

# Providing culturally appropriate palliative care to Aboriginal and Torres Strait Islander peoples

# The Resource Kit

The Resource Kit identifies Practice Principles and resources for palliative care professionals to support the provision of culturally appropriate palliative care for Aboriginal and Torres Strait Islander peoples.

# The Resource Kit

The Kit includes:

- Practice Principles
- Training Resource material
  - learner's resource book
  - CD-ROM
- Discussion Paper
- Course

# The Resource Kit is for:

- Palliative care providers
- Doctors and specialists
- Aboriginal Health Workers and Educators
- Nurses and allied health professionals
- Volunteers and ancillary staff
- Management and administration
- Education and training providers

# Background

National Indigenous Palliative Care Study – 2002 Sullivan and Associates:

- issues from an Aboriginal and Torres Strait Islander perspective
- successful practice
- recommendations

# Background

Development of Resource Kit:

- Palliative care provider survey
- National consultations with Aboriginal and Torres Strait Islander communities and palliative care providers
- Distribution of draft documents and incorporation of feedback
- Literature review

# Consultation

- Palliative care providers
- Aboriginal and Torres Strait Islander organisations, health workers and liaison officers
- Aboriginal and Torres Strait Islander elders and community leaders
- Aboriginal and Torres Strait Islander community representatives
- Representative organisations

# Practice Principle 1 - Involvement

Involve Aboriginal and Torres Strait Islander organisations and/or personnel in planning, providing and monitoring palliative care to ensure cultural requirements or preferences of the Aboriginal and Torres Strait Islander patient and/or family are considered.

# Practice Principle 2 - Communication

Communicate with the Aboriginal or Torres Strait Islander patients and their families and communities in a culturally sensitive way.

# Practice Principle 3 - Education and training

Provide training to enable the provision of culturally appropriate palliative care to Aboriginal and Torres Strait Islander peoples.

# Where to from here?

Each state or territory appointed a project officer to:

- develop an implementation strategy
- consult locally
- incorporate local needs.

# National support

- Production of educational resources
- Production of information materials
- National co-ordination support to project officers
- Website: www.caresearch.com.au

# What assists implementation?

- Complementing regional and local initiatives
- Increased community awareness of the needs of Aboriginal and Torres Strait Islander peoples

# Barriers to implementation

- Lack of understanding within Aboriginal and Torres Strait islander communities about palliative care
- Inadequate personnel and/or financial resources

# Barriers to implementation cont.

- Lack of communication and information networks
- Lack of access to Aboriginal and Torres Strait Islander health professionals

# Suggested initiatives

- Sourcing or develop appropriate written material about palliative care and symptom control
- Market to Aboriginal and Torres Strait Islander communities using culturally specific brochures and information packages
- Ongoing education and training programs

# Suggested initiatives cont.

- Improve understanding of rituals associated with death and dying, including responses to grief and loss.
- Consultation with local Aboriginal and Torres Strait Islander communities and individuals

# Suggested initiatives cont.

- Develop a Resource list of contacts
- Link with a local Aboriginal organisation

# Further information

www.caresearch.org.au

# Health

Since white settlement
Aboriginal and Torres Strait Islander peoples
have experienced considerably poorer health status
than any other population group.

# Causes of death

While cancer is a common cause of death among Aboriginal and Torres Strait Islander peoples, a range of non-malignant conditions is more likely to cause death in Aboriginal and Torres Strait Islander communities than in the general population.

# Social and economic factors

Deeply entrenched
social and economic disadvantage
may increase need for
social, emotional and financial support
during the palliative care process

# Social and economic factors cont.

- poverty
- long-term unemployment
- crowded living conditions
- inadequate or unreliable water, electricity, gas, telephone and sewerage or septic services (particularly in isolated areas)
- isolation.

# Attitudes to palliative care

Influencing factors may include:

- past experiences with mainstream health services
- fear of being separated from family
- fear of hospital procedures

# Identifying

‘An Aboriginal and Torres Strait Islander is a person of Aboriginal and Torres Strait Islander descent who identifies as an Aboriginal and Torres Strait Islander and is accepted as such by the community in which he or she lives.’

(Australian Bureau of Statistics 2003)

# Identifying

I was going through the admission procedure with the patient and when it got to the question about Aboriginal or Torres Strait Islander status, I just said, ‘Oh, and of course you’re not Aboriginal’. I was so embarrassed when she replied, ‘Actually I am’. She didn’t look Aboriginal at all!

(Acute care nurse, regional hospital)

# Culturally unsafe communication

Many Aboriginal and Torres Strait Islander people feel
(and have experienced)
that the majority of medical staff have
little or no knowledge of their
culture, beliefs or spirituality.

# Communication breakdown

Causes can include:

- use of stereotypes and preconceptions
- failure to explore the full meaning of words and behaviour

# Working together

Care partnerships with
Aboriginal and Torres Strait Islander community organisations

# Aboriginal Liaison Officers

Should be included in all consultations if the person and family wish.

They can help by:

- talking to the medical staff with the person
- supporting the family
- supporting the patient and family with appropriate education on medication administration and storage
- explaining the role that certain medications play eg. morphine

# Cultural safety and palliative care

- Individual practitioner
- Organisation

# Individual practice

‘The core essence of cultural safety is that the health professional understands their own cultural identity, and is aware of the impact their culture can have on another.’

(Fenwick 2001)

# Reflecting on individual practice

Factors to consider:

- Communication styles
- Notions of family
- Concepts of spirituality

# Reflecting on individual practice cont.

Factors to consider:

- Life circumstances
- Understanding of language
- Attitudes to dying

# The significance of culture

Culturally based considerations of lifestyle, beliefs, and values  assume increased significance in palliative care.
(Fried, 2000)

# Palliative care

The principles of palliative care philosophy should take into account the unique beliefs, values and life circumstances of the dying person, including those determined by culture.

(Palliative Care Australia 2000)

