

**Australian Medical Association Limited**

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**Transcript:** AMA President, Professor Brian Owler, Doorstop, 12 May 2016

**Subject:** Indigenous health, AMA Key Health Issues document

**QUESTION:** Professor Owler it's Indigenous Health May Day today. Do you believe there's elements of racism in the health system?

**BRIAN OWLER:** Well, I mean racism is a word that needs to be used cautiously, but there is no doubt that there is an element in terms of how we deal with Indigenous people. Now it's not to say that the people in the system are racist, it is about the way that we recognise and provide culturally appropriate care. Now, if you go to somewhere like Alice Springs Hospital, for instance, you can see the way that the hospital deals with Indigenous people is very, very different. They have a much more culturally sensitive way of dealing with Indigenous people, which means they're more likely to engage in the health system. So other hospitals that still have significant numbers of Indigenous people as patients, or health care centres, are probably less understanding, and less well equipped to deal with the cultural issues that Indigenous people have as well. So I think in that way, yes, there is an element of racism, and those are the sorts of things that we need to deal with.

But you know, I don't think people should understand that the people in the system itself are racist, it's the way that the system needs to change and develop to make sure that we look after Indigenous people in the way that is more appropriate, safer in terms of culture, and that is likely to engage them more and deliver much better outcomes.

**QUESTION:** We know the gaps aren't being closed despite the billions of dollars we spend. Does either side of politics need to spend more money or promise more money during this election campaign?

**BRIAN OWLER:** Well Indigenous health is one of those areas impacted by things like the freeze as well, so I think people need to understand that when we talk about the impacts of the freeze, and just like we did when we talked about the \$7 co-payment, that system actually also deals with many Indigenous people, whether it be through traditional or mainstream general practice, or through aboriginal community controlled health services or AMSs, so they are impacted by these sorts of things as well.

But having toured central Australia and the Northern Territory, and spoken to people that work in this field, they have seen a cut in Indigenous health over the past few years. It has been less obvious and less talked about than some of the other cuts that have been made, and while we've made ground in Indigenous health, there is so much more to do. And it's easy for people to get tired about this issue. But when you go and talk to people, when you see the realities on the ground, the issues that are being faced by Indigenous people, particularly in remote and rural communities and regional Australia, you can see that there's so much more that needs to be done.

I talked earlier about the fact that we say now there's a ten year difference in life expectancy for Indigenous people compared to non-indigenous people, but actually in many parts of Australia there's a 26 year difference in life expectancy. We have seven-year-olds developing type 2 diabetes because of the social determinants of health, because of their living arrangements and other issues, infections, et cetera, that occur because of the environment, and

that is probably the lowest age of any person in the world that develops type 2 diabetes as a result of these things. So, there are a lot of things that we need to be looking at, particularly in terms of the social determinants of health, for Indigenous people as well as their health care services themselves.

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