

Authors:

Prof Don Gorman  
Associate Professor Mental Health Nursing  
Department of Nursing  
University of Southern Queensland  
Toowoomba Qld 4350  
+61 7 4631 2976

Ms Anne-Maree Nielsen  
Indigenous Nurse Research Assistant  
Department of Nursing  
University of Southern Queensland  
Toowoomba Qld 4350  
61 7 4631 2962

Ms Odette Best  
Indigenous Nurse Academic  
Department of Nursing  
University of Southern Queensland  
Toowoomba Qld 4350  
+61 7 4631 2972

### **Western medicine and Australian Indigenous healing practices**

The health status of Indigenous Australia as reported by the Australian Bureau of Statistics is amongst the worst of any group in the so-called first world, suffering more ill health, experiencing more disability and poorer quality of life and dying younger than non-Indigenous Australians[1]. This appalling situation continues to exist, despite attempts over considerable time to address the issues.

One of the possible reasons for some attempts being unsuccessful is the relevance of the strategies, or lack of it to the communities and/or individuals being helped. Most projects undertaken by government health organisations are formulated on values and beliefs about health and illness that are derived from Anglo/Celtic culture. Health beliefs differ between cultures and it has been identified that the differences in the Indigenous and non-Indigenous constructs of health impacts negatively on the effectiveness of mainstream healthcare provided to Indigenous peoples [2]. This implies that strategies that incorporate, or better still are derived from, Indigenous health beliefs have a greater potential to be effective.

Western medicine, with its emphasis on a scientific evidence base, has a tendency to see non-western health practices as less credible. It can be argued that the scientific foundation of western medicine, with its emphasis on objective measurement, supports the belief that it is objectively proven and therefore not influenced by culture or open to question. Indigenous health care practices on the other hand have not generally been subjected to scientific scrutiny and therefore lack the credibility that western medicine has. Even without going into the argument that the scientific approach is culturally based, having evolved in western culture, the fact that Indigenous health practices have been subject to the test of trial and error, in cultures that are thousands of years old, surely entitles them to some credibility. It seems unlikely that practices that were ineffective would continue to be handed down from

generation to generation. Also of importance is the reality that practices that fit logically with peoples' beliefs about the causes, effects and treatment of illness will be more acceptable to them and therefore more likely to be effective.

During a study by the authors which looked at non insulin dependent diabetes (NIDDM) in four regional/rural Aboriginal communities, it was found that a number of Indigenous patients utilised traditional healing practices to help alleviate their symptoms and to improve their general health status [3-5].

As these patients were being treated by western health care practitioners, the question arises of how these two sets of health practices interface with each other. Do they complement each other, do they impact negatively on each other, and is the interaction even taken into account?

As the interaction between the two may have a significant impact on treatment outcomes, and as little is known by western medicine about traditional healing practices and their benefits, the authors have been funded by the Australasian Integrative Medicine Association to study these issues.

The project will be a pilot study to look at if and how health practitioners working in Aboriginal and Islander Community Health Services (AICHSS) incorporate traditional healing practices into their treatment plans.

The project will involve two phases.

Phase one will be a survey of AICHSS in Australia using a questionnaire, to determine to what degree patients' utilization of traditional medicines is taken into account in the treatment planning. It is anticipated that involvement could be classified into three levels:

- a) virtually none;
- b) assessing what practices are being used and ensuring they are compatible with the treatment provided by the service; and
- c) prescribing/incorporating traditional practices within the service.

Phase two will involve interviews with practitioners who indicate that their involvement is at level (c) to identify what traditional practices they incorporate, for what disorders and how they combine them with western medical practices.

For the purposes of the pilot study, only a small sample of interviews will be undertaken within Queensland to minimise costs. This will serve the purpose of validating the questionnaire as an effective method of collecting this data as well as getting a feel for what and how traditional practices are being incorporated.

It is intended that following completion of this study further funding will be sought from a range of sources to expand the number of interviews nationally to enable development of a substantial database of traditional practices being incorporated in AICHSS throughout Australia.

While the purpose and subject matter of the study is critically important to contribute to the health status of Indigenous Australians, the process by which the study is undertaken is also important. It has been claimed that Indigenous Australians are among the most researched peoples in the world. More importantly it is claimed that a large amount of the research that has been undertaken has been of little or no relevance or benefit to the people being studied. This project aims to address this, in

that not only has the subject matter been acknowledged by Indigenous Australians as important to them, but two of the three researchers in the team are Aboriginal nurse researchers.

Ms Anne-Maree Nelsen the researcher employed to work on this project is an Indigenous registered nurse who is nearing completion of a Masters of Mental Health Nursing. She is primarily responsible for communicating with the participants of the project. While she is also employed at an acute and long stay mental health facility as a registered nurse; she believes her work as an Indigenous researcher provides her with a sense of job satisfaction enabling her to be involved in the empowerment of Indigenous communities. She also believes that Indigenous research, conducted by Indigenous researchers, ensures Indigenous knowledge and cultural practices are explored respectfully as well as guaranteeing that Indigenous people retain control and influence over the research process. This approach to Indigenous research facilitates the ethical protection of Indigenous participants and promotes their ownership of traditional and cultural knowledge and practices thus ensuring more credible and culturally appropriate research outcomes.

We believe that this study and the approach that we are taking will result in an important contribution to indigenous health knowledge. We look forward to presenting our findings at the end of the project.

## References

1. Trewin, D. and Madden, R., (2005). *The health and welfare of Australia's Aboriginal and Torres Strait Islander Peoples* Canberra: Australian Bureau of Statistics.
2. Gorman, D. and Best, O., *Multicultural issues in health*, in *Living with illness: Psychosocial challenges for nursing*, C. Rogers-Clark, K. Martin-McDonald, and A. McCarthy, Editors. 2005, Elsevier: Sydney. p. 70-82.
3. Oliver, M., Gorman, D., and Best, O., (2001). *Towards better practice, development of a collaborative model to address non-insulin dependant diabetes mellitus (NIDDM) in Indigenous communities in collaboration with health workers: Report to the Queensland Statewide and Non-Government Health Services 2000-2001* Toowoomba: USQ.
4. Gorman, D. and Best, O., *Non-insulin dependant diabetes mellitus and Indigenous communities: a research partnership*, in *Proceedings of the 2002 General Practice and Primary Health Care Research Conference: Research - making a difference to health and health care*. 2002, Primary Health Care Research and Information Service: Melbourne. p. 99-100.
5. Pearce, S., Thomas, A., and Gorman, D., *The better living diabetes project*. *Aboriginal and Islander Health Worker Journal*, 2005. **29**(1): p. 4-6.