

Cultural Safety

2021

Introduction

The Australian Medical Association (AMA) is committed to advocating for improved health and life outcomes, and to close the gap in health outcomes for Aboriginal and Torres Strait Islander peoples through the provision of culturally safe care. Achieving this would allow for all Aboriginal and Torres Strait Islander peoples to participate in all aspects of society in the best of health. Providing culturally safe health care requires truth telling, redressing the historical impacts of colonisation, which continue to persist, and eliminating the institutionalised racism that currently exists within the Australian health system.

Cultural safety is central to Aboriginal and Torres Strait Islander peoples and their interaction with the health system. It describes a state, where people feel enabled to access health care that is appropriate to their needs, expect to receive effective, high-quality care, have trust in the service, and challenge personal or institutional racism when it is encountered. Cultural safety is based on shared respect, and also means that there is no denial or challenging of Aboriginal and Torres Strait Islander identities and knowledges.

Definition of Cultural Safety

The AMA acknowledges that cultural safety can be interpreted by organisations and individuals in a range of ways. To this end, and for the purposes of this position statement; the AMA recognises the definition of cultural safety that has been endorsed by the Australian Health Medical Practitioner Authority (AHPRA):

Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities.

Culturally safe practise is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.ⁱ

Culturally safe medical practise requires genuine efforts to understand the impacts of colonisation and systemic racism on health access and health outcomes for Aboriginal and Torres Strait Islander patients. Delivering culturally safe and respectful medical practise includes:

- Acknowledgement of social, economic, cultural, historic and behavioural factors influencing health at the individual, community and population levels.
- Understanding that clinicians' own cultural beliefs can influence interactions with Aboriginal and Torres Strait Islander patients, and, through education and ongoing training - ensuring this does not negatively impact on the provision of health care.
- Reflecting on one's own culture, attitudes and beliefs and their impact on the provision of care to Aboriginal and Torres Strait Islander peoples.

- Avoiding stereotypes.
- Acknowledging and respecting that connection to culture and freedom of expression of culture are sources of strength, pride and physical, mental and emotional wellbeing for Aboriginal and Torres Strait Islander peoples.
- Recognising and respecting the diverse cultural identities of Aboriginal and Torres Strait Islander peoples, including by asking patients if they identify as Aboriginal and/or Torres Strait Islander.
- Conversely, acknowledging and understanding that cultural deprivation, for example through dispossession, loss of language or loss of connection to country can have harmful effects on health and wellbeing for Aboriginal and Torres Strait Islander peoples.
- Facilitating culturally safe communication with Aboriginal and Torres Strait Islander peoples in a two-way dialogue where knowledge is shared and respected.
- Practising clear, open, and respectful communication with Aboriginal and Torres Strait Islander peoples.
- Developing trust.
- Use of cultural safety guidelines by health employers, defined from the perspective of Aboriginal and Torres Strait Islander peoples, including health care users and providers, such as the Aboriginal and Torres Strait Islander health care workforce.

AMA Position

The AMA asserts that Aboriginal and Torres Strait Islander peoples have a right to access appropriate, affordable, evidence based, accessible and responsive health care, where they feel respected and culturally safe. Therefore, the AMA resolves to:

- Advocate for equity of access to healthcare services that are culturally appropriate and free of racism.
- Advocate for more Aboriginal and Torres Strait Islander medical, nursing, allied and health practitioner positions in primary careⁱⁱ, secondary care and tertiary care.
- Support broader Aboriginal and Torres Strait Islander health workforce objectives, recognising that nursing, allied health and health practitioner professions also play an essential role in the delivery of culturally safe health care, where AMA acknowledges the importance that cultural safety is expected and visible and experienced throughout the health care continuum.
- Acknowledge and advocate for the rights of Aboriginal and Torres Strait Islander peoples to access culturally safe health care in both the ACCHO and non-ACCHO sectors.
- Ensure that Aboriginal and Torres Strait Islander voices, knowledges and experiences are prioritised in policy setting, service delivery and evaluations of Aboriginal and Torres Strait Islander health.

- Support growth of the Aboriginal and Torres Strait Islander medical workforce, acknowledging the significant value of Aboriginal and Torres Strait Islander doctors in delivering culturally safe health services.
- Advocate for medical education and training providers to integrate cultural safety into education, training and continuing professional development programs at all stages of the medical education and training continuum.
- Encourage all medical practitioners to undertake reflective practise about their role in integrating cultural safety into their clinical practice at all stages of their career, outside of and in addition to formal medical education and training.
- Continue proactive engagement and partnership with Aboriginal and Torres Strait Islander organisations, including the Australian Indigenous Doctors' Association and the National Aboriginal Community Controlled Health Organisation.
- Promote cultural safety accountability across health systems, including state health departments, medical teaching hospitals, medical organisations, specialist medical colleges and medical specialty societies by measuring:
 1. Commitment to cultural safety via uptake of cultural safety courses and workshops; and
 2. via results of that cultural safety training, which should be reflected in:
 - (a) pathways to correct the low numbers of Indigenous health workers; and
 - (b) health interventions which pursue 'equity of outcomes' rather than 'equality of access'.
- Implement a Reconciliation Action Plan across the AMA Federation, to demonstrate our commitment to reconciliation and cultural safety for Aboriginal and Torres Strait Islander peoples.

The AMA acknowledges Aboriginal and Torres Strait Islander peoples as the Traditional Owners of lands and seas across Australia. We recognise and thank the unique and diverse contributions of Aboriginal and Torres Strait Islander knowledges, perspectives and medical expertise in the formulation of this position statement.

We acknowledge with thanks the oversight of the AMA Taskforce on Indigenous Health, and the personal contributions from Dr Tanya Schramm, Dr Jaquelyne T Hughes, Dr Karen Nicholls, Dr Glenn Harrison, and Dr Simone Raye to formulate this position statement.

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ⁱ Australian Health Practitioner Authority; Aboriginal and Torres Strait Islander Health Strategy, Cultural Safety principles and Definition - <https://www.ahpra.gov.au/About-Ahpra/Aboriginal-and-Torres-Strait-Islander-Health-Strategy.aspx>

ⁱⁱ Primary care refers to care provided through the Aboriginal Community Controlled Health Organisation (ACCHO) sector, and primary care provided through the non-ACCHO sector.