
Position Paper

Indigenous Health Position Paper

The Royal Australasian College of Surgeons (RACS) recognises Aboriginal and Torres Strait Island people as the traditional landowners of Australia and Māori as the tangata whenua (people of the land) of New Zealand. RACS also recognises that the vast health and social inequities faced by these populations are wholly preventable and therefore sustained inequities are unjustifiable and unacceptable. Despite government initiatives these inequities persist between Indigenous and non-Indigenous populations of Australia and New Zealand. RACS understands this situation and has made Indigenous health a priority by incorporating Indigenous health into strategic planning and creating a vision of 'building workforce and increasing services to better meet the health needs of Aboriginal, Torres Strait Island and Māori populations'.

This position statement outlines RACS' ongoing obligations under Te Tiriti o Waitangiⁱ, the United Nations Declaration on the Rights of Indigenous People (UNDRIP)ⁱⁱ and the Close the Gap Statement of Intentⁱⁱⁱ. It includes information that gives context to some of the issues faced by Indigenous people. It informs College Fellows, Trainees, International Medical Graduates (IMG) and external stakeholders of RACS' Indigenous health commitment, supports staff with understanding the importance of Indigenous health and how this relates to their work, and holds RACS accountable to achieving health equity.

RACS position on Indigenous health

In supporting this position statement and RACS obligations to improving surgical health outcomes for Aboriginal, Torres Strait Islanders and Māori, the College:

1. Acknowledges Aboriginal and Torres Strait Island peoples as the First Peoples and recognises Aboriginal and Torres Strait Islander rights as Indigenous people under the United Nations Declaration on the Rights of Indigenous Peoples as adopted by the Australian Government in 2009.
2. Acknowledges Māori as Tangata Whenua and their unique rights under Te Tiriti o Waitangi and rights as Indigenous people under the United Nations Declaration on the Rights of Indigenous Peoples as adopted by the New Zealand Government in 2009^{iv}.
3. Recognises the distinct differences between Aboriginal and Torres Strait Island peoples and Māori and the cultural diversity among and within Aboriginal and Torres Strait Island communities.
4. Understands that Indigenous people view health holistically and health encompasses wider aspects like family, community, kinship networks and the connection to land, culture, traditions, waterways and its resources. Further information on Indigenous health models is included in **Appendix 1**.
5. Understands that even though Indigenous people view health holistically, there are unique differences in the way health is regarded between Māori and Aboriginal and Torres Strait Island peoples.
6. Acknowledges, supports, and is guided by Aboriginal, Torres Strait Islanders and Māori leadership in health.
7. Understands the value of health knowledge of Aboriginal, Torres Strait Islanders and Māori.
8. Recognises the importance of Indigenous sovereignty in order to overcome the legacy of colonisation processes and dispossession.
9. Recognises that the effects of colonisation, dispossession, marginalisation and experiences of institutional racism has had a profound and lasting effect on Indigenous people and their health and wellbeing across generations.
10. Recognises the legacy of colonisation processes and the resultant racism and privilege at curricular and institutional levels.

11. Acknowledges that Indigenous people continue to experience poorer health outcomes compared to non-indigenous people in Australia and New Zealand.
12. Acknowledges that poorer health outcomes are a result of the ongoing history of discrimination, economic and educational disadvantage and accessing appropriate health care.
13. Understands that poor health is not a choice for Indigenous people.
14. Continues to advocate for Indigenous rights and Indigenous health advances.
15. Continues to develop strategies that address Indigenous health issues through the Reconciliation Action Plan (RAP) and Te Rautaki Māori (the Māori Health Strategy and Action Plan).
16. Allocates appropriate resources to achieve the activities set out in the RAP and Te Rautaki Māori.
17. Acknowledges the importance of strengths-based discourse about Aboriginal, Torres Strait Islander and Māori health, and about social determinants of health, including for policymaking and advocacy.
18. Emphasises the importance of genuine partnerships with Aboriginal, Torres Strait Islander, Māori and their representatives to improve health outcomes and develop appropriate, sustainable and effective health systems and services.
19. Understands and prioritises the importance of Indigenous research to inform Indigenous health.
20. Understands the importance of data sovereignty and that data be collected appropriately and is safeguarded and protected as per Indigenous people's standards.
21. Understands the Indigenous status of College staff.

<p>Māori</p> <p>Māori make up 15 per cent of the New Zealand population and have occupied New Zealand for over 1000 years. Māori have the worst health statistics in New Zealand when compared to non-Māori, e.g. Māori mortality rates from all types of cancer was twice that of non-Māori. Cardiovascular disease mortality was two and a half times higher for Māori than non-Māori and Māori were twice as likely to be hospitalised than non-Māori. It is the same for stroke mortality and hospitalisation and other preventable diseases like diabetes and heart disease^v.</p> <p>Māori as tangata whenua have unique rights under Te Tiriti o Waitangi (the Treaty of Waitangi) and the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP). The Treaty of Waitangi formalises the relationship between Māori and the Crown and provides a foundation for policy development in New Zealand and means Māori values, traditions and practices are protected. It legitimises settler presence in New Zealand and governance by the British Crown. The UNDRIP</p>	<p>Aboriginal and Torres Strait Island peoples</p> <p>Aboriginal and Torres Strait Island peoples make up three per cent of the Australian population.</p> <p>Aboriginal and Torres Strait Island peoples had sophisticated social organisation, land tenure, governance and systems of law, underpinned by complex kinship systems. Traditional medicines, healing practice and plant knowledge were integral parts of Aboriginal and Torres Strait Islander society and were complimented with holistic community, family, environment and spiritual value systems.</p> <p>Prior to colonisation, between 250-300 Aboriginal and Torres Strait Islander language nations characterised the Australian continent. The decline in language and culture loss accelerated through the child removal programs during the assimilation policy periods of the 1900s. In 1990 it was estimated that 90 languages still survived of the approximately 250-300 once spoken. Of the 90, 70 per cent by 2001 were deemed as 'severely endangered' with only 17 spoken by all age groups.</p>
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is an international human rights document outlining the rights of Indigenous people. It comprises a range of rights and freedoms, including the right to self-determination, culture and identity, and rights to education, economic development, religious customs, health and language.

Pre-colonisation Māori were navigators, explorers, horticulturalists and traditional medicine practitioners with their own lore and systems. Acts of colonisation like the confiscation of communal lands resulted in the loss of resources that provided for quality life and wellbeing. The deliberate act of colonisers to strip Māori of their language and identity resulted in historical and generational trauma, still effecting Māori today.

Te Reo Māori (the Māori language) is an official language of New Zealand under the Māori Language Act 1987. Before the 1800s Māori was the only language spoken in New Zealand. Due to colonisation processes and deliberate language domination, by 1960 only 25 per cent of Māori were speaking the language. Today there is a slight increase in te reo Māori speakers thanks to the efforts driven by community and the more recent initiatives implemented across the education sector by the New Zealand Government.

The use of Te Reo Māori throughout RACS documents and communications enhances the integration of Māori knowledge, supports a te ao Māori (Māori world view) environment and creates a sense of belonging to which Māori can connect.

[More information on Māori and Māori health.](#)

For Aboriginal and Torres Strait Island peoples, life expectancy varies considerably by remoteness of residence. Comparatively, the life expectancy between remote and major city living of non-indigenous Australians is virtually the same.

The unprecedented experience of colonisation, decimation of communities and the institutionalisation of the poverty cycle, life expectancy of Indigenous Australians does not mirror non-indigenous Australians.

Since the late 1800s, numerous examples exist of Aboriginal and Torres Strait Islander peoples exercising and developing initiatives and strategies in response to colonisation and policies affecting Aboriginal and Torres Strait Islander society and community.

Government responses to these initiatives was the development and implementation of consecutive policies and laws designed to remove Indigenous Australians from the decision making process.

Since the introduction of the *Racial Discrimination Act 1975* and the adoption of policies in support of self-determination and self-management principles, the capacity for Indigenous Australians to have direct input into addressing the inequities now exists.

Identifying and nurturing a strengths-based approach through collaboration and joint effort with Indigenous Australians will mean the complex set of circumstances and issues affecting the health and wellbeing of Indigenous Australians like institutionalisation of the poverty cycle, assimilation policies, a dispersed population over a large land mass, multiple languages, remote access issues, multigenerational trauma, combined with multiple layers of government will better assist RACS in contributing to eliminating health inequities afflicting Indigenous Australians.

[More information about Aboriginal and Torres Strait Islander health.](#)

Health Equity

The World Health Organisation's (WHO) definition of equity^{vi}:



“Equity is the absence of avoidable, unfair, or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically or by other means of stratification. “Health equity” or “equity in health” implies that ideally everyone should have a fair opportunity to attain their full health potential and that no one should be disadvantaged from achieving this potential.”

The UNDRIP also addresses health equity and the health rights of Indigenous people. Article 23 states that Indigenous peoples *“have the right to be actively involved in developing and determining health, housing and other economic and social programmes affecting them...”* and Article 24 (2) states *“Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health.”*

Colonisation

The impact colonisation has had on Indigenous people all over the world is devastating. Today’s poorer health statistics for Aboriginal, Torres Strait Islander peoples and Māori is an outcome of colonisation, racism and a deliberate act of cultural suppression. Indigenous people have lived experiences of current and historical impacts of colonisation and resultant social, economic and health disparities.

RACS will make every effort to acknowledge and address the legacy of colonisation processes and the resultant racism and privilege at curricular and institutional levels. To support an understanding of how colonisation has contributed to such disparities, L Muller (2008)^{vii} has adapted Professor Virgilio Enriques’ five stages of colonisation:

1. *Denial and Withdrawal:* Colonisers deny Indigenous peoples’ culture and moral values. In Australia’s case, Indigenous peoples’ very humanity was denied and withdrawn in the process of colonisation.
2. *Destruction/Eradication:* This includes destruction of culture, social systems and in Australia’s case, Aboriginal and Torres Strait Islander peoples. Murder, massacres, eugenic breeding programs aimed at assimilation/absorption, forced removal and so forth have all been used in the colonisation of Australia.
3. *Denigration/Belittlement/Insult:* Indigenous culture, languages, practices, knowledge and beliefs are denigrated and, in some instances, outlawed. These are replaced by the coloniser’s model.
4. *Surface Accommodation/Tokenism:* Remnants of the surviving culture are given token regard. This stage creates the ‘noble savage’ concept and other’s definition of what constitutes a ‘real’ Indigenous person.
5. *Transformation/Exploitation:* Remnant culture is transformed and exploited by the dominating colonial society. Indigenous art is one example of this stage.

RACS makes every effort to understand the impacts of colonisation within the surgical environment and ensures surgical education incorporates avenues to gain further understandings on the impacts of colonisation and incorporate decolonisation processes into surgical education.

RACS Indigenous health initiatives

- Indigenous health is embedded across all sections of the RACS Strategic Plan.
- The Reconciliation Action Plan that addresses health inequities and the unique needs of Aboriginal and Torres Strait Island peoples.
- Te Rautaki Māori, Māori Health Strategy and Action Plan which addresses health inequities between Māori and non-Māori and progresses Māori health advancement.
- Māori medals awarded to Fellows that contribute to the advancement of Māori health.
- Aboriginal and Torres Strait Islander medals awarded to Fellows that contribute to the advancement of Aboriginal and Torres Strait Islander health.



- Scholarships for Māori, Aboriginal or Torres Strait Islander Junior Doctors, Trainees and research.
- Introduction of the Aboriginal and Māori motifs.
- Introduction of the Māori name for RACS 'Te Whare Piki Ora o Māhutonga' used mostly in New Zealand.
- Aboriginal and Torres Strait Islander cultural safety and cultural competency eLearning courses that commenced in early 2020.
- Māori cultural safety and cultural competency eLearning developments currently underway with an expected start date of early 2021.
- Cultural safety incorporated as a fundamental surgical competency.

Despite these initiatives there is still a long way to go to achieve health equity within surgery, and ensuring a safe, acceptable and appropriate surgical environment for Indigenous people.

Partnerships and advocacy

It is important for RACS to develop partnerships with organisations that share a common vision of equitable health care and increasing the Indigenous health workforce. Such partnerships are pivotal for Indigenous health advancement, policy development and progressing strategic activities appropriately and according to Indigenous priorities (as identified by Indigenous people). RACS ensures existing partnerships e.g. Māori Medical Practitioners Association, Te Ohu Rata o Aotearoa (Te ORA) and Australian Indigenous Doctors' Association (AIDA) continue to strive for an aligned vision while continuing to identify a more cohesive way of working together that works for both organisations.

The surgical specialty societies are one of RACS biggest stakeholders. Indigenous health is relatively new for these societies. Therefore RACS aims to work collaboratively with the societies to ensure the best health outcomes for Aboriginal, Torres Strait Islanders and Māori. A focus for RACS Indigenous health is on co-designing curriculum and training initiatives and on developing a safe surgical environment with the specialty societies.

An extension to improved health outcomes for Indigenous people, is understanding the importance of ensuring Indigenous people are at levels of leadership, management and decision making levels. There is an increasing amount of evidence that indicates a strengths-based, human rights approach, focusing on resilience, Indigenous culture and positive identity, rather than deficits and problems, will lead to methods being more effective according to Indigenous priorities and definitions of health.

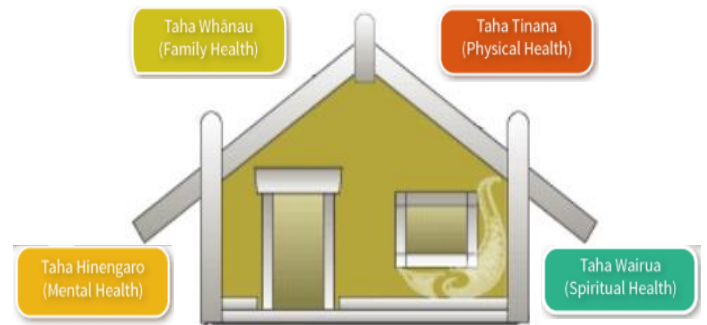
RACS is committed to developing Indigenous capabilities to support the progression of partnerships that advance Indigenous health outcomes and improve health equity.



Appendix 1: Indigenous models of health

Māori models of health

Māori health models allow health professionals to better understand Māori health. The most widely used today is Sir Mason Durie's Te Whare Tapa Wha^{viii} (four sided house) developed in 1984. With its strong foundations and four equal sides, the symbol of the whareniui (Māori meeting house) illustrates the four dimensions of Māori well-being. Should one of the four dimensions be missing or in some way or damaged, a person, or a collective may become 'unbalanced' and subsequently unwell.



The four elements of Te Whare Tapa Wha are:

- *Taha tinana (physical health)*: The most common identifier of health, physical health is required for optimal growth and development. For Māori this is just one aspect of health and wellbeing and cannot be separated from the other elements of health (mind, spirit and family).
- *Taha wairua (spiritual health)*: For Māori the spiritual essence is known as mauri (life force). It is the life force that determines who and what you are, where you have come from and where you are going. Spiritual wellbeing can be expressed through beliefs, values, traditions and practices that support self-awareness and identity. *Taha wairua* provides a sense of meaning and purpose as well as experiencing a sense of connectedness to self, whānau, community, environment and the sacred.
- *Taha whānau (family health)*: Whānau to Māori is more than the immediate family concept as widely recognised in westernised culture. It encompasses generational family members, friends and
- *Taha hinengaro (mental health)*: Thoughts, feelings and emotions are vital factors of the body and soul. The capacity to think, communicate, and feel mind and body are inseparable. Taha hinengaro is about Māori having a connection and interaction which is uniquely Māori and the perception that others have of Māori.

Other Māori models of health

Te Wheke by Dr Rose Pere

Similar to Te Whare Tapa Wha, the concept of Te Wheke, the octopus, is to define family health. The head of the octopus represents the whānau, the eyes of the octopus as waiora (total wellbeing for the individual and family) and each of the eight tentacles representing a specific dimension of health. The dimensions are intertwined, and this represents the close relationship of the tentacles.



Te whānau - the family

Waiora - total wellbeing for the individual and family

Wairuatanga - spirituality

Hinengaro - the mind

Taha tinana - physical wellbeing

Whanaungatanga - extended family

Mauri - life force in people and objects

Mana ake - unique identity of individuals and family

Hā a koro ma, a kui ma - breath of life from forbearers

Whatumana - the open and healthy expression of emotion

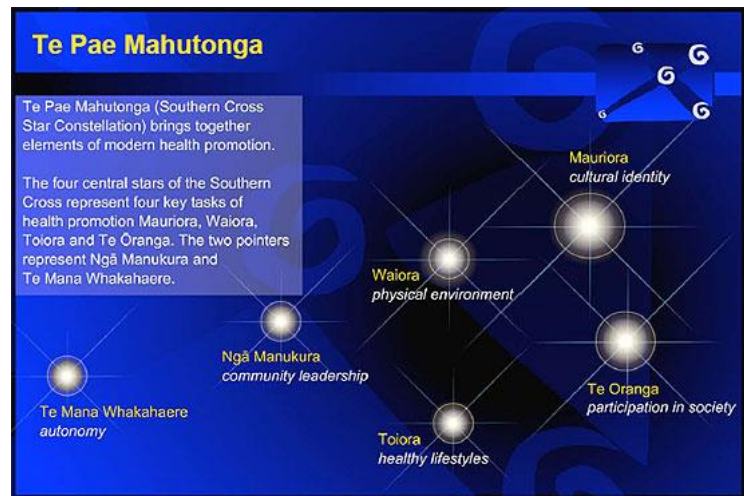
Te Pae Mahutonga



Te Pae Mahutonga (Southern Cross Star Constellation) brings together elements of modern health promotion. The diagram shows that the four central stars of the Southern Cross represent four key tasks of health promotion:

Mauriora - cultural identity
Waiora - physical environment
Toiora - healthy lifestyles
Te Oranga - participation in society

The two pointers represent
Ngā Manukura - community leadership, and
Te Mana Whakahaere - autonomy.



Indigenous Australian models of health.

Defining and informing the understandings of Aboriginal and Torres Strait Islander models of health draws significantly on the research of *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*^x, where social and emotional wellbeing (SEWB) is identified as a signifier of Aboriginal and Torres Strait Islander peoples' concepts of health.

Discussion around the principles and practice relating to Indigenous Australians' SEWB are guided by the definition of Aboriginal health as adopted in 1979 by the National Aboriginal Community Controlled Health Organisation:

“Aboriginal health does not mean the physical wellbeing of an individual, but refers to the social, emotional, and cultural wellbeing of the whole community. For Aboriginal people this is seen in terms of the whole-life-view. Health care services should strive to achieve the state where every individual is able to achieve their full potential as human beings, and must bring about the total wellbeing of their communities.”

Working Together defines Aboriginal and Torres Strait Islander SEWB as a multidimensional concept of health that includes mental health, but which also encompasses domains of health and wellbeing such as connection to land or 'country', culture, spirituality, ancestry, family, and community.

Nine guiding principles that underpin SEWB are identified in *Working Together*. These guiding principles shape the SEWB concept and describe several core Aboriginal and Torres Strait Islander peoples' cultural values. These are identified by:

1. Health as holistic
2. The right to self-determination
3. The need for cultural understanding
4. The impact of history in trauma and loss
5. Recognition of human rights
6. The impact of racism and stigma
7. Recognition of the centrality of kinship
8. Recognition of cultural diversity
9. Recognition of Aboriginal strengths



Cultural domains of social and emotional wellbeing

The following diagram in Figure 1 was developed by the Australian Indigenous Psychologists Association (AIPA) as part of AIPA cultural competence SEWB workshop module one. It shows some of the domains of wellbeing that typically characterise Aboriginal and Torres Strait Islander definitions of SEWB.

As *Working Together* explains: The SEWB of individuals, families and communities are shaped by connections to body, mind and emotions, family and kinship, community, culture, land and spirituality ... The term 'connection' refers to the diverse ways in which people experience and express these various domains of SEWB throughout their lives. People may experience healthy connections and a sense of resilience in some domains, while experiencing difficulty and/or the need for healing in others. In addition, the nature of these connections will vary across the lifespan according to the different needs of childhood, youth, adulthood and old age.

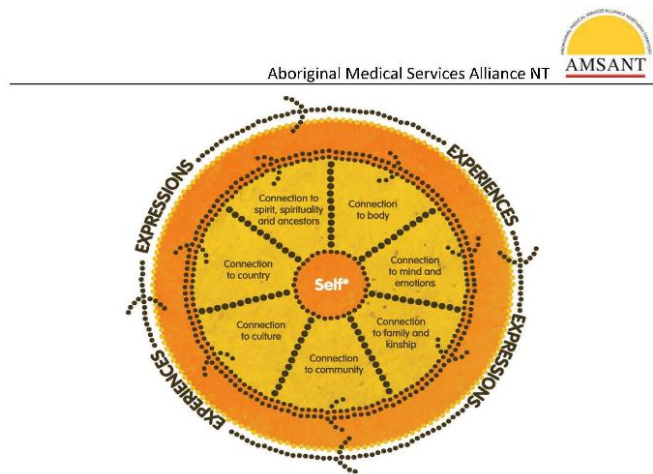


Figure 1. Social and Emotional Wellbeing from an Aboriginal and Torres Strait Islanders' Perspective (from Chapter 4 Aboriginal and Torres Strait Islander social and emotional wellbeing, *Working Together* 2nd edition)

ASSOCIATED DOCUMENTS

Te Rautaki Māori. RACS Māori Health Strategy and Action Plan

RACS Reconciliation Action Plan (RAP)

Indigenous Health Committee Terms of Reference

REFERENCES

- ⁱ Hayward, J. Principles of the Treaty of Waitangi – ngā mātāpono o te tiriti, Te Ara - the Encyclopedia of New Zealand. 2012. Accessed from: <http://www.TeAra.govt.nz/en/principles-of-the-treaty-of-waitangi-nga-matapon-o-te-tiriti>.
- ⁱⁱ United Nations. United Nations Declaration on the Rights of Indigenous Peoples 2011. Accessed from: https://www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/11/UNDRIP_E_web.pdf
- ⁱⁱⁱ Australian Human Rights Commission. Close the Gap: Indigenous Health Equality Summit - Statement of Intent 2008. Accessed from: https://humanrights.gov.au/sites/default/files/content/social_justice/health/statement_intent.pdf
- ^{iv} New Zealand Parliament. Ministerial Statements — UN Declaration on the Rights of Indigenous Peoples— Government Support 2010. Accessed from: https://www.parliament.nz/en/pb/hansard-debates/rhr/document/49HansD_20100420_00000071/ministerial-statements-un-declaration-on-the-rights-of
- ^v Ministry of Health. Tatau Kahukura: Māori Health Chart Book 2015 (3rd edition). Wellington, 2015. Accessed 3 March 2020.
- ^{vi} World Health Organisation, 2020. https://www.who.int/topics/health_equity/en/ Accessed 3 March 2020.
- ^{vii} Muller, L. Decolonisation: Reflections and implications for social work practice. Journal of the Australian College of Child and Family Protection Practitioners, 2008;3(1): pp. 5-7.
- ^{viii} Durie, M. Whaiora: Maori health development. Auckland: Oxford University Press. 1998; pp. 68–74.
- ^{ix} Dudgeon, P., Milroy, H., & Walker, R. (Eds.) (2014). Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice. (2nd Edition ed.) Canberra: Commonwealth of Australia.

