

## Trisha Maroney Memorial Prize Application

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Recognition that healthcare is not the first priority for everyone and treatment with respect

Often in healthcare we treat people in life or death scenarios. We have a presumption as healthcare providers that most people in these situations will completely prioritise their health over everything else in their lives so as to avoid further illness or death. The problem is that we don't always ask people in a culturally appropriate way if this is what they want. I spent a lot of my time in Katherine watching interactions between staff and patients as well as interacting with patients myself. I was fortunate to spend time learning the intricate art of basket weaving whilst chatting to the women who had been practicing it for years. What I have learnt during this placement is that Aboriginal patients may not always be forthcoming with information about what they genuinely want. But, if you give them time to talk, you may find out what their priorities are and the medical treatment that we have in mind is not at the top of their list.

In most hospitals, patients are told what they will be treated with and how long they will be treated for. In my first week in Katherine, I noticed a distinct difference in how people were spoken to about their illnesses. Doctors were sitting on the bed with patients. They spoke to them about their family and communities first. Then they explained simply the process that was happening in their bodies. Finally, they explained the ideal treatment plan. This might mean staying in hospital, transferring to Darwin or even interstate. But, there was no assumption that this was the only option. If the patient didn't want the treatment, it was negotiated so that we aimed for best practice with the patient, their community and culture at the centre of the picture. This was amazing to watch as a student- a lovely older woman not wanting haemodialysis, but educated about the consequences was provided with canvas and paint brushes and spent her days painting in the sunshine. The medical ward rounds re-routed to go outside to see her in the sun. Another younger woman was diagnosed with critical damage to her cardiac valves, potentially requiring the need for surgery interstate. She had sorry business locally, so needed to stay in Katherine for an extra week and this was facilitated without a problem. There was no pressure for her to leave immediately, the plan was made around her priorities.

These were idealistic situations and I would be naïve if I pretended that this was the exact scenario that occurred in every patient doctor interaction in the hospital. The reality is that I saw some examples of terrible communication with a lack of cultural sensitivity in their actions. This was often from transient staff, but also occasionally came from long term staff who were burnt out or believed they knew what was best for their patients. The response from patients to these interactions was extreme. I saw patients distressed and yelling, requiring security and discharging themselves against medical advice. I heard a staff member say, 'why bother turning up if you aren't going to listen to what we tell you to do?' This sentence provides the answer- because she was *telling* them what to do. No patient wants to be imprisoned in a hospital, particularly when they are in a cold, unfamiliar environment, away from family with a culture and language barrier. Our jobs as doctors

should really be to educate. Educate the patient about their condition, about the treatment options and then allow them to make a decision about their own care.

In my own interactions with patients I had a mix of responses. There were times when I was shooed away and told to stop humbugging with my stethoscope (this was appropriate at times, when they were having their heart checked five times per day). But, I also had many positive interactions. I spent a lot of time sitting on the bed with patients talking about life outside of the hospital. In fact, I spent a lot of time being quiet. The interesting thing is that the more I allowed silence, the more likely I was to get information from patients. I learnt about their families and kinship, what they ate and why they ended up sick in hospital. I came to Katherine to learn more about the culture, so I had embraced it- I read articles, watched films, listened to podcasts, explored the country and learnt from the cultural orientation. All of these aspects helped me to put a picture together about how I should interact with Aboriginal people, but the reality is that the times that I spent sitting on the bed with patients or out in the sun learning the art of weaving in the community were the times when I learnt the most. I think this was the most rewarding aspect of my time in Katherine and I am sure that I learnt more from the patients than they learned from me.

I may not have completely grasped Aboriginal communication and perfected the art of Aboriginal healthcare all in one six week placement, but I certainly have a better understanding of the ideal way to treat Aboriginal patients. It doesn't seem particularly complex either, it seems to be simply about practicing with respect. Allow patients time to discuss their priorities with the team. Respect the abilities of every person to make their own decisions about their healthcare. I aim to use this experience to work towards perfecting the art in my own practice in the coming years.