

Western Medicine and Australian Indigenous Healing Practices

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The health status of Indigenous Australia as reported by the Australian Bureau of Statistics is among the worst of any group in the so-called first world, suffering more ill health, experiencing more disability and poorer quality of life and dying younger than non-Indigenous Australians^[1]. This appalling situation continues to exist, despite attempts over considerable time to address the issues.

One of the possible reasons for some attempts being unsuccessful is the relevance of the strategies, or lack of it to the communities and/or individuals being helped. Most projects undertaken by government health organisations are formulated on values and beliefs about health and illness that are derived from Anglo/Celtic culture. Health beliefs differ between cultures and it has been identified that the differences in the Indigenous and non-Indigenous constructs of health impacts negatively on the effectiveness of mainstream healthcare provided to Indigenous peoples^[2]. This implies that strategies that incorporate, or better still are derived from, Indigenous health beliefs have a greater potential to be effective.

Western medicine, with its emphasis on a scientific evidence base, has a tendency to see non-western health practices as less credible. It can be argued that the scientific foundation of western medicine, with its emphasis on objective measurement, supports the belief that it is objectively proven and therefore not influenced by culture or open to question. Indigenous health care practices on the other hand have not generally been subjected to scientific scrutiny and therefore lack the credibility that western medicine has. Even without going into the argument that the scientific approach is culturally based, having evolved in western culture, the fact that Indigenous health practices have been subject to the test of trial and error, in cultures that are thousands of years old, surely entitles them to some credibility. It seems unlikely that practices that were ineffective would continue to be handed down from generation to generation. Also of importance is the reality that practices that fit logically with peoples' beliefs about the causes, effects and treatment of illness will be more acceptable to them and therefore more likely to be effective.

During a study by the authors which looked at non insulin dependent diabetes (NIDDM) in four regional/rural Aboriginal

communities, it was found that a number of Indigenous patients utilised traditional healing practices to help alleviate their symptoms and to improve their general health status^[3-5].

As these patients were being treated by western health care practitioners, the question arises of how these two sets of health practices interface with each other. Do they complement each other, do they impact negatively on each other, and is the interaction even taken into account?

As the interaction between the two may have a significant impact on treatment outcomes, and as little is known by western medicine about traditional healing practices and their benefits, the authors have been funded by the Australasian Integrative Medicine Association to study these issues.

The project will be a pilot study to look at if and how health practitioners working in Aboriginal and Islander Community Health Services (AICHSS) incorporate traditional healing practices into their treatment plans.

The project will involve two phases.

Phase one will be a survey of AICHSSs in Australia using a questionnaire, to determine to what degree patients' utilisation of traditional medicines is taken into account in the treatment planning. It is anticipated that involvement could be classified into three levels:

- a) virtually none;
- b) assessing what practices are being used and ensuring they are compatible with the treatment provided by the service; and
- c) prescribing/incorporating traditional practices within the service.

Phase two will involve interviews with practitioners who indicate that their involvement is at level (c) to identify what traditional practices they incorporate, for what disorders and how they combine them with western medical practices.

For the purposes of the pilot study, only a small sample of interviews will be undertaken within Queensland to minimise costs. This will serve the purpose of validating the questionnaire as an effective method of collecting this data as well as getting a feel for what, and how, traditional practices are being incorporated.

It is intended that following completion of this study further funding will be sought from a range of sources to expand the number of interviews nationally to enable development of a substantial database of traditional practices being incorporated in AICHSSs throughout Australia.

While the purpose and subject matter of the study is critically important to contribute to the health status of Indigenous Australians, the process by which the study is undertaken is also important. It has been claimed that Indigenous Australians are among the most researched peoples in the world. More importantly, it is claimed that a large amount of the research that has been undertaken has been of little or no relevance or benefit to the people being studied. This project aims to address this, in that not only has the subject matter been acknowledged by Indigenous Australians as important to them, but two of the three researchers in the team are Aboriginal nurse researchers.

Ms Anne-Maree Nielsen, the researcher employed to work on this project, is an Indigenous registered nurse who is nearing completion of a Masters of Mental Health Nursing. She is primarily responsible for communicating with the participants of the project. While she is also employed at an acute and long stay mental health facility as a registered nurse, she believes her work as an Indigenous researcher provides her with a sense of job satisfaction enabling her to be involved in the empowerment of Indigenous communities. She also believes that Indigenous research, conducted by Indigenous researchers, ensures Indigenous knowledge and cultural practices are explored respectfully as well as guaranteeing that Indigenous people retain control and influence over the research process. This approach to Indigenous research facilitates the ethical protection of Indigenous participants and promotes their ownership of traditional and cultural knowledge and practices thus ensuring more credible and culturally appropriate research outcomes.

We believe that this study and the approach that we are taking will result in an important contribution to Indigenous health knowledge. We look forward to presenting our findings at the end of the project.

References

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Great News For Rural And Remote Allied Health

The Minister for Health and Ageing, Tony Abbott MHR, has announced a new undergraduate scholarship for allied health disciplines is great news for people in rural and remote areas.

John Wakerman, Chairperson of the Alliance, said today from Alice Springs that the new scheme shows the national leadership the Commonwealth is giving on rural and remote health workforce issues.

"Allied health professionals are key parts of the health team, particularly when it comes to keeping people out of hospital and getting patients back home after episodes of ill-health. The new program will provide substantial support to a small number of students, but it is most significant in what it says for rural and remote health services," Associate Professor Wakerman said.

In 2006, its first year, 65 scholarships will be available to students from rural and remote areas studying an allied health discipline – climbing to more than 180 by the third year.

"The Alliance has been promoting the extension of such scholarships to allied health for some years and it was good to be able to acknowledge the Minister's decision when our Council met with him last week," John Wakerman said.

The new scheme complements the undergraduate scholarships for medicine, nursing and pharmacy, as well as the postgraduate scholarship for existing rural allied health professionals administered by Services for Rural and Remote Allied Health (SARRAH).

The Commonwealth has allocated \$4 million over three years to the new program and it will boost substantially the relatively small number of scholarships provided by the States for allied health.

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