Recognition of Indigenous Australia

Judith Dwyer believes the recognition of Indigenous Australia is health system business

NEW PARADIGM IS probably an overstatement of the current shift in Australian parliamentary workings. But nevertheless, a few new paradigm things might be able to happen for the country. One of them, I hope, will be proper recognition of Aboriginal and Torres Strait Islander people in our Constitution.

Somehow we’ve ended up without any kind of treaty or formal settlement of relationships between the newcomers and the original inhabitants of Australia. There were battles and negotiations and agreements, but unlike in comparable countries (Canada, New Zealand and the USA) no settlement was translated into the nation’s legal framework.

Now, an agreement between Labor and the Greens to hold a referendum at the next federal election gives us an opportunity to fix this gap. The Coalition supports the idea of recognition (at least in the Preamble), so it may be possible for the referendum to have bipartisan support, which is important because we don’t pass many referenda – eight out of 44 so far.

This truly is health system business, because recognition matters for the health of Aboriginal Australians and for their healthcare. There is no way to run a randomised trial on it, but there is good policy logic to argue that the large longevity gap for Indigenous people in Australia is partly related to the absence of any formal settlement of the terms on which our modern country is established.

This is supported by several authors, including Ring and Firman (MJA 1998) who suggest that lack of recognition, among other factors, may be involved. Citing evidence that a sense of control over one’s life helps with longevity, they concluded that:

“...a greater sense of control may only come from a wider acceptance and recognition of a valued role for Australian Indigenous people in Australian society.”

Recognition would also provide a more solid basis for the efforts of the health system to provide better care for Aboriginal patients. It’s not so long ago that Aboriginal people were excluded from our public hospitals or were placed in special ‘back wards’. But since the transfer of responsibility for health from ATSIC to the Commonwealth’s health portfolio in 1995, things have significantly improved. More funding goes to the Aboriginal community-controlled health sector, with good evidence of impact on health outcomes, and the mainstream health system has been responding (however slowly or in patches) to its responsibilities. We should feel good about that, and keep working on it.

But there is a problem at the heart of this endeavour: Hospitals and health services staff are often doing creative, energetic interventions to respond to the needs of Aboriginal patients, including finding ways to establish trust and rapport in an intercultural relationship. At the same time, there is a strange kind of denial. The system operates on an underlying premise that ‘we treat everyone the same, no-one is special, nothing special is happening here’.

Take a look at the policies and procedures that guide such improvement efforts in your part of the health system. You will probably find high level policy statements with beautiful wording, but a lack of the serious operational plans, strategies, quality assurance measures and protocols that you would normally expect for any situation that substantially affects good healthcare delivery. I bet, for example, that it is easier for staff to get an interpreter for almost any language on the face of the earth than for local Aboriginal languages (if I’m wrong – please let me know).

Why is this so? I suggest that it is part of the out-workings of a larger denial at the centre of our national life. When I look at health services in those comparator countries I still see lots of problems, but there is a sense that special measures are on a sounder policy footing and the system thus finds it easier to enact and sustain good ideas.

There are many reasons to support recognition, like basic respect, fairness and the politics of reconciliation after any conflict. The need to improve health and healthcare for Aboriginal people means that this is also important health system business.

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