



Indigenous paediatrics in Australia: A public health crisis

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In Darwin, an Indigenous family of five from the remote Milingimbi community suffers from severe crusted scabies, a highly contagious skin infection. They have suffered in silence for months, due to the shameful nature of scabies in their community. For one of them, infection has now spread through their cracked and fissured skin, resulting in septicaemia. After weeks of therapy, we try to coordinate eradication of scabies from their home prior to their return, where several families and animals live. Despite treating these individual patients effectively, their chances of developing scabies again is high, due to overcrowding, poor sanitation, and lack of access to education at a community level.

There are many areas in healthcare crisis worldwide, but Australia has a healthcare crisis of its own. This crisis is well-known to Australians, but is discussed infrequently on a global scale. The Indigenous population of Australia has a life expectancy up to 11.5 years shorter than other Australians,¹ with a mortality rate almost twice as high.² Despite significant and sustained efforts, improving health outcomes for Indigenous Australians has proven difficult, for many reasons.

Firstly, data clarification regarding the number and location of Indigenous Australians, as well as the population prevalence of particular diseases, has proven difficult. This is especially challenging across remote Australian communities.³ There was a 21% increase in the number of Indigenous people counted in the 2011 Census (Australia's population estimate tool) compared with the 2006 Census, demonstrating interval improvement in the measurement of this population. However, uncertainty remains as to whether these numbers are truly reflective of the current Indigenous population.^{4,5} This certainly negatively affects our ability to understand the scope of Indigenous health issues, and thereby our ability to implement necessary healthcare programs.

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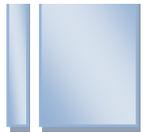
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Another challenge is that the standard Australian approach to healthcare may not suit Indigenous Australians who have spent their lives in remote communities, resulting in hospital admissions being avoided until late in the course of illness, when mortality rates are higher. Air-conditioned, sterile, and stifling hospitals are a far cry from living 'on country' with strong connections to the land, often in a tropical climate. To see an improvement in healthcare engagement in this population, perhaps we need to rethink our methods of healthcare delivery? This can be approached from both a physical space point of view, and a communications point of view.

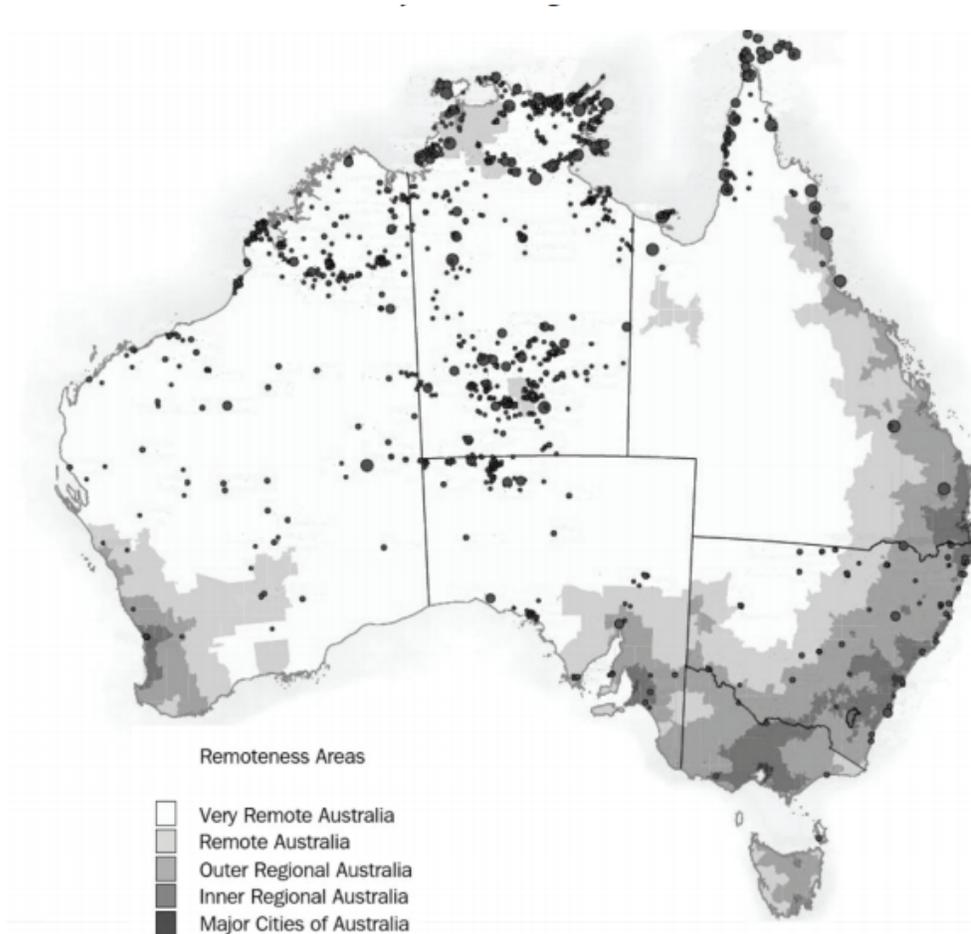
Thirdly, Australia is a vast country, almost the same geographical size as all of Europe.⁶ Providing timely healthcare and retrieval services across the remote communities of Australia presents a unique challenge. Furthermore, providing a culturally appropriate health service across communities is a difficult task when cultures and customs vary from one community to the next.

The state of Indigenous child health is one of our nation's gravest human rights crises. Across



Australia, recurrent ear infections cause Indigenous children to spend two of the first five years of their life deaf, compared to two to three months for the non-Indigenous child.⁷ Deafness prevents the achievement of basic education. In the Indigenous population, compared to the non-Indigenous, tuberculosis notifications are over twelve times higher, hepatitis B and C notifications four-five times higher, and invasive pneumococcal disease notifications (causing severe pneumonia and meningitis in children) are eight times higher.³

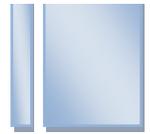
It is difficult to achieve change in this sector. It takes time to understand the complexities of the Indigenous health situation, and this can take decades of devoted work. Any attempts to create change need to be carefully thought out, and undertaken by somebody highly-skilled and informed. Perhaps most importantly, the change needs to be guided by Indigenous leaders, who understand the needs of their community better than anyone.



Note: Circles indicate relative size of community and shading from dark to light represents increasing remoteness

Source: Adapted from ABS 2006 [10]

Fig 1 Discrete Indigenous Communities are Widely Dispersed across the Remote and Very Remote Regions of Australia



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