

# Uncharted Territory

Jul 6, 2018 | 0

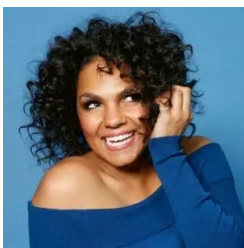


| [indigenous health](#), [ontheblogs](#), [rural and remote medicine](#), [rural health](#)

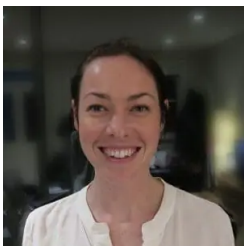
**Author:** Talila Milroy

An interview with Rarriwuy Hick and Dr Sally Fotheringham. **Rarriwuy** gives her perspective on the relationship between the local community and local health services followed by **Dr Fotheringham's** perspective on working in the Northern Territory.

Any new clinical placement can be daunting and hold a sense of the unknown. If your first placement as a junior doctor was in the Northern Territory what would you expect?



**Rarriwuy Hick** is a Yolungu woman and actress from the Northern Territory who spent much of her childhood in her community of Dhalinybuy in Arnhem Land. The nearest hospital to Dhalinybuy is in Nhulunbuy.



**Dr Sally Fotheringham** is a Senior Resident Medical Officer who completed her internship at Royal Darwin Hospital and completed her degree in Alice Springs, Darwin but now currently works at Royal Prince Alfred Hospital, Sydney, as a Resident Medical Officer.

## How does a hospital in the Northern Territory differ from a city hospital such as in Sydney?

The nearest hospital to Dhalinybuy is Gove Hospital in Nhulunbuy. Hospitals in smaller towns are always different to the city hospitals because of the population. It can be really nice knowing all of the doctors and nurses in a rural town.

## Generally, how does your community feel towards the hospital and towards doctors?

There's a lot of trust and comfort when going to see the doctors in Nhulunbuy. Everyone knows each other so it makes it a little easier for community people. But in saying that, I'm sure there are many people who would rather not know the doctors on a personal level.

## What are the nice aspects about knowing the doctors and nurses on a personal level? Could you give an example?

Being able to share understandings of different types of medicine.

Not only are Yolngu (Aboriginal) learning Balanda (non-Indigenous person/western) medicines but once there is a personal relationship established or a respect for local Indigenous people then you may be fortunate enough to learn about local bush medicines (natural and organic remedies).

I hear a lot about the poor diets and alcohol consumption within Indigenous communities that cause many problems with liver, lungs, kidney and more. But you may be surprised how many people still eat bush food and practice natural bush remedies.

Maybe if this is encouraged and we find a way to combine different medicines to help the patient then we might start to see a different individuals health.

## Are there any fears about going to the hospital amongst your community?

I don't think there are fears about seeing a doctor in Nhulunbuy.

Many elderly patients do try to keep their sicknesses hidden from family members as long as possible. I don't know why elders don't tell families why they are sick. It might not be a cultural difference. Possibly a generational problem. That seems to be more of a community thing rather than anything related to the hospitals. But maybe there could be something put in place where hospitals and family members talk about the patient's health. At times it can be hard for family members to understand what's happening.

## What do you think is important for doctors who work in the Northern Territory to know when they start there?

If you are [a doctor who's wanting to work in NT it's important to understand and respect the Indigenous culture](#) there.

Communication between a doctor and patient is so important. So learning the local language is extremely important!! I can't stress this enough. Because if there's a lack of communication skills and the doctor hasn't explained themselves properly then this could be really dangerous for the patient.

- learn language
- know that many words are said with just facial expression
- know that if there isn't eye contact from the patient then that's a sign of respect
- look after the elderly

Doctors are pretty good in Arnhem Land. They make an effort to speak Yolngu Matha and to remember their patients from surrounding remote communities.

## **Aboriginal people have large extended families that are close to the patient - if a doctor wanted to have a discussion with family members about a patient's health how do they decide who is the best person or people to talk to or arrange things with?**

Doctors travel to remote communities every month. That's a perfect opportunity to talk to the community as a whole and ask who is a patient's carer. It's as simple as asking a question. If language barriers are a concern then maybe look for a translator to help. You could ask a nurse from Miwatj Health Clinic.

## **Who can teach you the local language? Who would be the best person to approach - especially if moving from interstate or this is your first time working in the Northern Territory or a hospital?**

Miwatj Health Clinic - Senior doctors who've been living in Gove for a while.

Before the move you could look up the Yolngu dictionary on the web.

## **What do you think are the main health issues facing your community?**

My only concern would be, I feel that the elderly are forgotten and neglected at times.

It's important to ensure that they are healthy and comfortable as much as possible.

Doctors need to sometimes take initiative up in the remote Aboriginal community because the community are unaware of some of the benefits they are entitled to.

For example - Age Care. None of us knew anything about that. I had to ask many questions until finally the doctor helped us out and made sure my grandfather had his house renovated and he was safe in his own home before moving back in.

Simply by writing up a letter and sending it off to Age Care.

We also need to remember that many of the remote Aboriginal communities don't have proper running water. The drinking water is high in uranium. This can and has caused many health problems.

## **What are important things doctors working in the Northern Territory need to consider when they are caring for people from your community?**

It's hard because the doctors up in Arnhem Land need to work extra hard at times. They have to be the person to contact many other organisations to make sure the patient is safe and healthy. But the patient can't do that because of language barriers.

So, doctors need to know that you will not only be a doctor when working in a remote community.

You will become an advisor, a friend, possibly adopted into a family, you will become bilingual, you will be a counsellor and you will make many phone calls on behalf of the patient.

## **Sally, Senior Resident Medical Officer**

### **How do you think doctors and hospitals are perceived by the patients in the local community?**

In my experience hospitals are often associated with death of family members and disease for many indigenous patients, and this can occasionally be a barrier for some patients and prevent them from seeking early medical attention, which unfortunately can lead to poor outcomes.

### **What are the main challenges of day to day practice?**

[Language barriers and differences in mutual understanding of priorities](#) can be challenging in any hospital, however, in communities with larger indigenous populations this can be especially apparent. In my experience the cultural obligations for indigenous patients were quite well understood and supported by the system I worked within.

### **What is the main difference between working in Darwin versus an urban setting like Sydney?**

There are fewer resources available in the Northern Territory so many aspects of patient care require extensive planning. This includes imaging (such as pet scans) as well as definitive management for certain conditions, notably cardiothoracic surgery.

### **What did you get offered in terms of cultural competence training and what aspects of this could be improved?**

I completed my degree in the Northern Territory and cultural competence was emphasised throughout my studies. These courses and workshops were helpful in giving some very general insights into an incredibly diverse culture, however, the experience of working with indigenous people in a variety of locations throughout the Northern Territory was by far the most important and significant lesson in cultural competence I received. It is important for people participating in cultural competence training to understand that there is no one way to relate to another person no matter their background, however empathy and insight into patient priorities and background will always help in building a connection and result in better outcomes for both the patient and practitioner.

## Do you recommend learning the local language and if so how would you go about this before you start?

It is helpful in order to make people, some of whom have spent their entire lives in a remote community and speak limited English and who may be fearful of the hospital system, feel more comfortable during their time with you. This is especially important in more rural and remote settings.

## What is the best thing about working in the Northern Territory?

Working in the NT provides a great opportunity to work within a system highly motivated to make decisions with people, especially those from remote communities, about their healthcare and management. The country is beautiful and opportunities to learn are limitless.

## What is the worst thing about working in the Northern Territory?

The very sad preventable illness in very young people.

*With thanks to Rarriwuy Hick and Sally Fotheringham for their generous contributions to this piece.*

Rarriwuy Hick can be found on Twitter [@Rarriwuyhick](#). Rarriwuy is also passionate about the issue of child removals and the Indigenous Placement Principle – you can read more about this via this blog - [Our kids belong with family](#).

## Useful resources

1. [yolngudictionary.cdu.edu.au/](http://yolngudictionary.cdu.edu.au/) - Developed by Charles Darwin University an online dictionary resource of the Yolngu language.
2. Indigenous Health and Cultural Competency Program - cultural competency podcasts from the Australian College of Emergency Medicine. Available from: <https://acem.org.au/Content-Sources/Advancing-Emergency-Medicine/Cultural-competency/Indigenous-Health-and-Cultural-Competency-Resource/Indigenous-Health-and-Cultural-Competency>
3. Strengths of Australian Aboriginal cultural practices in family life and child-rearing Available from: <https://aifs.gov.au/cfca/publications/strengths-australian-aboriginal-cultural-practices-fam/theme-3-elderly-family-members>
4. Cultural Competence and Indigenous Health - e-learning modules by the Royal Australasian College of Physicians Available from: <https://elearning.racp.edu.au/course/index.php?categoryid=10>

## Related Blogs

- [Insights into the wonderful \(and sometimes crazy\) world of medicine in the Northern Territory](#)
- [Racism, and why I'm ashamed of what I once thought](#)
- [The Heart of Australia](#)
- [Everyday closing the gap](#)
- [Tick a box - For the good of whom?](#)
- [Part 1: We need to close the gap in education to "close the gap"](#)
- [Part 2: Closing the 'gap' in medical education](#)

## Related Podcasts

- [Indigenous Health in the top end](#)

**Tags:** [#Aboriginal](#), [#ACEM](#), [#Australian Aboriginal cultural practices](#), [#cultural awareness](#), [#cultural competence](#), [#cultural competency](#), [#Emergency Medicine](#), [#indigenous health](#), [#NAIDOC](#), [#Northern Territory](#), [#uncharted territory](#)