginal and Torres Strait Islander peoples and their representatives to improve health outcomes and develop appropriate, sustainable and effective health systems and services.³

The RACP's policy contribution

The RACP has two major policy focusses which we develop, support, and implement on an ongoing basis.

The RACP developed the [Medical Specialist Access Framework](#), a guide to Equitable Access to Specialist Care for Aboriginal and Torres Strait Islander people. This is our principal contribution to the Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013–2023.

Within the RACP, the [Indigenous Strategic Framework](#) commits the RACP to the following priorities:

- Contributing to address Indigenous health inequities
- Growing and supporting the Indigenous physician workforce
- Educating and equipping the physician workforce to improve Indigenous health and provide culturally safe clinical practice
- Fostering a culturally safe and competent College
- Meeting the Australian Medical Council's accreditation standards.

Health as a human right

Health is a human right. The Universal Declaration of Human Rights, adopted by the United Nations General Assembly in 1948 (and developed in large part with Australian leadership), includes Article 25:

(1) Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

(2) Motherhood and childhood are entitled to special care and assistance.⁴

However, the enjoyment of these rights is not the lived experience of many Aboriginal and Torres Strait Islander people.

As an example of concern to the RACP's Fellowship, Aboriginal and Torres Strait Islander peoples see specialists about 40 per cent less often than non-Aboriginal Australians,⁵ even though Indigenous Australians are currently experiencing a burden of disease and illness 2.3 times the rate of non-Indigenous Australians.⁶ Increasing access to culturally appropriate specialist care is a key priority for the RACP.

The Australian Human Rights Commission's *Social Justice Report 2005: The Indigenous Health Challenge*⁷ advocated a human rights-based approach to addressing such health inequality. That report emphasises the role of monitoring and evaluation arrangements in new and existing government structures, to maximise accountability of governments. The rights-based approach has

underpinned the ethos of progress towards improving Aboriginal and Torres Strait Islander people's health, and remains essential to achieve health equity in the future.

Human rights are not just targets to be set or standards to be attained (although, properly developed, those are important). Human rights necessitate individual and community agency and self-determination, within the broader social structure as well as in the course of providing health care. This underlines genuine partnerships as fundamental to successful and sustainable health improvement.

Racism

Racism harms health.

Racism—systemic, organisational, and interpersonal—is a contributing reason for the continuing gap in health outcomes between Indigenous and non-Indigenous Australians, including by its effect on the ability of Aboriginal and Torres Strait Islander peoples to access culturally appropriate health services.

Evidence for this is available at the international meta-analysis level,⁸ via analysis of Australian longitudinal data,⁹ and via a growing evidence base (supported not only experientially but epigenetically) that racism has intergenerational effects. The need for culturally appropriate, trauma-informed care at systemic levels as well as at the individual clinical level is therefore plain: systemically racist systems must be transformed into systems and services of “cultural sanctuary.”¹⁰

The RACP and ATSIHC are mindful that the absence of individual prejudice, and the presence of individual commitment to Aboriginal and Torres Strait Islander health, are necessary but not sufficient to transform health systems and services. The RACP as an innovator in specialist medical education is contributing to this transformation, including by upskilling the Fellowship and renewing the curriculum for trainees to better facilitate the kind of systemic change in organisations (including the RACP) that is needed. Healing at a patient level, at a population level, and a national level, is a vital national project only partly begun, and one that must address the racist past and present of post-colonial Australia.¹¹

The Aboriginal and Torres Strait Islander Health Performance Framework Report (2017) indicates that 3.4% of hospitalisations for Aboriginal and Torres Strait Islander people end with discharge against medical advice, compared with 0.5% for non-Indigenous Australians,¹² and found that “Indigenous status was the single most significant variable contributing to whether a patient would discharge themselves from hospital against medical advice, even after controlling for the other factors.” Studies indicate that causal factors for this variation include institutionalised racism¹³ and racist, inappropriate, and insensitive behaviour from hospital staff, over and above factors such as lack of cultural safety.

There are damaging consequences of racism for the medical workforce including at the interpersonal level, as the Australian Indigenous Doctors' Association's policy statement¹⁴ notes, citing beyondblue's *National Mental Health Survey of Doctors and Medical Students* which found:

- 15.9% of surveyed Indigenous doctors reported being very stressed by racism, compared to 1.6% of surveyed non-Indigenous doctors
- 21.7% of surveyed Indigenous doctors reported being very stressed by bullying, compared to 4.4% of the general survey population.¹⁵

The RACP is committed to improving our cultural safety as an organisation and a provider of specialist medical training, cognisant that it is the RACP's responsibility (not that of Aboriginal Fellows and trainees) to be a culturally safe organisation including one that is free from racism.

The RACP shares the goal of the National Aboriginal and Torres Strait Islander Health Plan 2013-2023 that "all health care, whether government, community, or private, is free of racism."¹⁶ We support the National Anti-Racism Strategy (developed by a partnership including the National Congress of Australia's First Peoples).

We urge health systems and health services to actively demonstrate change and to campaign in measurably effective ways against racism, and we hold ourselves accountable for the progress we make in our sphere of influence.

Partnerships and advocacy

At an individual level, the RACP encourages physicians and trainees to establish meaningful partnerships with Aboriginal and Torres Strait Islander health services, peoples, families, Elders, and communities. These partnerships include the provision of on-site specialist services within Aboriginal health settings such as Aboriginal Community Controlled Health Services, or in other Aboriginal health service models. Specialist services delivered within Aboriginal health settings that are culturally safe and managed by Aboriginal peoples and Torres Strait Islander people can assist physicians and trainees to develop an understanding and awareness of Aboriginal and Torres Strait Islander culture, beliefs, and traditions.

The Medical Specialist Access Framework includes a Guide for Physicians which will be available from early 2019. This provides a range of practical advice for physicians and trainees to increase their involvement with Aboriginal and Torres Strait Islander health and health services.

The RACP also supports Fellows with expertise and experience in Aboriginal and Torres Strait Islander health to upskill trainees and colleagues and lead innovation in culturally appropriate service design and delivery.

At an organisational level, the RACP promotes, builds, and maintains relationships with peak representative Indigenous health organisations.

The RACP works with organisations such as the Australian Indigenous Doctors Association (AIDA) and the National Aboriginal Community Controlled Health Organisation (NACCHO) and its member organisations to develop, implement and evaluate projects that are of mutual interest and concern.

The RACP is a founding supporter of the Close the Gap Campaign, makes an ongoing contribution to its Steering Committee and to the National Health Leadership Forum, and is committed to the Statement of Intent¹⁷ and the objectives it specifies.

The RACP supports local ownership and further strengthening and resourcing of the Aboriginal community controlled health sector, for example by developing more robust linkages between the sector, hospitals, and other services.

The RACP advocates legislated needs-based funding at the Commonwealth, state, and territory level, including supporting community-prioritised responses to emerging health challenges such as sexual health in Indigenous communities.

The expertise within the RACP Fellowship provides opportunities for the RACP to advocate for policy and legislative changes based on evidence that can improve health outcomes for Aboriginal and Torres Strait Islander peoples. The RACP has the capacity to go beyond influencing the clinical and medical delivery of health care, and makes recommendations that seek to address the physical, social, economic and environmental effects on health outcomes across the lifespan.

As partner to the Close the Gap Campaign, the RACP is in a position to align our policy and advocacy activities with the work of other stakeholders across the Indigenous and non-Indigenous health sector.

As an organisation with longstanding relationships with Commonwealth, state, and territory governments, we strongly advocate for the funding and implementation of strategies and actions in the Implementation Plan¹⁸ for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023.¹⁹

The next Implementation Plan should be developed simultaneously with the National Aboriginal and Torres Strait Islander Health Plan for the decade beyond 2023, and the process of co-designing them both should commence soon. The next Implementation Plan should have specific jurisdictionally accountable policy and governance links to COAG's National Indigenous Reform Agreement (Closing the Gap)²⁰ and to its successor agreements.

Critically, these successor agreements must be developed in line with the key recommendations of the Close the Gap Campaign's *Ten-year review: the Closing the Gap Strategy and Recommendations for Reset*:

- Co-designed with Aboriginal and Torres Strait Islander health leaders, communities, Elders, and consumers
- Focussed on maternal and infant health programs, and on chronic disease
- Supported by a reinvigorated governance and funding architecture to enable a national approach to address Aboriginal and Torres Strait Islander health equality.

Conclusion

The RACP's role in improving Aboriginal and Torres Strait Islander health is clear—identified by the RACP's Board as a strategic priority, with leadership from the Aboriginal and Torres Strait Islander Health Committee, and with the support of the Fellowship.

References

- ¹ The RACP is a signatory to a [Statement of Support](#) for the 2017 National Constitutional Convention's [Uluru Statement from the Heart](#), including a Makarrata Commission to supervise a process of agreement-making between governments and First Nations and truth-telling about our history.
- ² The RACP is a signatory to [Recognise Health Statement](#), an [initiative of the Lowitja Institute](#) that promotes understanding of the important link between health and wellbeing and constitutional recognition of Aboriginal and Torres Strait Islander people.
- ³ [The World Health Organisation Constitution](#), which entered into force in Australia when Australia became an inaugural party to it in 1948, indicates the necessity of sector-leadership and partnership with Government: "Informed opinion and active cooperation on the part of the public are of the utmost importance in the improvement of the health of the people [...] Governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures."
- ⁴ United Nations. Universal Declaration of Human Rights, [General Assembly resolution 217 A](#) (1948)
- ⁵ See Table 3.5.1 on p. 1708 of the [Aboriginal and Torres Strait Islander Health Performance Framework](#) (Australian Institute of Health and Welfare, 2012).
- ⁶ See 3.21, Expenditure on Aboriginal and Torres Strait Islander health compared to need, the [Aboriginal and Torres Strait Islander Health Performance Framework](#) (Australian Institute of Health and Welfare, 2012).
- ⁷ See [Chapter 2: Achieving Aboriginal and Torres Strait Islander health equality within a generation - A human rights based approach](#) of the [2005 Social Justice Report](#) of the Aboriginal and Torres Strait Islander Social Justice Commissioner.
- ⁸ [Racism as a Determinant of Health: A Systematic Review and Meta-Analysis](#), Paradies Y et al, PLoS One. 2015 Sep 23,
- ⁹ [The impact of racial discrimination on the health of Australian Indigenous children aged 5–10 years: analysis of national longitudinal data](#), Shepherd et al. International Journal for Equity in Health (2017)
- ¹⁰ [Beyond cultural security; towards sanctuary](#), Milroy H, *Med J Aust* 2013; 199 (1): 14.
- ¹¹ [A healed and healthy country: understanding healing for Indigenous Australians](#), Mackean T, *Med J Aust* 2009; 190 (10): 522-523.
- ¹² [Aboriginal and Torres Strait Islander Health Performance Framework Report](#) (2017), 3.09.
- ¹³ Deeble Institute [Issues Brief No. 14: An evidence-based approach to reducing discharge against medical advice amongst Aboriginal and Torres Strait Islander patients \(2016\)](#).
- ¹⁴ [Policy Statement: Racism in Australia's health system](#) (AIDA, 2016), p. 2.

¹⁵ [National Mental Health Survey of Doctors and Medical Students](#) (beyondblue, 2013), p. 107.

¹⁶ [National Aboriginal and Torres Strait Islander Health Plan 2013-2023](#), p. 9.

¹⁷ Close the Gap Campaign [Statement of Intent](#) (2008)

¹⁸ [Implementation Plan](#) for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023.

¹⁹ [National Aboriginal and Torres Strait Islander Health Plan 2013-2023](#).

²⁰ COAG's [National Indigenous Reform Agreement \(Closing the Gap\)](#) (2008)