Tokked at poldic heavy, Ht Isa 4 Febburary 2013

QLD PARLIMENT HEARING - PALLIATIVE CARE

My name is Dr. Marjad Page, I am a:

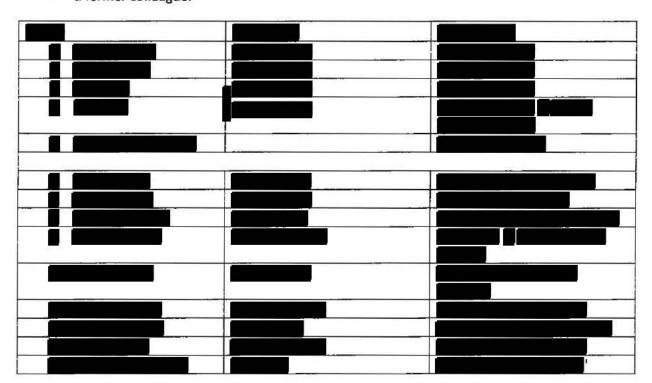
- 1. Christian.
- Kalkadoon, Waanyi, Ganggalidda man; although have not been 'initiated' and have the support of the 'Elders' to be a messenger at this stage.
- 3. Interim Director of Gidgee Healing.
- Registrar at the Mount Isa Hospital and currently completing a Diploma in Palliative Care with the Royal Australasian College of Physicians.
- 5. Proud Mount Isa boy and a 'huge' fan of North-West Qld.

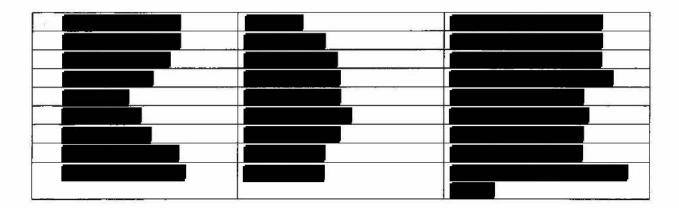
Before this' hearing' I would like to point out 5 things:

Firstly, I would like to thank the Kalkadoon people for allowing me to speak and consult them regarding issues at hand. It is an honour and a privilege to be able to receive the support I am receiving. And it must be absolutely known the this community and to the parliament, that I am not the leader or the boss, I again have not gone through any 'initiation' ceremonies and am not an Elder nor pretend to be; I am a messenger for the Kalkadoon people and the broader community. Therefore if changes are to eventuate the consultation of the Elders of the Kalkadoons and other neighbouring tribes needs to be of first and of upmost importance.

Secondly, I would like to thank the people who I have directly spoken to (total 23 people):

- 5 Elders;
- · 15 respected older community members;
- · 3 Gidgee Healing Stuff (note one is an Elder); and
- · 1 former colleague.





But please note that the below information is a accumulation of many conversations and hours over my life.

Thirdly, some of the advice may be seen as improvements that all the health organisation can make, which is true. However I believe this is well within the scope of Palliative care, and I believe that the Palliative care speciality can lead the way and help improve Indigenous cultural understanding.

Forth, Aboriginality is not just about culture, it is a 'Religion' (Panentheism). Therefore we respect people wishes and needs if they are Christians, Buddists, Mormons, Islamic; so there should definitely be room to support the needs of the Aboriginal people. And I must say that the majority of people may know more about the above religious as stated then our native Australian way!

Fifth, the majority of people who have consulted me about their Palliative Care experience have all had wonderful memories and things to say about the care of their loved ones. Therefore although there is advice and improvements that can and should be review, please take away the thanks and gratitude from our community members for your efforts.

Response to the 'Terms of Reference'

1. Capacity and future needs of these services.

First Point

We know that for an individual close to death, the sense of impending loss is often magnified by earlier experiences. In the case of Indigenous Australians, life experiences consequent to:

- 1. Losing their land;
- 2. Losing their religion and traditions;
- 3. Rapid change in culture;
- Loss of language;
- 5. Loss of autonomy; and
- 6. In many cases loss of their dignity.9
- So there is a huge capacity to improve cultural awareness for all staff and organisations, especially focussing on the local Indigenous tribes. Because this is not to the standard it should be 200 years after colonisation.

 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 morbidly, 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.

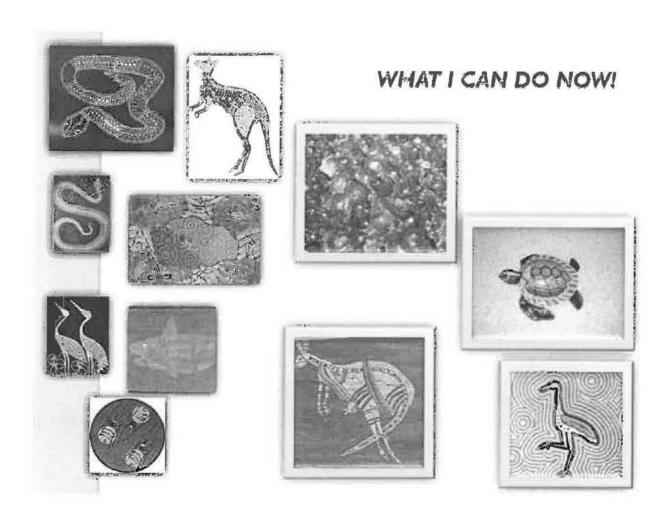
TOP 5 RECOMMENDATIONS

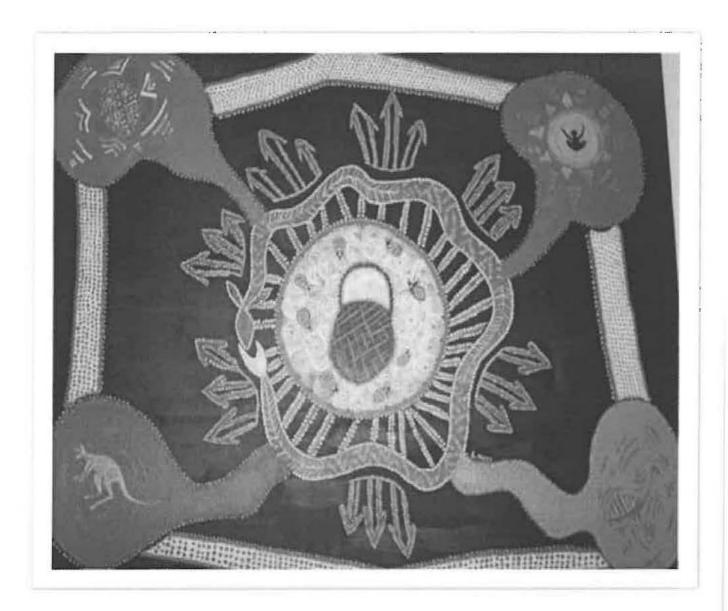
In a nutshell, both cultures do not adequately understand each other to the level needed to provide the level of care required. Therefore continued education for both parties with the focus on giving Indigenous Australians what they need to improve clinical care should be the goal. However before that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

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.





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.

CONLUSION

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 stuff members can do these things, imagine if all the stuff were culturally educated and if we had the support of the community and the Elders.

Thank you and Kind Regards,

Dr Marjad Page.