ANZCA DRIVES
NEW INDIGENOUS
HEALTH STRATEGY

As specialist anaesthetists and pain medicine physicians, we direct much energy towards maximising safety and quality in the clinical care that we deliver. Through education and training, the maintenance of professional standards of practice, and research, we strive to ensure that our patients receive the absolute best in outcomes. We can rightly be proud of the fact that Australia and New Zealand remain among the safest countries in the world to receive anaesthesia.

There are a number of areas though where we have clearly identified room for improvement. For example, patient mortality is exceedingly rare in the immediate peri-operative period, but there is seemingly much that needs to be done to address longer term outcomes. Hence our initiatives to further the development of “peri-operative medicine”. And then there are those sectors within our community who do not enjoy the same health outcomes as the rest of society. Most obviously among these sectors are our rural communities, the Indigenous peoples in Australia, and the Māori in New Zealand.

The Indigenous population of Australia is 2.5-3 per cent of the total population, but our Indigenous representation is less than 0.1 per cent of the specialist anaesthesia/pain medicine workforce. In New Zealand the figures are 15 per cent and 6 per cent respectively. We can be more proactive in encouraging and supporting young Indigenous doctors into and through training in our specialty. We would do well to ensure the attributes that we consider when selecting trainees mirror those of the community which we serve. Workforce diversity enriches us all.

Most of us don’t consider ourselves to be prejudiced. Unconscious (and conscious) bias remains a great challenge that we all need to address. When such bias manifests as racism it can be particularly destructive.

We need to minimise the inappropriate prescribing of long-acting opioids, the long-term management sequelae of which are too often borne by rural community-controlled health care organisations.

The potential exists to do more to facilitate the provision of high care anaesthesia and pain medicine services to rural communities, which is where the burden of Indigenous morbidity and mortality is felt.

We can undertake research to help identify why Indigenous patients don’t access our healthcare institutions to the same degree as the non-Indigenous community, and to better understand to what extent, and why, poor Indigenous perioperative outcomes occur.

The new Indigenous health strategy presented in this Bulletin has been developed after extensive and considered consultation with involved stakeholders, and provides a broad framework on which I hope we can continue to address this health inequity.

Dr Rod Mitchell
ANZCA President
Dr Newington and Dr Mills hope more initiatives to promote and expand training opportunities for Indigenous junior doctors can be developed as part of the strategy. “The key is helping junior doctors to get into training and I suspect there are a lot of people out there who are suitably qualified and experienced who want to do anaesthetic training but don’t have an opportunity to get onto the program,” Dr Newington explained.

“One option would be to introduce some form of solid process into the accreditation standards of those hospitals that are accredited as training facilities. This would also encourage employment among Indigenous staff – not just doctors but allied health staff as well.”

ANZCA’s Indigenous Health Committee was established in 2011 with Dr Rodney Mitchell as the inaugural chair. Now, as college president, Dr Mitchell has publicly committed to facilitating diversity in the specialty’s workforce. Dr Mitchell said ANZCA had already undertaken a series of initiatives to improve cultural and clinical safety, advocate for Indigenous health and attract and support Indigenous people to train and specialise in anaesthesia and pain medicine.

ANZCA is further promoting collaboration with other colleges through the Council of Presidents of Medical Colleges to support Indigenous health initiatives and the new Indigenous Health Strategy will complement this. Dr Mitchell explained: “Eight years ago ANZCA had no Indigenous Health Committee, we weren’t involved with mentoring, we weren’t collecting data on Aboriginal, Torres Strait Islander or Māori students and junior doctors can attend. In 2011 the Indigenous Health Committee, we weren’t involved with mentoring, we weren’t collecting data on Aboriginal, Torres Strait Islander or Māori students and junior doctors can attend. In 2011 the Indigenous Health Committee was established with Dr Rodney Mitchell as the inaugural chair. Now, as college president, Dr Mitchell has publicly committed to facilitating diversity in the specialty’s workforce. Dr Mitchell said ANZCA had already undertaken a series of initiatives to improve cultural and clinical safety, advocate for Indigenous health and attract and support Indigenous people to train and specialise in anaesthesia and pain medicine. An Indigenous strategy as part of the college’s 2018-2022 Strategic Plan will pave the way for other initiatives to attract and train more Indigenous anaesthetists and specialist pain medicine physicians. ANZCA has four Aboriginal and Torres Strait Islander anaesthetists, working with ANZCA as members of the Indigenous Health Committee to help drive the college’s Indigenous Health Strategy which was recently endorsed by council. Dr Mills was admitted to fellowship this year and is now a consultant anaesthetist at the Sunshine Coast University Hospital in Queensland.

Dr Newington and Dr Mills hope the development of an Indigenous strategy as part of the college’s 2018-2022 Strategic Plan will pave the way for other initiatives to attract and train more Indigenous anaesthetists and specialist pain medicine physicians. ANZCA has four Aboriginal and Torres Strait Islander anaesthetists, working with ANZCA as members of the Indigenous Health Committee to help drive the college’s Indigenous Health Strategy which was recently endorsed by council. Dr Mills was admitted to fellowship this year and is now a consultant anaesthetist at the Sunshine Coast University Hospital in Queensland.

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The timing was special, because last week was Matariki, the Māori “Dr Penny Stewart, Year, an astronomical event that sets the timing for the planting of crops, and all the seasonal activities for the year. ... which a rare southern right whale made Wellington Harbour its home for the week. So the omens are good for this pounamu.

Alice Springs Hospital’s Director of Intensive Care, has introduced a 12-month hospital position for an Aboriginal and Torres Strait Islander doctor with a six-month anaesthesia placement and six months in the intensive care unit.

This gift is to encourage you, as you end with a proverbial saying, a fitting Nā te rourou, Nā te riwi, Nā ku te rākau, ka mate te hoariri.

With your food basket and my food basket, the people will be healthy. With your weapons and my weapons, our enemies will be overcome. Kia ora tātou katoa.

Esteemed leaders gathered here today, three times greetings to you all. I want to take a moment tonight to note an aspect of Rod’s life experience that he brings to the presidency of ANZCA – his time in central Australia, with Australia’s Indigenous people.

The understanding and empathy that he gained there adds to ANZCA’s inclusiveness. It underscores that the college exists for the wellbeing of all Australians and all New Zealanders.

In this spirit, I bring to Rod the good wishes and support of the fellows of ANZCA in Aotearoa/New Zealand, delivered in the style of New Zealand’s Indigenous people – the tangata whenua of Aotearoa. Rod, on behalf of all the New Zealand fellows I give you this gift of pounamu. Pounamu is the most precious stone of New Zealand’s Indigenous people. It is found only in the tribal territory of Ngāi Tahu, in the South Island. For its appearance, it was made into personal adornments. For its hardness and toughness, it was made into weapons and tools for woodcarving.

Ngāi Tahu traded pounamu in ocean or river canoe voyages spanning thousands of kilometres. Culturally and economically, it was so important that Ngāi Tahu negotiated the control of pounamu as an express term of their treaty settlement with the crown.

By tradition, you are gifted pounamu, rather than buying a piece for your own adornment. By custom, it is first blessed or cleansed in a simple ceremony, by immersing it in a natural body of water. In this case, a group from the New Zealand office took to a nearby beach and put it into the waters of Wellington Harbour – Te Whanganui a Tara.

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There are now 348 Aboriginal and Torres Strait Islander doctors in Australia and 465 registered Māori doctors in New Zealand. In 2016, 35 Indigenous doctors graduated in Australia and another 77 Māori students completed their medical degrees in New Zealand. Seventy-eight Indigenous students started their medical degrees in 2017 in Australia – 4.4 per cent of all Australian commencing medical students. In New Zealand, 121 students started their medical degrees in 2017 – 7.6 per cent of all New Zealand medical degree commencements.

Most of the Indigenous medical workforce are pre-vocational doctors, waiting for the opportunity to commence specialty training,” Dr Newington said.

Both Dr Newington and Dr Mitchell cited college fellows who are mentoring and supporting the next generation of Indigenous doctors. Dr Penny Stewart, Alice Springs Hospital’s Director of Intensive Care, has introduced a 12-month hospital position for an Aboriginal and Torres Strait Islander doctor with a six-month anaesthesia placement and six months in the intensive care unit. Dr Mitch Poppinghaus, a member of the college’s Indigenous Health Committee founded the Pūtākū Te Ara mentoring program to support Indigenous medical students in

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They need to be realistic, of course, but also supportive, and look at how they can support the student to achieve their dreams rather than cut them down.” Dr Mitchell hopes college fellows and trainees will not only support the Indigenous health strategy but consider how they can contribute to improving excellence in rural healthcare and workforce diversity.

“It would be great to have more people actively encouraging, supporting and mentoring young people who are interested in anaesthesia to help them get on to training programs.”

Carolyn Jones Media Manager

Recognising Dr Rod Mitchell

At a dinner at ANZCA House on July 20, 2018, a number of New Zealand fellows presented ANZCA President Dr Rod Mitchell with a pounamu in recognition of his work with Indigenous people. The gift was blessed by former ANZCA president Dr Leona Wilson in Wellington Harbour. This is ANZCA Vice-President Dr Vanessa Beavis’ speech.

E ngi rau rangatira ma e huhi mai nei, tēnā koutou, tēnā koutou, tēnā tātou kātoa

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Darwin team leads Top End response

Specialist anaesthetist Dr Edith Waugh is a familiar face to many of the young patients in the Royal Darwin Hospital’s children’s ward.

The Bulletin accompanied her on a recent ward visit so she could check on two-year-old Jill who had been admitted a few days earlier for management of chronic suppurative lung disease. Jill’s condition required a HRCT and bronchoscopy under general anaesthesia assessing the severity of condition followed by two week intensive intravenous treatment of antibiotics and Dr Waugh wanted to see how her young patient was faring.

Days earlier Dr Waugh anaesthetised Jill and established vascular access into Jill’s left arm which she then securely bandaged. Jill was pleased to see Dr Waugh on her morning round but seemed unperturbed by the interest in her arm. She was more concerned with finding her plastic building blocks and eating the apple on her bedside table.

Jill’s grandmother Barbara Moore had flown to the hospital with Jill from their home in the remote Aboriginal community of Amata near Alice Springs and was staying with her in the hospital. Barbara was more concerned with finding her plastic building blocks and eating the apple on her bedside table.

Between 50-60 per cent of the hospital’s inpatients are Aboriginal and the hospital has a dedicated team of Aboriginal liaison officers and health practitioners to ensure Indigenous patients are getting the medical and health services they need. Seventy per cent of the hospital’s Aboriginal patients do not have English as their first language and the hospital has a dedicated team of Aboriginal liaison officers and health practitioners to ensure Indigenous patients are getting the medical and health services they need.

Dr Waugh is part of the hospital’s anaesthesia “flying squad” led by the hospital’s Director of Anaesthesia Dr Brian Spain. She is one of several anaesthetists who travel the 2000 kilometre round trip every several years to Nhulunbuy in East Arnhem Land for the Gove District Hospital patient lists. Gove Hospital’s catchment area of 50,000 square kilometres, which is about the same size as Switzerland, covers 18,000 people who live in dozens of remote Aboriginal communities.

On her most recent trip in August Dr Waugh spent two days working with the hospital’s GP anaesthetists Dr Greer Weaver and Dr Josh Mark giving three-, four- and five-year-old patients general anaesthesia facilitating their dental procedures.

Three-year-old Justine had travelled to Gove from her Groote Eylandt home with her mother Alisha McDonald for dental treatment so she could have four teeth extracted and be given some fillings. Dr Waugh talked to Justine and her mother before she was taken to theatre and explained how the strawberry-scented anaesthetic gas would give her magic breath and make her laugh.

Having moved to Darwin from Melbourne in 2012 after first working there (and completing a Masters of Public Health & Tropical Medicine) as a resident in 2002 Dr Waugh understands the challenges of providing healthcare for Indigenous Australians and the Close the Gap initiative to improve health outcomes.

“Rheumatic heart disease, chronic suppuratives disease and chronic ear infections are among the biggest health issues affecting young Indigenous Australians so culturally appropriate decision making (in healthcare) is crucial,” she explained.

“We do complex medicine here in Darwin extremely well but we mustn’t forget that health and equity are so important. If we can facilitate preventative care by treating our young Aboriginal patients early on we can hopefully prevent a lifetime of lung disease.”

Dr Waugh said cultural storytelling in Aboriginal communities was helping to demystify the hospital and medical system for Aboriginal patients.

“Maintaining a positive, non traumatic environment for patients, especially children, is crucial as it means they will have a willingness to engage in healthcare in the future.”

Dr Waugh’s experience with Indigenous patients has given her an understanding of the healthcare challenges faced by Aboriginal communities compared with the rest of the population. Dr Waugh says Indigenous mothers are four times more likely to have had insufficient antenatal care and also more likely to suffer from medical complications of pregnancy.

“Our decreasing but still highest maternal and perinatal mortality rates compared to other states are a result of the persistent gap in Indigenous health outcomes,” Dr Waugh said.

“However, the health literacy about regional anaesthesia and anaesthesia is improving since positive experiences have spread with cultural storytelling and our improved efforts to communicate and provide appropriate care. Improving health care services to Indigenous mothers in the top end is only one of many determinants of mothers’ and babies’ health and wellbeing.”

“The challenge is to influence the socio-economic, cultural and environmental conditions that will improve future outcomes,” Dr Waugh said.

Carolyn Jones
Media Manager

Above from left: Lazarus, five, and mother Joanne at the Gove District Hospital after his dental procedure; Gove District Hospital theatre team anaesthetic nurse Jemima Delnalle, GP anaesthetist Dr Greer Weaver, anaesthetist Dr Edith Waugh and scrub nurse Kerry Brunshaw; Dr Waugh with her patient Jill, two, and grandmother Barbara Moore in Royal Darwin Hospital. Photographs: Carolyn Jones
Young NZ leaders in anaesthesia

Dr Amanda Gimblett

Growing up on a farm in north Canterbury on New Zealand’s South Island, Dr Amanda Gimblett mutually describes her childhood as “traditional” but then admits maybe it wasn’t so run of the mill. Her father’s decision to change careers from farmer to pharmacist meant a change in lifestyle. “My dad ended up living in Dunedin for four years studying while we were in north Canterbury... It was a very big move.” It showed a determination that inspired her when she started to do medicine. If things had gone to plan, the young, idealistic sports enthusiast would have been the All Blacks' physio. However a “fabulous” physics teacher spurred her on to think bigger and doing the first year of health science was a decider when she found biomechanics wasn’t enough.

Young NZ leaders in anaesthesia

As a member of ANZCA’s Indigenous Health Committee, Dr Gimblett is a strong believer in working for equity in the health system. “I know many struggle with the term and may see it as preferential treatment but that is not the case. It is about achieving the same outcome for everyone down the road and if we have to do that in multiple ways then that is what we do.”

Working for equity in anaesthesia will create more diversity in the workforce. But Dr Gimblett says learning to better engage with Māori patients can be explored now. She recommends connecting with the Whi Process, a learning tool that Otago medical students are taught in New Zealand. The four elements are Mihi (greeting and engagement), Whakawhakairo (making a connection), Kaupapa (attending to the main purpose) and Poroporoaki (concluding).

“It is a great cross cultural tool with or without Te Reo (Māori language). It is about engagement.”

Dr Courtney Thomas

Delivering culturally responsive care and a focus on equitable outcomes is also on Dr Courtney Thomas’ radar. Following two years behind Dr Gimblett at the University of Otago mount the Central Otago farm girl had a great role model as both frequented the university’s Māori Centre.

Engaging with the Māori Centre and Te ORA, the Māori Medical Practitioners Association, were important steps in helping Dr Thomas reconnect with her culture.

“The centre was fantastic not only as a place to go but they were really inclusive with tutorials and a mentoring program,” Dr Thomas says. It made a difference in the way Dr Thomas saw the world and her place in it. This journey continued during her early years at university and throughout her medical degree. She recalls her family’s experiences with stories of her grandfather “being spanked for speaking Te Reo Māori at school”. Her family’s motivation to find out where they are from and celebrating that identity is important to her and she hopes her own daughter will grow up appreciating their shared mission.

Dr Thomas’ father likes to say he knew his inquisitive daughter was going to be a doctor when he found her examining the gastrointestinal system (poking the innards) of a dead sheep on their farm while her brother ran away screaming.

However, she says it was her mother’s experience with breast cancer that put medicine in her sights. “The breast cancer gene runs in my family unfortunately and my mother was first diagnosed with it when she was 30. She got it again when she was 42 and it was terminal.”

As a young child Dr Thomas watched the workings of the hospital and staff, and then again as she entered her second year at Otago. They were life changing experiences.

Dr Thomas says while she was the first person in her family to go to university, she had enormous support: “Although my family didn’t have an academic background, they were very hard-working and that was instilled in me very early on.”

This shows as she takes on her next challenge as chief investigator on a pilot research project assessing Māori patients’ experience of anaesthesia in the perioperative setting. She hopes the findings from this research will enable resource development to assist anaesthetists in delivering culturally competent care to Māori patients.

“In part this is about understanding their experiences, what their needs are and how we can meet them”. She says while New Zealand may have a world class health system, health statistics reveal discrepancies in how people access and benefit from healthcare.

Dr Thomas joined the New Zealand National Committee as the new fellow representative in June and in ANZCA’s representative on Te ORA, the Māori Medical Practitioners Association.

Adèle Broadbent
Communications Manager, NZ