

- Note that in this region alone there are multiple Nations and Tribes, therefore there are some distinct difference in how certain people should be treated.

Second Point

Indigenous people have not accessed palliative care services to the level expected given the high morbidity, mortality and chronic health problems suffered by this population. Factors identified as barriers include:

1. Misunderstanding or blindness from medical professionals to cultural/religious differences;
 2. Lack of Indigenous representation in the palliative care workforce;
 3. Institutional racism;¹¹
 4. Overall mistrust and fear of hospitals;
 5. Not wanting to leave their country (mother-land); and
 6. Non-appropriate Indigenous palliative care facilities.
 7. Indigenous people do not know about Palliative care.
- So the **future needs** of the Palliative care is to increase awareness to the broader Indigenous communities about what they do and when they should be contacted.

2. The effectiveness, efficiency and adequacy of palliative care services.

From my personal view and from conversations from some community members who have been involved in palliative care, the quality of care is very good. However the level of care is/maybe inadequate especially regarding certain Indigenous needs based on tribal cultural protocol.

Some entities that needs to be considered are:

- History;
- Indigenous culture and religion;
- Western disease and medicine;
- Family - Skinship and Kinship;
- Traditional Practices/Medicine/Bush Tucker; and
- Interpreting services.

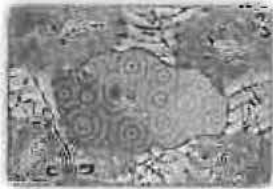
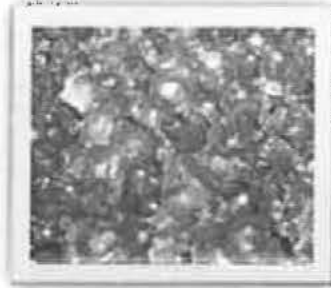
TOP 5 RECOMMENDATIONS

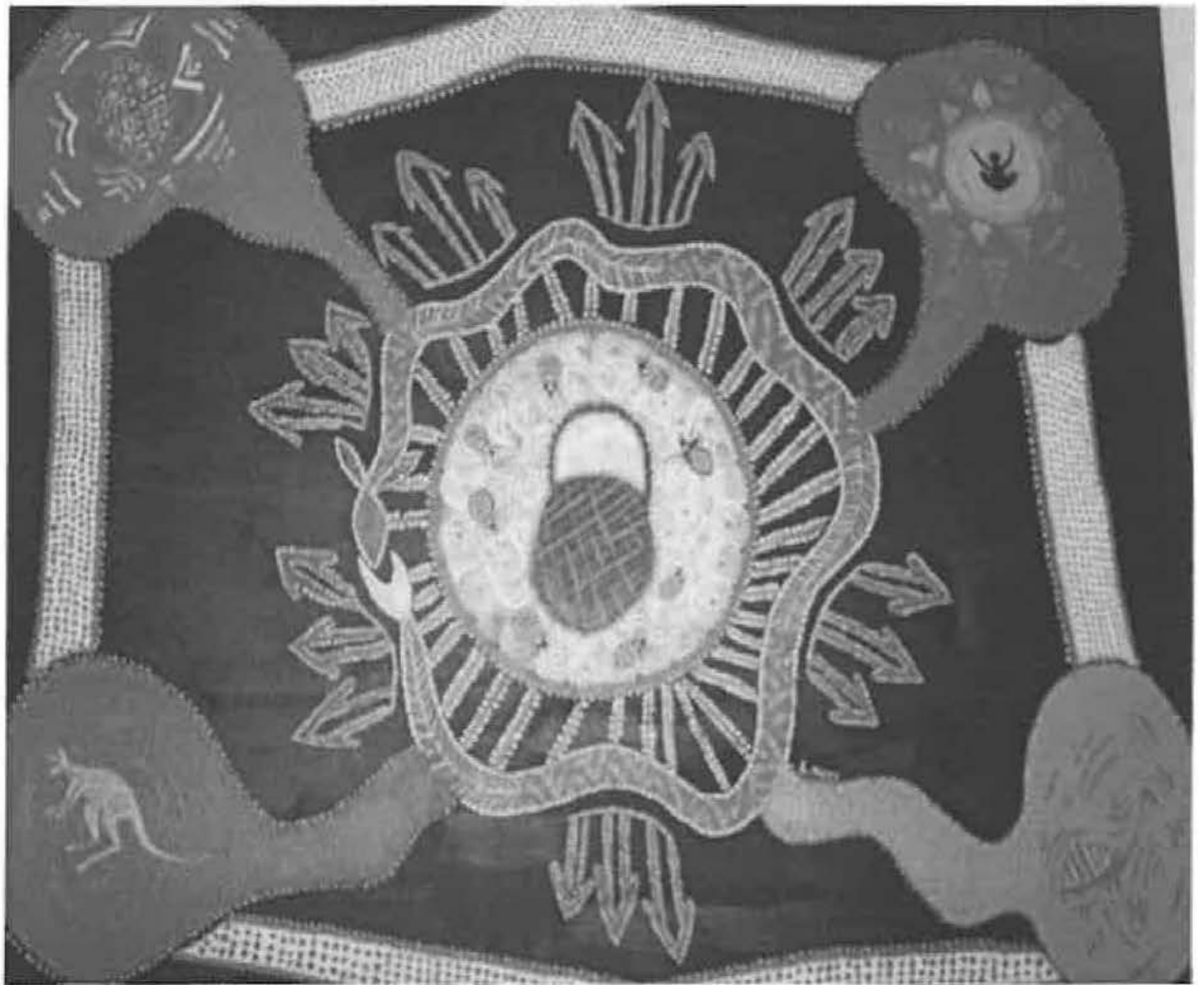
In a nutshell, both cultures do not adequately understand each other to the level needed to provide the level of care required. Therefore continued education for both parties with the focus on giving Indigenous Australians what they need to improve clinical care should be the goal.¹⁶ However before that can occur the medical staff needs to understand the Indigenous culture/Religion, and have a system to help retrieve information from the Indigenous Australians.

1. Improved cultural awareness programs that reflect local views and needs.

2. Know where someone comes from; e.g. Tribe, skinship, kinship.
This is probably the most important aspect of understanding an Indigenous Australian, especially before telling someone the diagnosis and prognosis. This is because there may be a certain person or other certain rules that need to be maintained.
3. Know who the key stakeholders are, because they will educate you and build relationships with the patients.
 - A. Elders.
 - B. Interpreter services.
 - C. Indigenous Liaison Officers.
 - D. Indigenous Medical Services.
4. Cultural appropriate room/rooms.
 - For smoking ceremonies.
 - For 'sorry business'.
 - For family meetings.
5. May consider making a cultural appropriate kinship system for the local palliative care units.
 - This may make the feel of the palliative care units more cultural appropriate.
 - Teach non-Indigenous people basic Indigenous skinship/kinship structures.

WHAT I CAN DO NOW!





The goal is to continue improving as a medical professional, a specialty, a community, a state and a country. Hopefully by understanding and having a system to obtain this vital information from the Indigenous Australians will lead to better palliative care departments.

CONCLUSION

Finally, I have consistently had very positive feedback my staff, families and patients about the style of teaching and direction in improving knowledge, understanding and appropriateness for the Indigenous people.

This is one example:



8:14am



Hello my friend, looks like your camper is getting some use! We are taking ours out in a couple of weeks:) I wanted to share a story with you. We have been looking after a beautiful old aboriginal lady, 82yo. Being cared for by her daughters. Such an amazing family. She comes from rockhampton and got sick while here visiting her daughter. She came into hospital last week and she is dying and wanted to go back to country. We organized transport home- ended up on a care flight helicopter!! The family were so happy and aunty was so happy too. Tears of joy by everyone, even me!! I tell you this story not because I want the teacher to be proud of his student but because I want to tell you I am for ever indebted to you for teaching us more and how to connect and do the right thing, to recognize what is important. The look on the daughters faces when I asked should we call their mother aunty, and then when I asked about family and where her country is. Got us on such a good start. Her sons are elders and they would like to do a painting for us:) I am so happy and so humbled by these beautiful people who love their mum so much:)

Thank you Marjad,



Mel



So I guess, in summary...

If someone like me and just a few staff members can do these things, imagine if all the staff were culturally educated and if we had the support of the community and the Elders.

Thank you and Kind Regards,

Dr Marjad Page.

