Patient Care Guidelines Aboriginal and Torres Strait Islander Health 2021

Government of South Australia
Health
Central Adelaide Local Health Network

Acknowledgement of the traditional custodians

We acknowledge and respect the traditional custodians on whose ancestral land the Central Adelaide Local Health Network (CALHN) provides services. We acknowledge the deep feelings of attachment and relationship of Aboriginal and Torres Strait Islander peoples to Country. CALHN also acknowledges the traditional owners and custodians of the many lands our Aboriginal and Torres Strait Islander consumers travel from to receive services. In the spirit of reconciliation, we also acknowledge the non-Aboriginal people who contribute to our reconciliation journey of improving Aboriginal health outcomes. In this document, we use the term 'Aboriginal' respectfully as an all-encompassing word for Aboriginal and Torres Strait Islander peoples, health and culture.

Artist acknowledgment

CALHN's Aboriginal Identity Artwork WARDLI PURRUTINTHI 'Place to live or to be alive' is designed by accomplished Aboriginal South Australian artist Allan Sumner, a descendant of the Ngarrindjeri, Kaurna and Yankunytjatjara people.

CALHN) has an important role in improving the health and wellbeing of South Australians by delivering world-class integrated healthcare and hospital services.

The circle in the middle of the artwork represents the 'Wardli Purrutinthi' or Central Adelaide Local Health Network. CALHN is positioned centrally, and connects our hospitals, community health services and clinical services together. The U-shaped symbols throughout the artwork represent the people of CALHN. The main circle in the middle is surrounded by U-shaped symbols representing staff, health professionals and community people, and the U-shaped symbols on the outside of the artwork, representing the many community people who use CALHN's services.

For more information

Aboriginal and Torres Strait Islander Health and Wellbeing Hub
Royal Adelaide Hospital T: (08) 7074 5460 E: Health.ATSIUAdmin@sa.gov.au

Everything we do matters

CALHN hospitals and health services receive Aboriginal patients from an enormous area that covers South Australia, Northern Territory, New South Wales, Victoria, Western Australia and Queensland. Aboriginal patients speak and practice an equally vast range of Aboriginal languages and cultures.

These Patient Care Guidelines for Aboriginal and Torres Strait Islander patients are vital to help both Aboriginal and non-Aboriginal staff to engage with our Aboriginal patients.

A 'one-size-fits-all' approach is not recommended here, so please use empathy, kindness and warmth in your interactions. This will help our patients on their journey through these 'giant spaceships' – the Royal Adelaide Hospital and The Queen Elizabeth Hospital – and our community health service.

Herb Mack, Aboriginal and Torres Strait Islander Health Practitioner
Emergency Department, Royal Adelaide Hospital.

Our Aboriginal workforce is important

Our Aboriginal staff play a major role in hospitals and health services in many different areas, such as supporting the Aboriginal patients and their families who use CALHN services.

Aboriginal and Torres Strait Islander health practitioners (AHPs)

AHPs are available to help our services meet the cultural needs of patients. Services provided by AHPs vary across CALHN services. Their main role is to act as a clinical link and advocate between CALHN health and community-based services to:

- provide support to patients and families using hospital services
- promote and support patient self-management
- provide clinical support and liaison between medical staff and the patient
- facilitate and support referrals to other health providers
- provide advice and support on the patient's admission and discharge planning needs
- provide informal education and mentoring to the health workforce about Aboriginal culture.

Purpose

This guideline is a quick reference tool to support healthcare staff to deliver safe, clinically and culturally responsive inpatient care to Aboriginal patients. It provides general advice only and does not address the diverse cultural differences across Australia.

Healthcare is delivered in a demanding and complex modern health system, where treatment of the patient's condition is the primary focus. There are, however, some fundamental ways that we can better meet the needs of Aboriginal consumers.

Taking a person-centred approach, (which considers the whole person) encourages patients to be directly involved and empowered in their own care, while also acknowledging cultural and individual needs, preferences, beliefs, values, and the patient's comfort and surroundings. This holistic approach will improve the patient's experience and health outcomes, and also clinically and organisationally benefit health services.

Person-centred care is also aligned with the core principles of the Australian Safety and Quality Framework for Health Care and the Australian Charter of Healthcare Rights.

Background

In comparison with non-Indigenous Australians, Aboriginal people experience far worse health outcomes for almost every major cause of mortality and morbidity. They continue to be hospitalised at much higher rates for most health conditions, have poorer outcomes of care, and have lower access to health interventions.

Access to health care continues to remain a significant problem for Aboriginal people. Before even accessing the health system, the health of many individuals and families is already compromised due to several structural and social factors, such as:

- living in regional or remote communities with high socioeconomic disadvantage, where the greatest burden of disease exists through lack of access to preventative or illness management treatment
- living in major cities/urban communities with great disadvantage
- low socioeconomic status and environmental and socio-political factors
- a high prevalence of health risk factors.

From a service provision perspective, the quality and level of health care can be influenced by:

- performance gaps in the health system (including access) in addressing health needs
- cultural incompetence (research shows that this is linked to risks and poor-quality health outcomes)
- communication barriers (research shows that this may lead to adverse events and poor quality of care).

The kinship system is a complex social organisation that determines how Aboriginal and Torres Strait Islander people relate to each other and their roles, responsibilities and obligations to one another, ceremonial business and the land. The kinship system determines who marries who, ceremonial relationships, funeral roles and behaviour patterns with other kin. Aspects of this system can vary between regions.

Central Land Council: www.ccl.org.au

Factors influencing access to health care

Cultural factors

Traditionally, health is a holistic concept for Aboriginal people. It encompasses the physical, social, emotional, spiritual and cultural wellbeing of the individual and the whole community. This is a whole-of-life view and includes the concept of life-death-life. Many Aboriginal people still retain this belief system despite the challenging of traditional cultures and beliefs, influenced by many factors including Christianity since colonisation.

Consider cultural obligations and plan services around them

It's vital to consider aspects of Aboriginal cultures in a patient's clinical care to ensure their holistic health and individual needs. A 'one-size-fits-all' approach will not work. Be aware that urban, rural and remote Aboriginal communities will each have differing needs. Differences also extend to certain cultural practices and beliefs between communities and language groups.

Kinship, family obligations and responsibilities tend to be of greater importance than personal health needs. Being part of a community brings responsibilities and obligations. This includes obligations to attend funerals, to participate in community meetings, functions and various committees. Individual family members and group members are expected to participate at various levels to ensure that family representation, roles and responsibilities are met. Each person is expected to fulfil these obligations. These factors frequently contribute to patients discharging themselves against medical advice, with obvious detrimental impact on their health. The risk of self-discharge may be reduced if elective procedures are planned around known cultural obligations.

Tailor your communication

Communication difficulties are known barriers to effective health outcomes for Aboriginal people. These difficulties include differing practices in verbal and non-verbal communication, potentially low health literacy, as well as language and cultural differences. The segregation practice of 'Men's and Women's Business' is a fundamental part of cultural practice today.

'Racism has strong historical links with health and, for victims, is aetiologically important in the causation of illness. Racism is thought to impact adversely on health outcomes through pathways like chronic stress, risky health-related behaviours, less use of preventative services, and racialised patient-health worker relationships'.

Awofeso N (2011) Racism: A Major Impediment to Optimal Indigenous Health and Health Care in Australia, Australian Indigenous health Bulletin 11(3)

Social and historical factors

To create a culturally safe environment, give consideration to cultural and historical context. For example, many Aboriginal people relate sterile hospital environments to past mistreatment, and hence can hold a level of mistrust towards health systems. Hospitals may, for some people, symbolise a place for dying, not healing.

Aboriginal families may experience:

- fear and distrust of the mainstream health services and buildings, which can be threatening and alienating
- perception of extreme imbalance of power due to history and disadvantage
- feelings of vulnerability, isolation, shame and disempowerment
- cultural misunderstanding, stereotyping and disrespect
- inadequate time for effective health care
- financial burden
- accommodation and transport difficulties.

Accessing services from remote locations

Many Aboriginal patients accessing or admitted to urban and metropolitan hospitals come from remote communities.

They often must travel long distances to unfamiliar areas where language and cultural differences are likely barriers.

Concern or anxiety over family welfare, community and cultural obligations, financial responsibilities or other personal issues can be overwhelming. This emotional stress can be further heightened by other stressors, including:

- culture shock
- fear of being judged
- fear of the unknown
- fear of procedures
- fear of isolation
- disconnection from family and social support networks.

The social determinants of housing, education, employment, access to justice and empowerment are directly linked to the disastrous health outcomes faced by Aboriginal and Torres Strait Islander people. They are also directly linked to the ongoing effects of substance abuse, family violence and child neglect and abuse.

The Central Australian Aboriginal Congress (date unknown) – Aboriginal Health, Social Determinants of Health www.caac.org.au/aboriginal-health/ social-determinants-of-health

Excerpt taken from ‘Rebuilding family life in Alice Springs and Central Australia: the social and community dimensions of change for our people’.

Providing culturally capable patient care

To improve healthcare delivery and outcomes for patients from diverse cultures, cultural sensitivity and capability are essential. If you work with the patient's belief system, rather than going against it or ignoring it, you will have greater success in providing culturally responsive care with improved outcomes. Be aware of your own cultural filters, as we tend to interpret behaviours and decisions according to what makes sense in our own culture.

Western culture takes a biomedical approach to health care but to Aboriginal people, 'health means not just the physical wellbeing of an individual but refers to the social, emotional and cultural wellbeing of the whole community in which each individual is able to achieve their full potential as a human being, thereby bringing about the total wellbeing of the community. It is a whole-of-life view and includes the cyclic concept of life-death-life'. (National Health Strategy Working Party 1989)

'I think one of the greatest difficulties in hospital is that a patient can be so out of their own environment that they feel they have no autonomy, no choice; things are done not only 'for' them; things are done 'to' them and they're a passive recipient of all this medical attention, much of which they don't understand, and much of which doesn't seem to have any immediate relevance to their needs'.

Dr Justin Coleman, Metro South Hospital and Health Service

Culturally appropriate communication

Initial contact – build rapport

The first few minutes of your initial interaction with patients and their families is very important. Your efforts to build the right rapport may help overcome individual barriers, including any fears or perceptions patients, escorts or their families may have. Most of all, it will help build trust and respect in you and trust in the healthcare system.

To build rapport:

- greet people with warmth and friendliness
- use non-threatening body language and tone of voice
- ask the person where they come from; and if they or their family have been in hospital or visited the services before
- identify a common view/topic (such as places you have visited, any association with the Aboriginal community)
- tell the patient something about yourself
- explain processes, length of waiting times and provide general information (about the hospital or service, directions to cafeteria and so on)
- show personal interest by asking how they feel
- be clear and give appropriate information if concerns are raised.

Be aware of language issues

Many Aboriginal people speak standard Australian English as a second or third language or dialect. Spoken English may also differ in dialect and the meaning of words can vary with family and community influences.

Tonal differences, colloquialisms and other elements may obscure meanings, and in the process may prevent you from recognising essential cues to respond appropriately. Additionally, although a patient and their support person may converse in English, it does not necessarily mean they understand the English language well. However, if your patient has low English proficiency, don't assume they are illiterate, poorly educated or have low intelligence.

Aboriginal people tend to speak in narrative or conversational styles, using stories or by talking around a topic to illustrate a point.

Direct communication can be confronting and may not encourage the patient to participate. Aboriginal people are very astute in non-verbal communication and reading body language. Be mindful of non-verbal communication, through hand signs, facial expressions and body language.

Be aware of the 'doctor knows best' view

Your patient may:

- be polite by smiling and nodding to show they are listening
- act as a 'good' patient to show respect for the staff member's authority and position
- nod to agree or say yes because they want the consultation to be over, or so they will be perceived as understanding what has been said
- be disinclined to openly disagree with staff in authority – to ask questions about side effects, for example – for fear of giving insult.

'The doctors just need to maybe spend a little bit of time with the patient. Find out about who they are, who's their family, maybe find out what country they come from. Just have a little bit of a relationship with the patient on a personal level. Form that connection first, and then you'll get the trust from the patient."

Tanya Kitchener, Indigenous Hospital Liaison Officer,
Metro South Hospital and Health Service

Patients who feel 'shame' – ashamed or embarrassed

For Aboriginal communities, the shame factor is not only connected with sensitivities and attitudes but cultural beliefs. Patients may also feel shame:

- to share personal and private issues
- about not understanding the medical matters being discussed, (which may prevent them from communicating that they don't understand)
- about confidentiality (if someone believes there has been a breach, it will be difficult for them to regain trust and continue using the service).

Shame refers to deep feelings of embarrassment – being ridiculed, losing face within a relationship, disempowerment, lack of control or loss of dignity.

For Aboriginal people it goes far beyond mainstream understanding of shyness and embarrassment.

Aboriginal and Torres Strait Islander Cultural Practice Program, Queensland Health

Be prepared for long gaps of silence

Silence is used by Aboriginal people and is common in conversations. Its meaning may vary amongst individuals, communities and settings. Some examples include:

- being respectful
- contemplating what has been said and translating its meaning into their own language
- reflecting
- showing disagreement
- mistrust or discomfort in an unfamiliar environment.

Don't automatically interpret silence as lack of understanding, agreement or that the patient's concerns are not urgent.

In Western cultures, gaps of silence must be immediately filled. When engaging with Aboriginal people, be respectful of their silence, learn to relax, observe the cues, tune into speech patterns and local idioms, and take your time before responding.

There are times when silence needs to be observed and taking your time before verbally responding is a mark of respect.

Aboriginal and Torres Strait Islander Cultural Practice Program, Queensland Health

Be aware of possible meanings behind lack of eye contact

In Western culture, direct eye contact is perceived as a form of respect and trust. However, in Aboriginal culture, direct eye contact from others may be viewed as a sign of rudeness, disrespect or even aggression.

Avoidance of eye contact can also be associated with several factors including gender, age, shame, mistrust, being in a hospital environment and past negative experiences.

Observe the body language and level of eye contact being used by your patient and follow their lead by modifying your level of eye contact accordingly.

Tips for communication

Allow time to build a rapport with your patient. Consider these pointers to help your interaction:

- listen and be patient, allowing time for silence
- use non-threatening body language and tone of voice
- adopt a non-judgemental attitude and approach
- speak in plain English and take time to explain
- avoid technical language, abbreviations and medical jargon
- use open-ended probing or non-direct questions
- use active listening skills
- speak quietly if other people are around
- simplify forms and written information as much as possible (or ask if they need help)
- use visual aids to help with explanations
- always check to ensure they have understood
- emphasise confidentiality but also be upfront about limitations.

Also see **Communicating effectively – quick tips** on page 18.

Gather information effectively

Patients may not be open to disclosing or sharing personal and private information unless a sense of trust has first been established. Building rapport and trust will help to minimise misunderstandings and anxieties and optimise the accuracy of information. Also ask if the patient needs help to complete a form.

When asked multiple questions, Aboriginal people may not feel obligated to reply, giving the impression they are uncooperative or unresponsive. Explain first why you're asking the questions and ask one question at a time.

Avoid asking compound questions (such as 'how often do you visit your GP and what are the reasons you don't?'). You could consider engaging the patient's support person or family member for help with information.

Sensitively identify the patient

Asking the question 'Are you of Aboriginal or Torres Strait Islander origin?' is a standard question that must be asked at admissions points.

By correctly identifying Aboriginal people, risks can be minimising risks and appropriate services provided, such as the Aboriginal Hospital Liaison Service, and for monitoring quality, safety and effectiveness of CALHN's response.

The hospital experience

The patient and family's first perception of CALHN will affect their feelings of safety in our services. Research shows that services seen as culturally respectful and safe are more likely to be accessed by Aboriginal people, which contributes to positive health outcome experiences.

Create a welcoming environment

It can help to create a create a culturally safe environment by:

- promoting Aboriginal cultures through artwork, signage and flags
- participating in events of cultural significance, such as NAIDOC Week and the National Aboriginal and Torres Strait Islander Children's Day
- using Aboriginal health resources, such as brochures, booklets and posters
- seeking advice from Aboriginal hospital liaison officers and/or Aboriginal colleagues
- explaining the hospital system, such as visiting hours, meal times, places for family to wait and how they can access other services such as transport, phones, banks, and food outlets
- explaining medicines and treatment times, information about the doctor/s and when they will visit
- discussing why medical and personal history are requested several times.

Use the skills of AHPs

Aboriginal health practitioners play a pivotal role in giving support and assistance to patients, their families and escorts. This includes practical and emotional support, advocacy, referrals and assistance with discharge planning and transport.

From a cultural point of view, they provide cultural safety and connection (including externally with communities) and can help patients understand information relating to their hospitalisation and treatment, particularly if language is a barrier.

Services provided by AHPs vary across CALHN services. Their main role is to act as a clinical link and advocate between CALHN hospital and services to:

- offer support to patients and families using hospital services
- promote and support patient self-management
- give clinical support and liaise between medical staff and the patient
- facilitate and support referrals to other health providers
- offer advice and support on the patient's admission and discharge planning needs
- deliver informal education and mentoring to the health workforce about Aboriginal culture.

Understand men's and women's business

'Men's and women's business' must be respected. Female patients for example, may be uncomfortable discussing sexual or reproductive health issues with male staff and vice versa for male patients and female staff. Where a same-gender staff member is not available, explain this to the patient at the outset and ask if they would prefer their support person and/or family member to be present.

Due to gender protocols, it may also be inappropriate to place female patients in the same room as male patients. If this is unavoidable, explain the reason why the patient is being allocated a room with a member of the opposite sex. Ask the patient what can be done to make them feel more comfortable, such as keeping the curtain closed at all times.

Be aware of avoidance relationships

Aboriginal kinship systems are complex and for some, ‘avoidance relationships’ may dictate that a son-in-law cannot be in his mother-in-law’s presence, or a brother cannot use his sister’s name. This may mean that you will need to accommodate inpatients in separate rooms.

‘Avoidance practices’ refer to those relationships in traditional Aboriginal society where certain people are required to avoid others in their family or clan. Avoidance relationships are a mark of respect.

Understand the role of the support person (escort)

A carer, family member or another member of the community will often travel with and accompany a patient for support. Don’t assume that the support person is the patient’s next of kin or can legally sign informed consent.

The travel and hospital experience may also be stressful for the support person, who may feel isolated or have other responsibilities including caring for other family members. Check if this person also requires support or assistance from the Aboriginal and Torres Strait Islander Health and Wellbeing Hub.

While the support person can help with communication, they should not be officially used as an interpreter. Discuss translating medical terminology and general health and medical literacy with an Aboriginal liaison officer.

Be aware of visiting norms

Due to Aboriginal family and kinship relationships and cultural beliefs, a patient may be visited by large groups of immediate and extended family.

Engage AHPs where necessary when discussing with the patient, their support person and/or nominated spokesperson about:

- who is the correct person to share information with and what information can be shared
- negotiating options to accommodate the presence of visitors, for example, if the patient is in a ward, consider a nearby lounge area as a waiting area or place to meet the patient
- the impact visiting may have on the patient’s rest or care requirements, or that of other patients
- options available to the support person if they need to stay in hospital with the patient.

Where patients may be visited at the end stages of their life, coordinate with the spokesperson of the family for the best way to accommodate all visitors. This could mean limiting the number of family members at any one time to see the patient.

Also make sure that visiting arrangements are communicated to staff between shifts to minimise any confusion.

Clinical care

Be sensitive in medical examinations

It's critical to build rapport before you begin a medical examination. Culturally respectful communication is needed to accurately determine the patient's medical history and what they understand about their health condition.

Be mindful and respectful when asking patients what they believed caused their illness or injury, as in Aboriginal cultures, ill health can be based on a belief that it was a natural physical cause, or harm caused by spirits. Please note that this is not necessarily a sign of mental illness but is a very real part of cultural and spiritual beliefs.

Before proceeding to the physical examination, explain the need to touch the patient, including how and where you will do this. Make sure they are comfortable before starting. If appropriate, ask them if they would like a support person present. When conducting an examination or any invasive procedure, consider Men's and Women's Business, shame, confidentiality and privacy factors outlined in this guideline.

'I think it's really important for clinicians to realise that when a client or a patient comes to our services, they come with their entire life. Their relationships, their immediate health issues, their past issues – their lives. They're not just their illness, and they're not just their condition or their reason for admission to hospital.'

Jennifer Morton, Nurse Educator, Cunningham Centre, Darling Downs Hospital and Health Service

Clearly discuss diagnosis and treatment

Before discussing a diagnosis with a patient, ask if they would like their support person to be present.

When explaining the diagnosis, use jargon-free language and provide further explanation of the potential cause of illness. Visual aids such as diagrams, models and film clips may be useful. If necessary, ask an Aboriginal health practitioner for assistance.

When discussing treatment, be mindful of the patient's cultural or other beliefs. Discuss options for treatment, ask the patient about what type of treatment they believe they should receive, what their main concerns and fears are, and what may prevent them from completing the treatment.

Some patients will think of the impact on family/extended family and community. In these instances, the patient's kinship relationships and community responsibilities and obligations may take precedence over their own health.

When available, offer patients treatment options. For example, patients may prefer to take medication orally or by injection.

Be aware of traditional treatment

Many Aboriginal people still use traditional medicine, food and remedies and consult with traditional healers.

Making connection to 'Country' or traditional homelands and seas is also central to positive wellbeing and healing. This may be one of the key reasons why patients may discharge against medical advice.

If traditional medicine/food is used, find out any adverse effects it may have with prescribed medication.

Seek advice from an Aboriginal health practitioner if the patient has said they will engage the services of a traditional healer.

Aid decision-making and informed consent

For reasons relating to the patient's capacity, communication abilities, culture or other reasons, they may wish to involve a third party in the decision-making process. This option allows the patient more time for consultation and to reflect and to seek additional support (if required) before coming to an informed decision.

It is beyond the scope of this guideline to address all elements of decision making and consent.

For more information contact the Aboriginal and Torres Strait Islander Health and Wellbeing Hub, Royal Adelaide Hospital T: (08) 7074 5460 E: Health.ATSIUAdmin@sa.gov.au

Consider who will consent to treat children

In Aboriginal culture, traditional adoption is still practiced. This involves the biological parent(s) giving their child to another known person in the immediate or extended family to raise as their own.

When engaging with families about the matter of biological parents or legal guardians consenting on behalf of children, discuss confidentiality and approach the issue with sensitivity and respect. Work with an Aboriginal health practitioner for guidance and for cultural protocols.

Be aware of medication complexities

Many Aboriginal patients face challenges managing or adhering to prescribed medication. Factors include financial or access issues, the way health staff interact with patients, or the impact of other organisational aspects of patient care.

When you discuss medication:

- consider any communication difficulties and take appropriate measures such as engaging the Aboriginal health practitioner or an interpreter service
- make sure the support person and/or family members are present during the discussion
- explain in plain English and clear details about:
    - why the medication has to be prescribed,
    - when and how to take it
    - For how long (the duration)
    - how to deal with any side effects or adverse reactions or associated risks
    - not to share medication with others
    - how to store it in a safe place that is not accessible to children
- use visual aids where possible.

At the end of the consultation, check that the patient, support person and/or family members understand all that was discussed. Encourage the patient to talk to their local general practitioner, pharmacist or health clinic about their medication and for any reassurance about safety and appropriateness.

Make sure the medication information is provided in language that the patient can understand. Discuss this with the patient's family and with treating staff, including those from primary healthcare services.

Understand how pain is communicated

When in pain, Aboriginal people may be reserved and unlikely to complain. Keeping silent may be from fear of being separated from families, being in an unfamiliar environment, being chastised, or fear of spiritual origins of pain. These behaviours can easily be misinterpreted and the actual pain and its intensity and severity may be underestimated.

Watch out for signs that may indicate the patient is experiencing pain such as:

- minimal speaking
- subtle body language
- lying down on their side and avoiding eye contact
- turning their head away on questioning
- hiding under a blanket.

When coping with pain, some Aboriginal people use 'centering', a practice that can be interpreted as 'simulating' sleep. Centering involves withdrawing spiritually and psychologically to shut out the pain.

Recognise these cultural differences of coping with pain and discuss pain management options in a respectful, culturally sensitive way. Give your patient information and support to understand and participate in their own pain management.

Manage patient discharge

Continuity of care may be a significant challenge for Aboriginal patients. When they return to their communities, provision of care may become the responsibility of Aboriginal primary healthcare services, palliative care or other support services.

Plan discharge strategies for:

- transfer of treatment information (discharge summary)
- managing medication
- access to community services, such as personal care support/respite services
- support for families, such as grief and loss support, and financial support.

To minimise stress for the patient and their family, communication between the hospital and community health staff and other support services must be effective.

You will also need to record referrals by social work, nursing and/or the Aboriginal health practitioner.

‘Unfortunately, when people are discharged against medical advice, in my experience, you rarely see them again. And that’s an issue, if the treatment was particularly important, because often they won’t interact with that service again’.

Jennifer Morton, Nurse Educator, Cunningham Centre, Darling Downs Hospital and Health Service

Be aware of discharge against medical advice (DAMA)

Aboriginal patients discharge themselves from hospital without medical advice at much higher rates than other patients.

Underlying reasons may relate to what the patient is experiencing. This may include feeling that they are not being listened to and respected, their fear of procedures, sense of isolation or associating their experience with past traumatic experiences in institutions. Other common reasons for DAMA are family and community obligations.

To prevent your patient from discharging against medical advice, you will need to understand their perception of their hospitalisation and treatment. Building rapport, communicating effectively, forming a trusting relationship and making patients feel safe at the very beginning is important to this process.

To prevent patients from leaving too soon:

- communicate clearly, particularly about procedures and processes
- discover what they understand about their treatment
- ask why they would like to leave
- ask them for a potential solution
- problem-solve any issues with help from Aboriginal health practitioners.

If a patient decides to leave:

- give them all relevant information they will need
- consider their medical and non-medical needs (such as family, social and economic needs)
- make appropriate referrals
- follow up their care and health
- reassure them that they can return.

Effectively manage end-of-life care

Consult with an Aboriginal health practitioner to understand cultural protocols before discussing any matters relating to end of life with the patient and their support person and/or family members.

Cultural practices relating to death and dying vary across cultural groups. Providing care in a culturally safe environment recognises the spiritual, emotional and psychological importance and reality of where a patient may wish to be. Many Aboriginal people may wish to die close to their family and community, and/or on their traditional homeland.

Certain cultural practices will need to be considered such as the role of the family and the community. For further guidance see Sad News, Sorry Business – Guidelines for caring for Aboriginal and Torres Strait Islander people through death and dying.

Support is essential for a person in the final stage of life. However, this may be difficult if the patient is not in their home town and away from family. In such circumstances, involve an Aboriginal health practitioner.

It is not culturally appropriate for a non-Indigenous health staff member to contact and inform the next of kin of a person's passing. This breach of cultural protocol may cause significant distress for Aboriginal families connected to the person who has passed. Seek cultural guidance from Aboriginal health practitioners about the right approach.

During admission, the patient should be identified as Aboriginal and/or Torres Strait Islander, and a contact person in the event of deterioration in health or death of the patient should be named.

The patient or their family may be reluctant to acknowledge bad news. In the lead up to the expected death of an Aboriginal patient, some families may request a visit from a person from the clergy or a chaplain.

In Aboriginal culture it is taboo to mention (or in some cases write) the name of the deceased person. Aboriginal people believe that if the deceased person's name is mentioned, the spirit is called back to this world.

Some people maintain their cultural beliefs, which is inclusive of spiritual beliefs about the causes of poor health. These beliefs generally conflict with western explanations and diagnosis of illness. Understanding and demonstrating respect for the belief of the patient and family will help you to develop trust and rapport.

Customary practices following death differ between Aboriginal people.

Communicating effectively – quick tips

Overcoming barriers

Remember the past	Remember that based on past experiences, Aboriginal people may have distrust of all systems, including the health system and staff, and may feel fear or shame.
Environment	Aboriginal flags, artwork, signage, patient information and other visual cues communicate that services are culturally safe and welcoming and a place they can enter without discomfort.
Welcome	A smile and a nod are welcoming, even without words.
Relationships first	Person before business – ask about family, share information about you.
Tone of voice	Speak in gentle tones. High tones (such as raising your voice) may be perceived as patronising. Don't speak too fast. Slow down and be clear with your words.
Language	Many Aboriginal people don't use standard Australian English as their first language. It is sometimes their second, third or fourth language. Don't make assumptions about a patient's level of English proficiency, literacy and comprehension. Assumptions may offend patients or result in broken trust, where the patient may never return to receive care. Be mindful and sensitive of any patients who may have low levels of literacy.

Before talking with patients and their families

Language	Find out what language the patient best understands. If English is limited, arrange to have a suitable family member or interpreter (an Aboriginal health practitioner may be able to help). Check that the interpreter or family member is familiar and confident with translating medical terminology.
Who	Take the necessary steps to make sure you are speaking to the correct person. This will depend on the information to be provided or sought. Be aware of extended family and kinship structures, particularly in relation to informed consent and who needs to be consulted about critical decisions.
Men's and Women's Business	Understand that segregated practice such as Men's and Women's Business is still very real and an integral part of cultural practice today. While not always practical, ask a female patient if they would prefer to be treated by a female clinician. If this is not possible, ask the patient if they prefer for someone, such as a partner or relative, to be present. The same gender appropriateness applies for Men's Business.

Before talking with patients and their families continued

Environment and confidentiality	Take the necessary steps, wherever possible, to avoid causing patients to feel 'shame'. Shame refers to deep feelings of embarrassment, being ridiculed, losing face within a relationship, disempowerment or lack of control, or loss of dignity. For Aboriginal people it goes far beyond non-Aboriginal understanding of shyness and embarrassment. Avoid discussing confidential matters in open, public spaces. Be discreet, specifically for issues such as sexual health. Maintaining confidentiality is vital to build trust.
Time	When providing services to Aboriginal people, consider allocating extended consultation times or communicating with patients outside scheduled appointments. Be aware that there are inappropriate times for communication, such as during Sorry Business (deaths and funerals), and this takes precedence over individual health concerns.
Link to community	Seek assistance from your local Aboriginal staff wherever possible to help you with interpreting, cultural assistance and if needed, to link you with someone from the patient's community.

Talking with patients and their families

Smile, relax	Smile and relax to create a safe and approachable environment for the patient.
Introduction	Introduce yourself warmly.
Rapport	Take the time to build rapport and trust by asking where they are from (such as who is their mob).
Listening	Actively listen. Do not continually interrupt or speak over a patient. If there is a silence, watch for body language to gauge when it is appropriate to start speaking. If the patient is looking around the room, they may still be listening to you; it may mean that they are avoiding eye contact.
Questioning	Aboriginal people tend to prefer a less direct approach to communication, so direct questioning can be confronting and offensive. The customary way of seeking information is to establish a two-way exchange, volunteering information of their own and hinting at what they would like to find out. While direct questions are used in Aboriginal society to determine background information (such as where a person is from), detailed or personal information is sought through indirect questioning. Do not ask the patient to continually repeat themselves. Do not ask closed questions (avoid yes/no responses).

Talking with patients and their families continued

Eye contact	In western cultures if we don't use eye contact, it can be perceived as 'hiding something' or that a person is not to be trusted. In Aboriginal culture, however, indirect eye contact implies respect. Consider that some (but not all) Aboriginal people will therefore be uncomfortable with direct eye contact. Direct eye contact with anyone other than an intimate peer or relation is seen as a sign of rudeness, disrespect, or even aggression. The appropriate strategy to convey polite respect is to avert or lower one's eyes in conversation. In Torres Strait Islander culture, eye contact with the same gender can be interpreted as displaying interest and providing honest information. Across genders, problems that may occur with eye contact include jealousy, shame and disrespect. Avoid cross-gender eye contact unless the patient initiates and is comfortable in the clinical setting.
Respect	Wait your turn to speak. Do not mimic or attempt to speak a patient's language, such as Aboriginal English, unless you can, or you're permitted and advised to. This will depend on the relationship and rapport established between yourself and the patient.
Personal space	Be conscious about the distance between you and the patient or a member of their family. Standing too close to an unfamiliar person can make them feel uncomfortable or threatened.
Silence	In western cultures, silence during communication is seen as a gap that must be immediately filled. In Aboriginal societies, lengthy periods of silence are the norm and are expected during conversation, particularly during information sharing and information seeking. Aboriginal people use silence to listen, allow for consensus or to indicate non-commitment. The positive use of silence should not be interpreted as lack of understanding or agreement. There are times when silence needs to be observed and taking your time before verbally responding is a mark of respect.
Touch	Aboriginal people tend to be 'touchy' with each other by nature. However, it is considered inappropriate and/or offensive if you touch someone that you do not know well. Touching very much depends on the context or environment, as well as the existing relationship and rapport with the receiver. Seek permission before touching, especially if the person is unknown. Once rapport is built, touch may be comforting and respectful. If you need to touch a patient for clinical reasons, explain why and how you need to do this.
Titles	The terms 'auntie, 'uncle' 'brother' or 'sister' should only be used once rapport is built and approval given. 'Auntie' and 'uncle' are terms of respect for someone older than you (not necessarily an elder or a relative).

Talking with patients and their families continued

Making decisions	Ask the patient if they want a doctor to explain the information to someone else. Kinship obligations and responsibilities may apply and a decision may need further consultation with extended family members. Always allow time for information to be understood. It is considered more important to understand the information and make a decision that will benefit the extended family, regardless of the time taken to make that decision. Be aware that there may be instances where non-Indigenous people are asked to leave a meeting or room, if Aboriginal people need to discuss cultural matters privately, in order to make an informed decision.
'Yes'	Aboriginal people may agree with someone, regardless of whether they actually agree with, or understand what has been said to them. It is customarily used to indicate a readiness for co-operative interaction, or resignation to the futility of the situation. If you are unsure, check their understanding by asking again. If they appear agitated, they may be saying 'yes' to end the conversation because they want to leave. This may be because they are uncomfortable or have other priorities. If the patient repeatedly says 'yes' immediately after a question, respectfully ask them what they understood from the last question. If the patient is looking into their patient records while you are writing and talking, and nodding their head, it is likely to be a sign that they want to appear that they have understood although they probably have not.
Choices/options	Give patient clear choices or alternative options for care. For example, some medications can be taken orally (tablet or liquid) or injected. If the preferred options are available, and patients are given a choice to have a level of ownership of medical management, there will be increased likelihood of medical compliance.
Avoid jargon	Choose your words so that you avoid medical terminology or jargon. Use plain English and/or diagrams to be clear.
Avoid confusion	Be conscious that words mean different things to different people. The same word could have a different meaning depending on the community that you visit. To minimise the misunderstanding of words, consult with Aboriginal colleagues or local community members to build your knowledge of locally suitable and generally accepted words.
Clear instructions	It is critical that the patient understands your instructions. For example, 'take until finished' may be misunderstood as 'take until you feel better', rather than 'take until all tablets are finished'. If the patient has a family escort with them, explain so that they also understand the instructions.
Methods	Use diagrams, models, film, images and metaphors to explain instructions, medical and surgical terms and procedures, particularly with people for whom English is not their first language.

Other considerations

Purpose	Be very clear about your purpose and/or motivation for engaging with Aboriginal people. It is important to identify who you are and the reason you want to communicate.
Appropriate introductions	Introduce yourself appropriately to Elders and community leaders or spokespersons. The same courtesy and manners you apply to dignitaries applies to Elders and traditional owners. If you have not met the Elder, do not assume it is okay to call them Auntie or Uncle if you do not have an existing relationship. Seek guidance from the person introducing you to the Elder or ask the Elder what they prefer.
Time	Western culture places great emphasis on the concept of time, especially in terms of meeting deadlines. In Aboriginal culture, the emphasis is on relationships. This cultural difference directly influences planning, decision making, community/patient engagement and communication. For example, government processes tend to focus on getting the job done, following prescribed schedules supported by assertive and direct communication – eg, 'let's get straight to the point'. On the other hand, Aboriginal people are less rigid when it comes to schedules. Establishing and maintaining relationships are more important than time. Build in additional time, wherever possible, to ensure effective communication and understanding.
Promises	Do not make promises that you cannot keep. This leads to feelings of raised hope or a level of dependency. If promises are not kept, relationships and trust will be destroyed.
Seek advice/ awareness	Always seek advice if you are unsure what to say or what to do. Be prepared to admit mistakes or limited knowledge.
Word of mouth ('Grapevine')	The quickest way to get information to Aboriginal people is word of mouth. This is a well-established informal networking system with the power to influence trust, rapport and respect to 'approved' health practitioners and health services. Vice versa, it can be used to advise community members 'who not to trust'.
Relationships/ contacts/networks	Be aware of community governance structures, such as who to consult and who are the community representatives. Be aware of significant national and local cultural events.
Respect	Don't 'big note' yourself – act like you know everything there is to know about a community or cultural business. Regardless of how much experience you have, to act in this way is disrespectful.

Terminology

These guidelines will help with appropriate terminology for and about Aboriginal people and cultures. Be aware that terminology will vary between locations.

Aboriginal and Torres Strait Islander Peoples	Australia's original inhabitants.Where possible, use the term in full.
Indigenous	A non-specific term usually applied by the Australian Government, but which is not preferred in South Australia.
ATSI	Do not use this term, which can be considered offensive to Aboriginal people.
Elder	Someone who has gained recognition within their community as a custodian of knowledge and lore, and who has permission to disclose cultural knowledgeand beliefs. Recognised Elders are highly respected people within Aboriginal communities.
Mob	A term identifying a group of Aboriginal people associated with a particular place or country, used to describe who they are and where they are from. Not appropriate for non-Aboriginal people to use this term unless it is known to be acceptable.
Traditional owner	An Aboriginal person or group of people directly descended from the original inhabitants of a culturally defined area of land or Country. They have cultural association with Country that derives from the traditions, observances, customs, beliefs or history of the original inhabitants of the area.
Country	Relationships to Country are complex and interrelated. The term is used by Aboriginal people to describe family origins and associations within particular parts of Australia. They have diverse relationships with, connections to and understanding of the Australian environment. Some of these relationships are based on traditional knowledge and practice passed down from generation to generation, while others have resulted from the various impacts of colonisation.
Sorry business	The period of mourning for deceased Aboriginal people. In many communities there is a prohibition on naming someone who is deceased, which may last for months or even years. When this occurs, a different name is used to refer to the person who has passed away. Generally, the face of the person who has died should not be shown without warning, particularly to their own communities.
Community	There are many different perspectives on what a 'community' is. In defining a particular 'community', consider the stolen generations, where a community may comprise of Aboriginal people from many areas of Australia whereas traditional owners of the land are a particular group of people. Aboriginal people may belong to more than one community – including where they come from, where their family is, and what organisations they belong to. However, community is primarily about Country, (extended) family ties, and shared experience. It is usually acceptable to use 'community' to refer to Aboriginal people living in a particular geographical region.

10 tips for culturally safe care for Aboriginal patients

The most important tip is to ask every patient, 'Are you of Aboriginal and/or Torres Strait Islander origin?' This helps to understand patient's cultural background and gives CALHN an opportunity to link patients in with cultural support from Aboriginal health practitioners.

1. Use our Aboriginal clinical staff as it helps patients to build a relationship of trust	Aboriginal health practitioners (AHPs) can help Aboriginal patients and their families to access health services. They can also support practical needs for patients and their escorts while they are in hospital. Inform and involve AHPs from the moment a new Aboriginal patient arrives.
2. Make time every day to build trust	Through a history of disadvantage, isolation, misunderstanding and disrespect, your patient may have low levels of trust in the health system. To build trust and respect, give your time – listen and explain simply, respect silence, share a story or two, and make sure they understand, to reduce the risk of your patient feeling ashamed or embarrassed.
3. Realise that others are often more important than self to your patient, as part of their family and cultural obligation	Aboriginal people may place obligation and responsibility to family, kinship and community before their own health.
4. 'Yes' may not always mean your patient agrees, especially if there is a language barrier	It is customary for Aboriginal people to say yes to indicate a readiness for co-operative interaction or resignation to the futility of a situation, as well as to agree. Check your patient's understanding by asking again and take time to make sure they do understand, listen to learn, and use an interpreter if necessary. Show compassion and patience
5. Be sensitive about eye contact	Respect that some (but not all) Aboriginal people may be uncomfortable with direct eye contact. Indirect eye contact, in Aboriginal culture, implies respect. Understand that your patient may not be looking at you directly, but they are still listening.
6. Holding silence is also important to how you communicate	Silence is commonly used by Aboriginal people in conversations. It may be used to show respect, for contemplation, translation to own language, showing disagreement, mistrust or discomfort in an unfamiliar environment. Respect the silence, learn to relax, use observation for cues, and take your time responding.
7. Respect men's business and women's business	Segregated practices such as Men's and Women's Business can be a very real and integral part of cultural practice for your patient. Be considerate of same gender appropriateness and try to match Aboriginal health practitioner gender to the gender of the patient.

8. Genuine consent can only be achieved with time and understanding	It can be customary for others from family or community to make the decision of consent or future health care for your patient. Before informed consent can be assumed, understand who is needed to be present or available to give consent for your patient. Take your time, check their comprehension and use interpreters if unsure.

9. Doctors are not always considered to know what's best in Aboriginal cultural practice and traditional healing	The patient may feel they have to agree to show respect, or want the consultation to be over, or to be perceived as understanding to avoid embarrassment or shame. They may not openly disagree or ask questions for fear of giving insult. A little more time and a show of understanding may be enough to create trust and rapport, creating an opportunity for the patient to be more open.

10. Plan discharge around the specific circumstances of the patient	On discharge, review where your patient is going to call home, as not all remote health clinics are the same. Services vary and some have no staff for weeks at a time. The clinic may consist of a bed, chair and health worker or be a large complex with a full team of medical staff.

References and links

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