An Aboriginal and Torres Strait Islander cultural safety framework for surgical contexts (*June 2025)*

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Cultural safety is a legislative requirement under Health Practitioner Regulation National Law.[1] There exists a national policy commitment to a health care system free of racism[2] and Closing the Gap Priority Reform 3 calls for the elimination of racism within government organisations, including within the health system.[3] Despite this, Aboriginal and Torres Strait Islander people continue to experience racism in the Australian healthcare system, including racism, discrimination, bias, and denial[4] / justification[5] of such, in surgical contexts.[6] The proportion of Aboriginal and Torres Strait Islander people reporting racial discrimination by doctors, nurses and / or medical staff in the past 12 months rose from 11% in 2014 to 20% in 2022,[7] while 54% of Indigenous trainee doctors reported either experiencing and / or witnessing bullying, harassment, discrimination and / or racism in their workplace (69% of whom reported that the incident had adversely impacted their medical training).[8] An example of what this looks like is conveyed via this qualitative evidence:

> An Aboriginal woman, Charlene, with her 6-month-old baby, was seen by a doctor at RDH Emergency Department (after waiting for 5 hours), who Charlene described as "a good bloke…just trying to do his job" but lacking the skills for the task at hand. Having observed healthcare providers caring for her baby over several months, Charlene had developed a comprehensive understanding of the procedure required. Concerned for her baby's welfare and wanting to help the doctor, Charlene attempted to show the doctor a video she had recorded on her phone of another healthcare provider performing the treatment required: "we were just trying to help him, we could see he was stressing". However, her attempt to contribute to the care of her baby was ignored by the doctor. Charlene said doctors then used the wrong equipment and burnt her baby's leg. Asked why she thinks the doctor didn't listen, Charlene said: "I'm just a mother."[9]

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[1] https://www.ahpra.gov.au/News/2023-03-24-culturally-safe-regulation

[2] Department of Health. 2021. The National Aboriginal and Torres Strait Islander Health Plan 2021-2031. Commonwealth Government.

[3] https://www.closingthegap.gov.au/sites/default/files/files/priority-reform-3.pdf

[4] Cain, J.N. 2024. Surgical training in the colony: an Indigenous perspective. The Bulletin of the Royal College of Surgeons of England 106(6).

[5] Liang, R. et al. 2020. Five myths about unacceptable behaviour in surgical education. Australian and New Zealand Journal of Surgery 90: 965-969.

[6] Villanueva, C. et al. 2021. "The odds were stacked against me": A qualitative study of underrepresented minorities in surgical training. Australian and New Zealand Journal of Surgery 91(10): 2026-2031.

[7] Reconciliation Australia. 2022. Australian Reconciliation Barometer.

[8] Medical Board of Australia and Australian Health Practitioner Regulation Authority. 2024. Medical Training Survey 2024 report.

[9] Kerrigan, V. et al. In press. "If They Help Us, We Can Help Them": First Nations Peoples Identify Intercultural Health Communication Problems and Solutions in Hospital in Northern Australia. Journal of Racial and Ethnic Health Disparities.

Cultural competence is a set of congruent behaviours, attitudes, policies, practices and structures[10] that come together in a system, agency or among professionals that enables systems, agencies or professionals to work effectively in cross-cultural situations.[11] Cultural respect has been defined as 'recognition, protection and continued advancement of the inherent rights, cultures and traditions of Aboriginal and Torres Strait Islander people'.[12] Incorporating cultural competence and cultural respect, cultural safety occurs within environments that are spiritually, socially, emotionally and physically safe; where there is no assault, challenge or denial of identity, of who people are and what they need. Culturally safe practise is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.[13] Cultural safety is essential to the holistic social, emotional, physical, mental and spiritual health of Aboriginal and Torres Strait Islander Peoples. Importantly, while cultural safety can be assessed, measured and monitored by organisations, the extent to which cultural safety is achieved can only be determined by Aboriginal and Torres Strait Islander Peoples. The diagram below, from the Aboriginal and Torres Strait Islander Health Curriculum Framework, elucidates key aspects of cultural safety.[14]

[10] Sherwood, J. and G. Russell-Mundine. 2017. How We Do Business: Setting the Agenda for Cultural Competence at the University of Sydney. In J. Frawley et al. (eds) Indigenous Pathways, Transitions and Participation in Higher Education: 133-150.

[11] National Health and Medical Research Council. Cultural Competency in Health: A Guide for Policy, Partnerships and Participation. Canberra: Commonwealth of Australia; 2006.

[12] Australian Health Ministers' Advisory Council's National Aboriginal and Torres Strait Islander Health Standing Committee (2016). Cultural Respect Framework 2016-2026 for Aboriginal and Torres Strait Islander health. Canberra: Australian Health Ministers' Advisory Council, p. 1.

[13] Australian Health Practitioner Regulation Authority & National Boards. 2020. The National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025.

[14] Australian Government Department of Health and Aged Care. 2014. Aboriginal and Torres Strait Islander Health Curriculum Framework, chapter 2, p. 8. Commonwealth of Australia.

Respect is about welcoming (e.g.., hospitality in hospitals), valuing, appreciating and embedding Aboriginal and Torres Strait Islander Peoples' ways of knowing, being, doing, relating and perceiving. It also entails identifying and addressing racism and unconscious / implicit bias (which occurs despite espoused beliefs / attitudes) as well as avoiding dismissive medicine and refraining from medical gaslighting.[15] Respect is about humility and honesty (especially in learning from mistakes) and, more generally, lifelong learning from and with rather than about Aboriginal and Torres Strait Islander Peoples through regular cultural 'fitness' exercise grounded in compassion,[16] kindness[17] and empathy (i.e., being moved by, not simply being aware of, another's situation).[18]

Culturally-safe communication focuses on reducing hierarchy and cultivating dialogue, self-determination and empowerment; fostering authentic relationships that value quality over quantity; moving at the speed of trust (i.e., grow trust and move together with fluidity at whatever speed is necessary); privileging lived experience; connecting, convening, and collaborating rather than mandating or representing (i.e., rather than speaking for others); and being open to earnest listening and learning (including from criticism) without interruption, expectations, retort / dispute or pre-determined solutions.[19] Aboriginal and Torres Strait Islander communication emphasises relationship-building, connection and trust rather than information exchange or decision-making; with more emphasis on open (not closed) questions, ample talk-time, deep active listening, two-way participatory dialogue, body orientation, facial expressions, hand gestures, eye movement / gaze as well as voice tone, timbre, cadence, pace, rhyme, rhythm and silences.

Safety and quality is grounded in the persistent application of best-practice clinical skills, knowledge and practices that are suitable, appropriate, acceptable and accessible to the specific needs of Aboriginal and Torres Strait Islander Peoples. Rather than a misguided notion of treating everyone the same regardless of their cultural backgrounds, fair treatment means understanding differences and responding to them appropriately and contextually, while being regardful[20] of cultural background, so as to achieve equitable outcomes for Aboriginal and Torres Strait Islander Peoples. Clinical care should ensure that both cultural safety and clinical safety are achieved, without one taking priority over the other.[21] Culturally safety also requires a focus in minimising power differentials via active attention to empowering Aboriginal and Torres Strait Islander Peoples' understanding and contribution to problem-solving and decision-making to the extent that they are affected by such problems and decisions. In achieving this, it is vital to know that vulnerability (or, more generally, self-disclosure) begets vulnerability: talking about emotions or difficult topics allows others to do so. For example, a senior consultant, as appropriate for patients and trainees,

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[15] Gabay, G. 2025. Dismissive medicine and gaslighting of patients by physicians – A bioethics lens. Patient Education and Counseling 134: 108701.
[16] Osei-Tutu, K. 2024. Redefining excellence in health care: uniting inclusive compassion and shared humanity within a transformative physician competency model. Canadian Medical Association Journal 196: E381-3.
[17] New South Wales Ministry of Health. Future Health: Guiding the next decade of care in New South Wales 2022-2032.
[18] Graham, M. 2023. The law of obligation, aboriginal ethics: australia becoming, australia dreaming. parrhesia 37: 1-21.
[19] Blackspace manifesto: https://www.blackspace.org/
[20] Best, O. 2017. The cultural safety journey: An Aboriginal Australian nursing and midwifery context. In O. Best & Fredericks, B. (Eds.), Yatdjuligin: Aboriginal and Torres Strait Islander Nursing and Midwifery Care (pp. 46-66). Cambridge University Press.
[21] Australian and New Zealand College of Anaesthetists. 2024. Position statement on cultural competence and cultural safety.

genuinely inquiring 'how am I doing?' and pointing out their own mistakes or cultivating group critique of their performance.[22]

Reflection is about considering one's own assumptions, values, beliefs, biases, stereotypes, identity / intentions and culture as well as the culture of the Australian healthcare system; power dynamics / structures, especially relating to institutional / expert knowledge vs. lay / everyday knowledge; levels of comfort with complexity, uncertainty and the unknown.[23,24] Common stereotypes of Aboriginal and Torres Strait Islander Peoples include alcoholism, drug-dependence, criminality / thieving, stupidity / ignorance, laziness[25] and irresponsibility.[26] Instead, cultural safety invites us to focus on strengths-based learning and communication incorporating innovative, experiential and practice-based examples. Reflection means observing your own patterns of behaviour from a critically conscious perspective. This can involve verbally explaining your feelings, perceptions, reactions (e.g., in a diary, journal or voice memos), and experiences in words to yourself and / or trusted others; spanning out to compare (but not judge) yourself in relation to how others comport themselves; and, finally, requesting feedback from others as to how they perceive you and how they are reacting to you and your actions[27] (i.e., social reflective processes).[28] Culturally safe reflection also invites an "attentive orientation to others that opens us to learning from and being altered by them".[29]

Advocacy is an essential aspect of cultural safety that incorporates leadership in championing equitable health outcomes for Aboriginal and Torres Strait Islander Peoples. To be an effective advocate, it is necessary to understand that the current healthcare system operates from a colonial, Eurocentric, monocultural, bio-medical worldview that is individualistic, problem-focused, clinician-centred, institutionally racist and culturally unsafe for Aboriginal and Torres Strait Islander Peoples; who feel excluded, devalued, and estranged by a system that does not include their cultural perspectives and practices. Don't expect Indigenous perspectives, principles and practices to map onto Western knowledges and approaches (and don't assume the latter are 'better' than the former). Be aware that accessing culturally safe health care (often) means accessing health care that not only acknowledges and respects, but also meaningfully embraces, Aboriginal and Torres Strait Islander knowledge systems, cultures and languages in communication, workforce development and training, patient-centred care and health service models / practice.[30] As such, beyond merely including and supporting Aboriginal and Torres Strait Islander Peoples in the existing healthcare system, achieving cultural safety requires enhanced

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[22] Bearman, M. et al. 2025. Transforming feedback practices within disciplinary cultures in medicine – Final report.
[23] Barnes, A. 2013. What can Pakeha learn from engaging in kaupapa Māori educational research? Working paper 1.
[24] Curtis, E. et al. 2019. Why cultural safety rather than cultural competency is required to achieve health equity: a literature review and recommended definition. International Journal for Equity in Health 18:174.
[25] Balvin, N. and Kachima, Y. 2011. Hidden Obstacles to Reconciliation in Australia: The Persistence of Stereotypes. In: Peace Psychology in Australia, N. (eds) Springer Science+Business Media.
[26] Wicks, M. et al. in press. Us and them: colonialism and racism in remote Aboriginal healthcare discourse. Ethnic and Racial Studies.
[27] Johnson, D.W. 1999. Reaching Out: Interpersonal Effectiveness and Self-Actualization. 7th edition. Pearson.
[28] Best, O. 2017. The cultural safety journey: An Aboriginal Australian nursing and midwifery context. In O. Best & Fredericks, B. (Eds.), Yatdjuligin: Aboriginal and Torres Strait Islander Nursing and Midwifery Care (pp. 46-66). Cambridge University Press.
[29] Hoskins, T. K. and Jones, A. 2017. Critical conversations in Kaupapa Māori. Huia, p. 12.
[30] Australian Health Ministers' Advisory Council. 2016. National Aboriginal and Torres Strait Islander Health Standing Committee. Cultural Respect Framework 2016-2026 for Aboriginal and Torres Strait Islander health.

Aboriginal and Torres Strait Islander leadership (while accounting for, and minimising, colonial load on Aboriginal and Torres Strait Islander Peoples) and accepting an invitation to tangible transformation within healthcare cultures, systems, policies, practices, procedures and processes through dedicated decolonial deeds of ubiquitous unsettling. Although racism experienced by Aboriginal and Torres Strait Islander Peoples is by far more onerous, advocacy work (whether by Indigenous or non-Indigenous people) requires considerable persistence and emotional labour in the face of resistance and retribution.[31,32,33] This is difficult and challenging, but rewarding, work to undertake in and champion.

In a surgical context, it may be necessary to consider cultural safety in everything from medical records,[34,35] to mentoring[36] to exit interviews;[37] create targets and key performance indicators for patients lists based on disease burden among specific socio-demographics; achieve an appropriate balance of private and public consulting; implement quotas to achieve parity within the surgical workforce concomitant with the general population; and provide opportunities for surgical trainees to work alongside a variety of Aboriginal and Torres Strait Islander healthcare workers to cultivate cultural competence via coaching.

Advocacy also comprises system-focused efforts to address disproportionate outcomes and representation of Aboriginal and Torres Strait Islander people by addressing features of systems that are institutionally racist or colonial. This includes organisations (i.e., the Royal Australasian College of Surgeons) identifying any colonial histories of engagement and interaction with Aboriginal and Torres Strait Islander people and facilitating truth-telling to enable reconciliation and active, ongoing healing. Rather than focusing on the institutional management of risk and harm, targeting individuals as perpetrators or isolated incidents or punitive solutions, this means adopting responses to racism that engage with person-centred change, transparency, accountability, collective sense-seeking, restorative justice, relationship repair and reparation.[38,39]

Especially given the central importance of relationality in Aboriginal and Torres Strait Islander cultures, across all these aspects of cultural safety it is essential to establish, build and maintain strong long-term meaningful relationships, partnerships and collaborations with local Aboriginal and Torres Strait Islander communities, organisations, families and individuals based on self-determined, empowered, free, prior and informed consent, problem-defining / solving, decision-making and conflict engagement and resolution.

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[31] Zhuo, L. et al. 2021. Facilitators and barriers to allyship in academic surgery: A qualitative study. The American Journal of Surgery 221(5): 950-955.
[32] Peck, C. J. et al. 2022. Embracing Allyship in Academic Surgery: How All Surgeons Can Become Effective Champions for Change. Journal of the American College of Surgeons 235(2): 371-374.
[33] The Royal Australasian College of Physicians. 2024. Cultural Safety: From Compliance to Commitment).
[34] Osei-Tutu K. et al. 2023. Anti-racism in CanMEDS 2025. Canadian Medical Education Journal 14: 33-40.
[35] Kelly, P. J. A. et al. In press. A Scoping Review of Methodological Approaches to Detect Bias in the Electronic Health Record. Stigma and Health.
[36] Koea, J., Rahiri, J.L., Ronald, M. 2021. Affirmative action programmes in postgraduate medical and surgical training—A narrative review. Medical Education 55(3): 309-31.
[37] Marins, R.S. et al. 2024. Cultural Competency in Surgery: A Review and then Practical Advice for the Surgical Educator. Current Surgery Reports 2024 Vol. 12 Pages 379-388.
[38] Australian Health Practitioners Regulation Agency. 2025. Aboriginal and Torres Strait Islander Anti-Racism Policy.
[39] Goza, M. et al. 2024. hurutanga - A mātauranga Māori response to racism. Hei Āhuru Mōwai Māori Cancer Leadership, Aotearoa.