I will never forget my first preoperative visit to a young woman from a remote community who was going to have a curette following a miscarriage. After introducing myself and confirming her identity, I asked if she wanted me to tell her about the anaesthetic. She mumbled yes, and turned away in her chair to stare out the window. For the remainder of my visit she didn't move or make a sound. I gave a little monologue and left, stunned by the lack of verbal and non-verbal interaction. I was aware of the inappropriateness of a man's involvement in women's business but I was uncertain as to whether there were other important issues that I was unaware of.

Aboriginal culture is all about relationships. Even people without a blood relation may be related through the kinship system. A relationship needs to be established before a meaningful conversation can be held. In some cases the relationship determines the kind of interaction or conversation that can be held. There may even be an element of shame in talking a person that you don't have a kinship relationship with. During the preoperative visit, we usually meet our patients for the first time.

Any first encounter between people who don't have a kinship relationship can cause feelings of shyness, often accompanied by long silences. A lack of kinship relationship also means a lack of guidance regarding the styles of communication. It is important to feel comfortable with silence and allow enough time for establishing trust. Family is very important and it is often good to establish whether a family member should be present. An Aboriginal liaison officer may be very useful. There are separate podcasts in this series about Aboriginal liaison officers and about obtaining consent.

Body language

My own culture's conversational etiquette has led me to expect a certain kind of interactive pattern in the form of frequent affirming sounds like mm, and affirming body language, like nodding. These sounds and body language are not used as commonly in Aboriginal conversations. It is assumed that when you listen, you listen.

Position

I am used to people facing each other when they have a conversation. Conversational etiquette in Aboriginal culture is different. It is polite to face the same way as if talking to a fire or enjoying the same view. It is often stated that eye contact is to be avoided; however, it is okay to have brief eye contact to acknowledge a person. It may be impolite to maintain eye contact or stare. It is reasonable to take your cue on this from the person
you are talking to. If they are establishing some eye contact with you, it is probably okay to do so to a similar degree in return.

Silence

In western culture, people feel uncomfortable with silence in a conversation and feel the need to keep a conversation going, even if it means resorting to small talk. We often anticipate what the other person is saying and prepare a response while the other person is still talking. In Aboriginal conversations it is polite to hear the person out, then think about the implications and then respond. A contemplative pause is a natural part of the conversation. Silence can also be a sign of respect. It is common for whitefellas to underestimate the importance of silence. We think it is rude to interrupt someone mid-sentence. It might be useful to think that it is also rude to interrupt a conversation in mid-silence.

Time

The pace of Aboriginal conversations is thus very different. There is usually no rush and efficiency is not highly valued. This can lead to significant internal conflict for the anaesthetist who is aware of the cost of an idle operating theatre. Pre-planning is important to deal with this problem. It is best to avoid meeting the patient for the first time in the anaesthetic bay, as relationships develop over time with repeated encounters. Direct questioning may be considered rude and thus meet with very short answers so it is important to get as much history as possible from the medical records and restrict your questions to a few that will make a difference to your anaesthetic.

Verbosity of conversations is also different between cultures. In western culture, we may use many complicated words to say very little, as exemplified by some politicians. Aboriginal people tend to use very few words but what they say is very important. Often English is not the first language so questions need to be presented slowly and clearly. It is good to speak simply but avoid oversimplifying and speaking to the patient in a childlike manner. Language problems are not a sign of limited intelligence; however there may be shame associated with not understanding something fully. This may then lead to polite gratuitous concurrence and a breakdown of meaningful conversation. As one Aboriginal liaison officer put it, anaesthetists need to use smaller words and provide more details.

Assumptions

It is easy to overestimate the degree of understanding that patients have about their treatment. Terms such as anaesthesia may well be completely meaningless. Terms such as fasting may not be understood or appreciated. The nature of the surgery may also be completely misunderstood. The operating theatre environment can easy be incomprehensible and overwhelming. A loss of sensation associated with regional blocks may well be unanticipated and scary.

So in hindsight I could summarise what I have learned: firstly, a man's involvement in women's business; secondly, my lack of a kinship relationship to the patient and my neglecting to seek the assistance of family or an Aboriginal liaison officer. Then there were my cultural expectations to face the person I talk to and the verbal and non-verbal etiquette, especially regarding affirmative sounds and nods, and my discomfort with
silences in conversation. There was also the time pressure before an emergency list and my hasty pre-planning. Finally, there was my lack of cultural awareness and the absence of podcasts about cultural learning.

**Disclaimer**

Indigenous people are diverse and generalisations are dangerous. The phrase traditional culture has been used to highlight the differences between cultures. It is left to you to find out where your individual patient lies on the spectrum from traditional to western culture. However, it is important to recognise that relatively fair-skinned Aboriginal people will often retain a strong identity with traditional indigenous culture.

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