



POSITION PAPER

CULTURAL SAFETY FOR ABORIGINAL AND TORRES STRAIT ISLANDER DOCTORS, MEDICAL STUDENTS AND PATIENTS

Preamble

Aboriginal and Torres Strait Islander culture is a source of strength, resilience, happiness, identity and confidence. Each of these factors are inextricably linked to health and wellbeing, making the protection and promotion of culture critical to progressing improvements in Aboriginal and Torres Strait Islander health. Quality health care for Indigenous patients needs to be responsive to cultural differences and the impacts of racism (conscious and unconscious).

Recognition of these impacts on environments and interactions, and applying this awareness to practice is part of demonstrating culturally safe standards of care. Aboriginal and Torres Strait Islander people experience a disproportionate burden of illness and social disadvantage when compared with non-Indigenous Australians. Because of this imbalance in power and health status, Aboriginal and Torres Strait Islander patients often need to be treated differently than non-Indigenous patients to be treated fairly.

The Australian Indigenous Doctors' Association (AIDA) is the peak body representing Aboriginal and Torres Strait Islander doctors and medical students and advocates for improvements in Aboriginal and Torres Strait Islander health. This Position Paper provides guidance and parameters for the organisation to advocate for initiatives and accountability mechanisms to shape a health system that is culturally safe, high quality, reflective of need and which respects and incorporates Aboriginal and Torres Strait Islander cultural values. This Position Paper will also strengthen the application of AIDA's Values and Code of Conduct which serve to protect and strengthen our relationships with members, stakeholders and communities through appropriate and respectful values and behaviour.

Background

Cultural safety refers to the accumulation and application of knowledge of Aboriginal and Torres Strait Islander values, principles and norms. In this Position Paper the process is applied to institutions and interactions that an Aboriginal and Torres Strait Islander doctor, medical student or patient may experience. Cultural safety is about overcoming the cultural power imbalances of places, people and policies to contribute to improvements in Aboriginal and Torres Strait Islander health. When applied to an AIDA context specifically it is also about increasing numbers within and support for the Indigenous medical workforce.

AIDA views cultural safety on a continuum of care with cultural awareness being the first step in the learning process (which involves understanding difference), cultural sensitivity being a next step (where self exploration occurs) and cultural safety being the final outcome of this process. This is a dynamic and multidimensional process where an individual's place in the continuum can change depending on the setting or community.

Aboriginal and Torres Strait Islander people are more likely to access, and will experience better outcomes from services that are respectful and culturally safe places. Likewise, Aboriginal and Torres Strait Islander medical students and doctors are more likely to stay and thrive in learning and working environments that consistently demonstrate cultural safety.

Cultural safety is an overarching theme of AIDA's Values and Code of Conduct and is a key principle in all of AIDA's Collaboration Agreements. Much of our work is aimed at promoting culturally safe learning environments for Indigenous students, doctors and service delivery to patients. As an Aboriginal and Torres Strait Islander peak health organisation, AIDA is strongly positioned to report on areas lacking cultural safety, as well as leading effective strategies to enhance spaces where cultural differences are respected.

AIDA Position

AIDA strongly advocates for efforts to strengthen cultural safety through:

- The leadership of Aboriginal and Torres Strait Islander people and peak health organisations;
- genuine partnerships between governments, institutions and other key stakeholders with Indigenous organisations and communities;
- the ongoing accumulation of knowledge of past and current Indigenous values, principles and norms; and
- accountability mechanisms to ensure awareness of Indigenous values, principles and norms is applied appropriately.

AIDA affirms the following principles:

1. That, as an Aboriginal and Torres Strait Islander peak health organisation, AIDA plays a key assessment role in ensuring the values of cultural safety are reflected in national health policies that relate to Indigenous doctors and medical students as well as Aboriginal and Torres Strait Islander health and wellbeing.
2. That all doctors should provide leadership in the health sector through adapting their practice to improve patient engagement and health care outcomes. This includes acknowledging the socioeconomic and cultural factors influencing the health and wellbeing of Aboriginal and Torres Strait Islander people. All doctors should comprehend this relationship and have knowledge of, and respect for, the cultural needs of Indigenous patients.
3. That Aboriginal and Torres Strait Islander Community Controlled Health Organisations play a central role in the provision of culturally safe health services. The non-Indigenous mainstream health workforce also has a critical role in delivering culturally safe services for Aboriginal and Torres Strait Islander people - one which needs to be highlighted and strengthened.
4. That approaches to strengthening cultural safety need to be consistent with the United Nations Declaration on the Rights of Indigenous Peoples, and in doing so be developed through partnerships between governments, Indigenous organisations and communities which are consultative and collaborative, guarantee Indigenous participation in decision making and engage Indigenous leadership in communities.

AIDA Resolves to

1. Call on health services to have structures, policies, and programs that strengthen cultural safety and contribute to improvements in Aboriginal and Torres Strait Islander health and wellbeing with the provision of adequate funding for this to occur. This includes building and supporting health services to:

- Teach and conduct research to benefit Aboriginal and Torres Strait Islander health;
- Have Continuous Quality Improvement processes;
- Integrate specialist care into primary health care services;
- Deliver cultural awareness and safety training for staff; and
- Value and incorporate traditional medicine/healing.

2. Advocate for health services to host culturally safe interactions for Aboriginal and Torres Strait Islander patients and their families. This includes having welcoming staff upon arrival, an Aboriginal and/or Torres Strait Islander doctor or health practitioner, a culturally safe doctor and engaging an Indigenous patient's family where appropriate.

3. Advocate for health services to adapt their practice to be culturally safe for Aboriginal and Torres Strait Islander patients and their families. This includes having spaces for family members, have Aboriginal and Torres Strait Islander culture on display and utilise Indigenous languages in naming of the health service, buildings and programs.

4. Advocate for health services to provide high quality and culturally safe standards of care for Aboriginal and Torres Strait Islander patients including:

- Responsive avenues for patients to provide feedback regarding treatment;
- Comprehensive screening for Indigenous patients;
- Training provision for the Commonwealth Government's Practice Incentives Program;
- Screening processes for Indigenous patients that are based on risk factors not stereotypes;
- Acknowledgment of a patients' Aboriginality by doctors to occur only when purposeful to diagnosis and treatment;
- Clear articulation of where a patient can go for further assistance;
- Patient follow-up care; and
- Outreach services.

5. Advocate for health services to have processes and structures that contribute to a sense of local Indigenous community ownership by working with the community to identify needs, build confidence that their priorities will be valued and incorporated and involve the community in decision making with a cross section of age and gender representation where relevant.

6. Call on medical schools to implement the recommendations of AIDA's *Healthy Futures*¹ and the *Indigenous Health Curriculum Framework* developed by the Medical Deans of Australia and New Zealand², and strongly advocate for medical schools to:

- Have somewhere and someone for Indigenous medical students to go to for support in universities and clinical placements;
- Building a sense of group support through recruitment and retention of other Indigenous medical students;

¹ Australian Indigenous Doctors' Association. *Healthy Futures Defining Best Practice in the recruitment and retention of Indigenous Medical Students*. Canberra: Australian Indigenous Doctors' Association, 2005.

² Committee of Deans of Australian Medical Schools *Indigenous Health Curriculum Framework*, Melbourne: Committee of Deans of Australian Medical Schools, 2004.

- Implement and strengthen mentoring initiatives for Aboriginal and Torres Strait Islander medical students; and
- Have culturally safe education resources and content.

7. Call on medical colleges to contribute to increasing the Aboriginal and Torres Strait Islander specialist medical workforce and for medical specialists to understand the social, cultural and political context of Australia's Indigenous peoples' lived experience, and practice cultural safety when working with, and treating Aboriginal and Torres Strait Islander people and families.

8. Call on the Australian Medical Council to have policies and processes to evaluate and assess the delivery of Aboriginal and Torres Strait Islander health education within medical schools, postgraduate medical education councils and medical colleges.

9. Support the criterion that a culturally safe Aboriginal and Torres Strait Islander person should demonstrate:

- Knowledge of who they are and where they are from, and have a level of comfort with knowing this;
- Self-awareness of personally held cultural knowledge and strength of identity, and be aware of what is yet to be learned without an overestimation of personal cultural knowledge;
- A constant willingness to learn and humility;
- The ability to apply knowledge of Indigenous values, principles and norms to behaviour;
- Broader intentions that can be linked back to a sense of responsibility to the Aboriginal and Torres Strait Islander community now and into the future;
- Respect for and awareness of spirituality, cultural protocols and communication styles;
- Respect for and awareness of past and current Aboriginal and Torres Strait Islander values, principles and norms; and
- Respect towards other Aboriginal and Torres Strait Islander people and not engage in or tolerate lateral violence.

10. Support the statement that Aboriginal and Torres Strait Islander leaders should have an appropriate level cultural knowledge that reflects reasonable expectations of cultural credibility.

11. Call on all non-Indigenous doctors and medical students to take actions to be aware of how their own cultural perspective, privilege and power may impact on the delivery of healthcare for Aboriginal and Torres Strait Islander patient and their families, and seek to minimise this impact. This includes:

- Completion of cultural awareness and cultural safety training;
- Demonstration of a constant willingness to learn and humility;
- Identify and reject assumptions about Aboriginal and Torres Strait Islander people;
- Practice cultural respect in waiting for Indigenous people to talk, requests for guidance on appropriate conduct and the most appropriate person to speak with; and
- Be aware that it is impossible to know the intricacies of all Indigenous cultures in Australia, but still be accountable for practicing cultural respect in all communities.

12. Advise for caution on the process of assessing the cultural safety of a place, person and/or interaction as there are significant risks involved, AIDA also affirms that any disagreement on an assessment of a person's level of cultural safety needs to remain respectful.

Linked documents:

Australian Indigenous Doctors' Association. *Healthy Futures Defining Best Practice in the recruitment and retention of Indigenous Medical Students*. Canberra : Australian Indigenous Doctors' Association, 2005.

Australian Indigenous Doctors' Association. *Values & Code of Conduct*, 2012

Australian Indigenous Doctors' Association. *AIDA Mentoring Framework*, 2012

Australian Indigenous Doctors' Association – Committee of Presidents of Medical Colleges. *AIDA – CPMC Collaboration Agreement 2013-2015*, 2013

Australian Indigenous Doctors' Association – Confederation of Postgraduate Medical Education Councils, *Collaboration Framework between AIDA – CPMEC*, 2012

Australian Indigenous Doctors' Association – Medical Deans Australia and New Zealand, *AIDA – Medical Deans Collaboration Agreement, 2012 – 2015*, 2012

Committee of Deans of Australian Medical Schools. *Indigenous Health Curriculum Framework*, Melbourne: Committee of Deans of Australian Medical Schools, 2004.

National Aboriginal and Torres Strait Islander Health Council. *A Blueprint for Action: Pathways in the Health Workforce for Aboriginal and Torres Strait Islander People*. Canberra : Commonwealth of Australia, 2008.

Medical Deans Australia and New Zealand & Australian Indigenous Doctors' Association. *National Medical Education Review: A Review of the Implementation of the Indigenous Health Curriculum Framework and the Healthy Futures Report within Australian Medical Schools*, 2012.

Medical Deans Australia and New Zealand, *Indigenous Health Project, Critical Reflection Tool*, Melbourne: Medical Deans Australia and New Zealand, 2007

United Nations Declaration on the Rights of Indigenous Peoples, GA Resolution 61/295 (Annex), UN Doc A/RES/61/295 (2007). At <http://www.un.org/esa/socdev/unpfii/en/drip.html>. (viewed 11 August 2010).