Part 2: #BlackLivesMatter – A starter pack for Australian junior doctors

Jul 15, 2020 | 0

Indigenous Australians,indigenous health,Medical education,onthetblogs

Author: Abhijit Pal

Editor: Talila Milroy

#BlackLivesMatter – Practical steps for busy but concerned Australian junior doctors to take now

When I think about the injustices experienced by Aboriginal and Torres Strait Islander peoples, I sometimes feel overwhelmed. A widening gap in life expectancy, soaring rates of incarceration, our children taken away from their families at 10 times the rate of non-Indigenous children, our women dying at epidemic levels from domestic and family violence. Where do we even start?”

Ms June Oscar AO, Aboriginal and Torres Strait Islander Social Justice Commissioner, Close the Gap 2020 (1).

Facts are fundamental to instigating change, and in Part 2 we will look at some key statistics for you to take away and consider, and end with a series of practical steps that you can take.

Health & welfare of Australia’s Aboriginal and Torres Strait Island people

For a brief look at the overall current state of affairs, the latest available data is stark viewing - from the health and welfare of Australia’s Aboriginal and Torres Strait Islander Peoples 2015 report (9) which should be read in full. I have pulled out a few graphs that I know will be of relevance to doctors in training. Each one of them shows the same tragic story – Indigenous people having higher rates of illness at much younger ages when compared to non-Indigenous people of the same age.

A word of caution - most Australian doctors are highly familiar with the below statistics and would not be surprised by any of the above – it is very important to realise that this deficit discourse is a particular narrative that tends to reduce Indigenous populations to deficiency - absence, lack of, or failure. The implication is that it situates responsibility with affected individuals or communities while allowing the larger socioeconomic structures within which these inequalities are occurring are allowed to escape close scrutiny. The current recommendation is to move away from deficit-based discourses to strength-based discourses - the below data is presented for junior doctors specifically, it is important to have some bearing of the magnitude of disparity between Indigenous and non-Indigenous populations, not to focus on the particular deficits. You can read more about this (10).

1. Diabetes

![Diabetes Graph](image)

2. Cardiovascular disease

![Cardiovascular Disease Graph](image)
3. Mental health

![Graph showing age-specific hospitalisation rates for mental health-related conditions by Indigenous status, 2012-13](image)

4. Chronic kidney disease

![Graph showing age-specific incidence rates of hospitalised stage kidney disease by Indigenous status, 2010-2012](image)

5. Cancer

![Graph showing incidence rates of selected cancers by Indigenous status, 2005-2009](image)

These graphs are all shocking – what can you do?

Pick the statement that applies to you and read through to see what steps you could take right now after reading this article.

---

“Look I think this is really important but I am just too busy with clinical work, research work and staying alive” – if you have 15 minutes to donate to this cause

2. Be aware of other resources collating information about Indigenous health including:
   - Australian Institute of Health and Welfare
   - Healthinfonet
   - Indigenous content in New Matilda
   - ABC indigenous
   - Follow the works of prominent Indigenous academics – for example, Professor Marcia Langton or Professor Dawn Bessarab are just two examples
   - onthewards has multiple excellent blogs by various doctors with experience in Indigenous health
     - Tick a box for the good of whom – Dr Talila Milroy discusses her personal experience of having ticked the box when entering the healthcare system and questions the way this is used
     - Everyday Closing the Gap - Dr Talila Milroy provides a really practical blog on the importance of making assumptions, and encourages
doctors to see indigenous people as individuals as opposed to simply indigenous

- Part 1: Need to close the gap in medical education - Dr Beckie Singer writes about the importance of cultural training to help doctors approach indigenous healthcare with sensitivity and the importance of pursuing clinical placements in indigenous communities
- Part 2: Need to close the gap in medical education - Dr Beckie Singer writes about the deficiencies in the way indigenous health is taught to medical students and ways forward
- Life changing experience and insights on indigenous women's health - Dr Sue Jacobs, obstetrician and gynaecologist, writes about a career spanning over 20 years in serving indigenous communities and the specific cultural differences
- Insights into the wonderful (and sometimes crazy) world of medicine in the Northern Territory - Dr Jessica Tidswell writes about her experience as an emergency medicine registrar in the Northern Territory, and the joys and challenges of working in Darwin

3. Consider becoming a non-Indigenous member of the Australian Indigenous Doctors Association
4. When giving work presentations or speeches, please consider an Acknowledgement of Country – for instructions on how to do this, read this. You will not be seen as “woke” or “progressive” or stepping out of line - it is a mark of respect to acknowledge. Every voice matters, including yours, however small. You may initially get some questions, and may even get remarks – but you have every right to hold your ground.

References

5. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3461149/
Related Blogs

- Part 1: #BlackLivesMatter – A starter pack for Australian junior doctors
- Part 1: We need to close the gap in education to “close the gap”
- Part 2: Closing the ‘gap’ in medical education
- Racism, and why I’m ashamed of what I once thought
- Everyday closing the gap

Related Podcasts

- Indigenous Health in the top end

Tags: #Aboriginal,#Aboriginal and Torres Strait Island Health,#Aboriginal and Torres Strait Islander health assessments,#Aboriginal liaison officer,#Australian Indigenous Doctors Association,#BlackLivesMatter,#close the gap,#Close the Gap 2020,#discrimination,#indigenous health,#indigenous medicine,#racial discrimination,#Torres Strait