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AMA ADOPTS NEW ANTI-RACISM POLICY
AMA Anti-Racism Statement 2018

The AMA Federal Council has formally adopted a new Anti-Racism Statement as AMA policy.

The Statement was produced by the AMA’s Equity, Inclusion, and Diversity Committee, which was established in 2017 to support a culture that recognises the values of respect, equity, and inclusion.

AMA President, Dr Tony Bartone, said today that the Anti-Racism Statement demonstrates the AMA’s commitment to opposing racism across the health care industry and in Australian society.

Dr Bartone said that the AMA acknowledges that an ongoing and shared commitment across organisations, governments, and individuals is required to eliminate racism in health care.

“We support a health care system that provides equity of access to quality care for all Australians,” Dr Bartone said.

“The AMA is the peak advocacy body for all doctors working in Australia, and we represent a diverse range of individuals.

“The medical workforce is made stronger through the inclusion of people from diverse backgrounds who bring unique skills, perspectives, and networks to the health industry.

“Racism and discrimination have adverse, often very significant effects, and can contribute to the health burden of medical professionals and their patients.

“Racism can occur in both direct and indirect forms, including casual or everyday racism and implicit or unintentional racism, and can be experienced by a patient from their health care provider, by a health care provider from their patient, or between health care providers.

“Relationships in the workplace with superiors, colleagues, and patients must be free from bias, discrimination, and racism.”

Dr Bartone said that International Medical Graduates (IMGs) from many different countries and cultures and faiths make a vital contribution to the delivery of health care in Australia, particularly in rural and regional locations.

In 2016, there were 12,495 reported overseas trained doctors in Australia.

“It is vital that doctors and medical students are aware of, and sensitive to, cultural differences in their dealings with colleagues,” Dr Bartone said.

“Sensitivity and understanding of the diversity of patients must also be at the forefront of doctors’ minds when delivering health care.

“There are aspects of the health care system that can be inadvertently exclusionary, and may deter some individuals from seeking health care.”

The AMA also recognises that systemic and interpersonal racism has a detrimental effect on the growth and retention of the Aboriginal and Torres Strait Islander medical workforce.

Results from the Australian Indigenous Doctors' Association (AIDA) 2016 survey of their members revealed that more than 60 per cent of Aboriginal and/or Torres Strait Islander respondents had experienced racism and/or bullying every day, or at least once a week.

To minimise social and cultural barriers to health care and reduce inequalities, health care providers and organisations should have access to initiatives, training and resources - including interpreter services - that support them to deliver culturally safe health care, which is responsive to Australia's culturally and linguistically diverse communities.

The AMA believes that broad collaborative efforts within the health care sector can better utilise the benefits of the diverse cultures and languages within Australia to collectively work together towards the eradication of racism.

The AMA Anti-Racism Statement is at <https://ama.com.au/equity-inclusion-and-diversity>

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