

## **Dermatology and Indigenous Australians**

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For all health professionals working with indigenous Australians, understanding their culture is crucial to all successful and meaningful interactions. Unless we approach health issues within this cultural framework, no progress will be made.

I have worked with the indigenous community in Wadeye/Port Keats on a community based scabies eradication program. The suggestions that I make in this handout is by no means definitive, but just what I learnt from my experiences with people of Wadeye. I hope it's of some help to you.

### **BACKGROUND**

Aboriginal Australians comprise 2.4% of our total population and were the first inhabitants of this great land some 50,000 years ago. It's a young population with 40% being less than 14 years of age. This means is that unfortunately there are fewer adults to care for children and fewer elders to share their knowledge of health and healing.

We're all aware of the wide disparity between circumstances of the Australian Indigenous population and the population of Australia as a whole. The term 4<sup>th</sup> world has been used to describe Aboriginal communities, where despite being citizens of a first world country, living standards are comparable to the developing world.

There's no population with adult mortality rates as high as our Aboriginal population, with the exception of some central African countries and India. This is in stark contrast to indigenous populations in comparable countries like NZ, Canada and the US. There the gap in expectation of life between the indigenous population and the rest of the community has been reduced to 3-5 years. In our country, the gap is 15-20 years.

An Aboriginal male in his forties has a risk of dying 9 times higher than his non Aboriginal brother, and a female 12 times higher. An Aboriginal child has a 3 times greater chance of dying. An Aboriginal baby has a 4-5 times greater chance of dying at childbirth.

Deaths from CVS, respiratory disease and diabetes are much more common in Aboriginals than in non Aboriginals.

So what are some of the factors contributing to bad health? Firstly, the fundamental cause is disempowerment. Health outcomes are intrinsically related to the state of housing, employment and education. Without improvement in these areas, health will continue to be poor.

Second, there is fragmentation of health service delivery between the commonwealth, states, territories and local authorities. At the moment, there is a shortfall of about \$250 million dollars in spending for Indigenous health, and funding is not taking into account the fact that mainstream services may not be accessible for many Indigenous people who may have difficulty accessing Medicare and pharmaceutical benefits. There's also a need for more indigenous health care workers- doctors, nurses and allied health professionals.

Third, colonisation and the legal fiction of terra nullius with the consequent disregard for the rights and culture of Australian Indigenous people are at the root of most of the current health problems.

### **LAND**

Aboriginal Australians have a spiritual link with land which provides them with their sense of identity, and lies at the centre of their spiritual beliefs. Therefore, land is the crux of Aboriginal health and well-being. Land can't be bought or sold (it'd be like selling your mother) and it's not a commodity signifying wealth.

When you first meet an Aboriginal Australian, the introduction will go like "what mob do you come from?" and "where is your country?", rather than "what is your name?" This is because if you're to be accepted, your identity and where you come from is crucial.

In the Aboriginal world, everything is living, not just the animals and plants, but also the rocks, wind and clouds, all of which are equally important and valuable.

Furthermore, in Aboriginal Australia, everything has feelings, everything has spirit and everything is interconnected. There are no rigid demarcations between physical and spiritual worlds. Therefore, sacred sites are very important as places where ancestral spirits can be connected with.

You'll therefore appreciate that the land right victories of Eddie Mabo and Vincent Lingairri were much more than just about ownership of a piece of land.

### **TIME**

Any consideration about Aboriginal culture requires an understanding of a very different concept of time. For Aboriginal people, the past, present and future exist together. Time is circular rather than linear and there's no fixed start and end points. In contrast, time in the western sense is linear and progressive. The present for us is often seen as better than the past and the future though uncertain, is regarded as more exciting.

Time as we count it is foreign to the tribal Aboriginal way of life. A majority of the elders wouldn't even be able to read the time on a clock, if they had one. Time is very fluid and not divided into weeks, months, years or centuries. For example, 1842 or 1963 both just signify "a long time ago". Rather, time is identified by stages in life or historical events. Meeting at morning, midday or evening, is more acceptable than saying "I'll meet you at 11.30am sharp". Therefore, being punctual and "on time" is quite a foreign concept, and can often cause misunderstanding when health workers are set in the regimented Western frame of mind.

### **LANGUAGE**

There's no single common language but instead 250 dialects in use around Australia. This raises a practical problem because there are few if any interpreter services for Aboriginal languages. For example, I looked on the Centrelink website, and found that no information was offered in an indigenous language.

## **KINSHIP/OBLIGATION**

Aboriginal society is relationship based.

Children grow up in large extended families with lots of mothers, fathers and brothers and sisters. In this network, sisters will be mothers to each other's children and cousins are called brothers or sisters. The role of the uncle is also much more important than in our western society. This concept of kinship applies to everyone and everything. You can't opt out of it and when new people come into a community, they're then placed into a kinship network. This system gives everyone a clearly defined role and a "place" in society. Therefore, when meeting a stranger, the first thing to find out is how you're related so that you know how to behave in the proper way. The conversation will go "where are you from, what is your country? Who's your mob?"

Different names such as personal names, nicknames, totem names, and kinship names are often used for the same person. This can be tricky when surveys or screening are based on names because only one name is present on the health clinic list and therefore the same patient may be screened many times over by accident.

Generally, two types of relationships exist, close relationships or avoidant relationships. Taboo or avoidant relationships exist between certain members and they were established to ensure harmony in the community. For example, a man and his mother-in-law must never talk directly to one another, sit next to one another and preferably should not be in the same room as each other. However, he must respect and honour her at all times.

Another avoidant relationship is that teenage boys aren't allowed to see or talk to women until they are initiated. This pre-initiation period may last from a few months to as long as several years.

Unfortunately, these avoidance taboos are often hard to observe in the clinic environment, especially for the Aboriginal health worker who may not be allowed to associate with certain patients.

On the other hand, an example of a close relationship is when a woman is expected to have a mother relationship with her sister's children and to take over the responsibility of them if necessary. You can see in this kinship system that there are no "orphans" and no individual is ever without family or carers.

Now, because of this extended family concept, when families are consulted regarding the health management of a patient, remember that the entire extended family network may need to be involved if any intervention is to succeed.

Kinship goes hand in hand with obligation and each member of a large family has an obligation to share with each other. By the end of pay day for example, it's not uncommon for no money to be left because the person paid was obliged to share their earnings with the rest of the family. This is quite foreign to Westerners, but bear in mind that Aboriginals place a very different value on material possessions, certainly with less emphasis placed on them.

### **SPIRITUAL**

Spirituality and spiritual beliefs are very important. Life begins in the spirit world before conception and a spiritual link exists between a person and a specific part of their birth country. This part of their land is called their sacred site. One of the reasons why a dying person might not want to be cared for in a distant hospital is that they don't want to be parted from their sacred site, and there's also the fear that if you die outside of your country, your spirit might have trouble finding its way back.

Although most Aboriginals have had contact with Western medicine for a pretty long time now, there's still a strong belief that illness which has no obvious visible cause is due to evil spirits. A "mamu" or "spirit" has taken possession of the body and cure will

only occur when the “mamu” has left. It follows that treatment of the physical symptoms alone isn't going to cure the person's spirit. This is where the ngangkari or witch doctor comes in. He has the power to expel mamus and may do this by gently rubbing a patient's sore spot and then by removing a small smooth stick called a purnu, which was inside the body. Whether this stick was actually inside the body is irrelevant. The fact is that the gentle rubbing with the ngangkari's hand has a soothing, therapeutic effect and this is what makes the patient's spirit healthy again.

Similarly the ngangkari has the power to cure the severely depressed, with these patients believing that their spirit has left them, not unlike when we say that someone has given up the spirit or the ghost! The ngangkari can bring the spirit back, but of course, he's not always successful and will admit this by saying that a spirit has gone too far away. This is like saying that the patient's going to die. Tribal Aboriginals therefore strongly believe that many illnesses are psychosomatic, to put it in our Western terms.

## **DEATH**

All cultures deal with death differently. In Indigenous communities, wailing, crying, touching the body and grief, which at times may seem to be even bordering on hysteria, is quite normal.

After learning of a death, relatives may embark upon a complex and extended traditional funeral ceremony. This may involve dancing, singing, and even self-mutilation. Children take part as it helps demystify death and maintains a cultural heritage. Following death, taboos come into play. This includes: not using the dead person's name for a period of time and all people with the same name in the community will have to change their name. This isn't to say that the person is forgotten, but it is rather a mark of respect. To an Aboriginal person, even though they may be dead physically, their spirit is still very much alive and the spirit reacts to the sound or even the thought of their own name. Therefore, it's thought that if the name is said aloud, the dead person will become unhappy and may cause harm. As well, the place of death is avoided and requires a purification ritual before it can be revisited. Family might need to move away from the rest of the community to a 'sorry camp' for a while. Smoke from burning green leaves

from a specific tree is used in these purification ceremonies and the dead person's possessions will then be burnt or buried.

Sorcery is still an important part of the culture. For example, the death of a young child may be blamed on his/her mother who was said to have broken some tribal taboo. Therefore, when discussing death with relatives, be aware of these issues of sorcery, blame and responsibility.

### **CEREMONIES**

Aboriginal Australians have many ceremonies for many different occasions. They're treated seriously and play an important part of everyday life. One of the functions of a ceremony is to remind people of the rules and it's a way of teaching the younger generation.

Rules and obligations in Aboriginal culture ensure community harmony. There's women ceremonies or otherwise called "women business" and male ceremonies or "men's business" and of course, you can't attend if you are of the wrong sex. Many of the dresses and preparations are sacred and secret and only accessible to the initiated. In fact it used to be an offence sometimes punishable by death if a woman accidentally saw the preparations of "men's business". This taboo also applies to white women.

During certain ceremonies Aboriginals inflict wounds upon themselves or upon others. These wounds have a religious or ritual significance and are shrouded in secrecy. Occasionally accidents will happen, for example, a man might lose too much blood or a wound may become infected. When these patients present to the clinic, they obviously don't like too many questions asked and will give evasive answers unless you are completely trusted and accepted.

### **DO'S AND DON'T**

I think the most important lesson I learnt from working with the community in Wadeye was to realize that interactions are based on relationships which are developed with trust over time. In our westernized world, we take for granted the efficient, detached and

depersonalised way hospitals and health services deal with patients. Of course we mightn't like to be treated as "the appendix", or "the sore foot", but we've come to accept it as normal. On the surface, it seems to be the most efficient way to get a job done and we don't expect professionals to act in an overly friendly manner. However, this is the total opposite to the way Indigenous people do things. A relationship is first established and then, over time, if there's trust, jobs will be done. Similarly, the health worker-patient role requires a relationship to be firstly established and only then will the patient accept treatment. The patient expects that you take a personal interest in them and when sick, the whole person is sick. Treating just the symptom is not good enough.

Based on this, it's essential that when you first meet patients, you introduce yourself telling them where you're from and what your role is. This is more important than your name and title. Try to establish a rapport and a relationship. Ask how their family is, where they come from, leaving illness related questions till later.

The best setting for an interview is outside, under a tree, in the fresh air, rather than in a dark hospital or clinic room inside. This is probably true for all of us but particularly important for Aboriginals, as their land is so important. Inside, the presence of lots of doctors, nurses and equipment can be quite frightening. However, if hospitalization is required, be aware that some Indigenous Australians will like to have their bed heads facing a certain direction due to cultural reasons, so make sure that you ask if their bed is facing the right way.

When seeing a patient, keep the door slightly open. In our society we're used to being behind closed doors with the doctor or nurse, but in Aboriginal society, the *ngangkari* usually works in the open. In particular, Aboriginal elders really don't like confined spaces and by allowing other people to observe, and being relaxed about this, you gain the confidence of the people. There are of course times when patients need privacy, but this shouldn't be too hard to detect.

Silence is common, and there may be long pauses between questions and answers. Aboriginals feel really comfortable with silence and this ties in with their fluid concept of

time. We, on the other hand, feel uncomfortable with long pauses, we try and fill them in with inane babble, thinking we're wasting our time. Silence doesn't necessarily mean that the question hasn't been understood. Try to avoid the temptation to repeat the question in a louder voice, just be still and remember, a successful interaction will only be achieved if done in "black fella" time, not white fella time.

Remember how important gender and age issues are. There's an acute divide between the sexes which means that in the presence of a male health-care worker, a female patient may feel embarrassed and awkward and may leave important symptoms unsaid. Alternatively, it mightn't be appropriate for a young female health worker to be examining a male elder. Sometimes, unfortunately, there's no alternative, and in that case, acknowledging the potential difficulty is important. In hospital, because of men's business and women's business, obviously, they shouldn't share the same room.

Authority in an Aboriginal community is gained with age and experience. A woman who is married and has children has far more authority than a single girl. The same counts for men. People also take more notice of you if you've grey hair and wrinkles.

Because of the extended family concept, many family members, elders, or a traditional healer may be present at the consultation. Accept this and address the nominated spokesperson as it might take a while before the patient becomes responsive. The large extended family also means that when talking about children, more people might be involved in the child rearing and therefore, training/education of all the "mothers" will be necessary.

Be mindful that some people can't read or write when giving them consent forms and information sheets. Don't expect patients to fill in forms and questionnaires without help and therefore interpreters if available are essential.

When there's a death, allow time (at least an hour) for visitors to be with the deceased as the deceased spirit is believed to still be in the room.

Explanations about health issues in the form of pictures and drawings are an excellent way of communicating. Aboriginal people often explain things by talking and drawing pictures in the sand at the same time. Most of their learning is done by observation.

### **Now, some Don'ts**

Try and avoid direct eye contact. This is a sign of respect rather than being rude or unfriendly and don't get offended when patients don't meet your gaze or seem distracted. "Yarning" is also an important part of communication and means that the patient understands or agrees. It doesn't mean that they're being rude.

Like all of us, answering questions on sensitive information is difficult. Moreso, for Indigenous Australians, especially if you don't have a relationship with them. If questions need to be asked on sensitive matters, avoid the use of the direct question, as this gives more face to the patient.

Finally, never go into someone's house uninvited. The camp is a very close community with firmly established and well kept rules of behaviour which a stranger, through ignorance, is quite likely to offend. In the past, the way a stranger traditionally approached a desert camp was to set up his own camp some distance away and wait there, perhaps for even several days until he was invited. Most Aboriginals are happy to teach a genuine enquirer and will trust you with information when they realise that you don't regard their ways as silly and primitive and that you won't pass on information told in confidence. Again, harking back to the principle that everything is based on relationships.

I'd like to finish with what I believe will be important in creating a better health system for all Australians:

From what we have already discussed, it's clear that indigenous health cannot be segregated from mind, body and spirit. A holistic model of health must be used. Focusing too much on reduction of symptoms without a broader focus isn't going to achieve long term outcomes.

Land rights are fundamental to good health. Even for people separated from community, the ability to return to country and reconnect with land may provide a significant opportunity for improving health outcomes.

Be open minded to the Indigenous culture and be willing to learn and accept a different way of doing things. Our way is not necessarily the only and right way.

Realize the key to any successful interaction with an Indigenous patient will be through developing a relationship, and recognizing the importance of culture and kinship.

Acknowledge the importance of traditional foods, herbs and medicines and incorporate traditional healers as part of primary and specialist health care.

Finally, fight for better equity and access to health services for all.