Introduction To Cultural Competence

Historical Factors and Indigenous Health

In the first half of the 20th Century the Australian government promoted the idea of a single, superior, white cultural society. The belief, that Indigenous Australians would eventually die out due to inferiority, weak genetic make-up and lack of intelligence. There was still the problem of “half-caste” children (now considered a derogatory term, only used within context of assignment). The solution of the Australian government was to absorb Indigenous Australian children into white familes to force them to forget their Aboriginal culture and integrate into white society (Dafler & Callaghan, 2005, p. 144).

This caused separation of families as Indigenous Australian children were assessed by the Aboriginal Welfare Board and deemed neglected, under the Assimilation Policy of 1937 that led to general welfare laws (Australian Human Rights Commission [AHRC], 1997) which allowed Indigenous Australian children to be ripped from their homes, placed into schools or fostered into white Australian families, in the hopes the children would integrate into white society and their Aboriginality would be bred out from interracial marriages.

This caused a huge number of detrimental health problems for Indigenous Australians. From the start of the European colonization, land ownership was a priority. Indigenous Australians were attacked and fled inland to more central locations over the need for land. This made it harder to find food and water, as well as natural medical supplies for. This led to starvation and desperation, with the food supply cut off this made Indigenous Australians become dependent on Europeans. Thus, the introduction to new foods started along with new medical problems and disease, which is still a problem today (Taylor & Guerin, 2019, p. 38).

The introduction of new domestic animals and contact with white settlers also caused the emergence of new diseases; smallpox, measles, tuberculosis and syphilis. This had a detrimental effect on the Indigenous Australian population with a large decline in Indigenous Australians and didn’t help with relations between the Indigenous and non-Indigenous communities (Campbell, 2007, p. 136–162).

Assimilation also caused emotional and mental problems for Indigenous Australians. The turmoil and pain of separation and the abuse at the hands of the families that fostered the Indigenous children started a pattern of distrust for white society. Mothers would forgo medical treatment for their children fearing the Welfare Board would deem their children neglected and remove them. In turn, Indigenous Australians were less inclined to trust and seek help from white Australians.

Professional Competency Standards

Cultural competency starts with one’s own ability to understand their own culture. Without this, it would be impossible to understand anyone else’s. It’s the ability to recognize and participate in personal and professional relationships with people of other cultures and to understand how important it is to incorporate this learning into everyday life.

From a professional standpoint, there are many definitions available. But as a general definition, it is the ability of all heath workers to provide care to a diverse cultural range of patients in an ethical, understanding manner making sure the patients cultural needs are met. (Taylor & Guerin, 2019, p. 13).

I am currently studying a Bachelor of Medical Science (Pathology specialization).

The professional code of practice for my area is: Competency-based Standards for Medical Scientists (2009) found on the Australian Institute of Medical Scientists (AIMS) website.

The document is mostly concerned with the analysis of clinical material and the confidentiality of patients records. It doesn't contain much material about cultural competencies. Although there is limited contact with the patients, communication with other health professionals and fellow laboratory staff is continuous throughout the shift and should be taken into consideration in further revisions of the Code. There are three points that loosely observe the cultural frameworks for health in the Code (Australian Institute of Medical Scientists [AIMS], 2009).

Decisions are made in a transparent, ethical, accountable and professional manner and conduct is demonstrated in a non-discriminatory manner.

This loosely ties into cultural competence, any decisions made should recognize cultural and cultural differences among professional and patient and be performed in a non-discriminatory manner (Taylor & Guerin, 2019, p. 19).

Rights of individuals/groups are recognized and protected.

Cultural capability is defined as the skills and systems required to convey the appropriate knowledge to be able to support and provide help in a cultural and ethical manner (Taylor & Guerin, 2019, p. 15).

Ethical problems and/or dilemmas in the workplace are identified and resolved appropriately or referred to a higher authority.

This is interpreted as safe practices for the laboratory staff as well as patients, so I placed it in the cultural safety column. Cultural safety is concerned with health professionals drawing on their own cultures and beliefs to ensure their fellow staff members are safe as well as any patients (Taylor & Guerin, 2019, p. 12).

Cultural Competency

Many present social and cultural determinants on Indigenous Australians health can be traced back to colonization. Discrimination is still unfortunately evident within our health system. This, along with a loss of culture and identity make it difficult for Indigenous Australians to feel comfortable to access any medical care. It is important that the health care system begin to understand what we can do to provide cultural safety (Taylor & Guerin, 2019, p. 12). For example, Indigenous Australians have a deep-rooted knowledge of the land and its medicinal qualities. Why are we not introducing these medicines as additional treatments made available to anyone who wants them in a clinic-based setting attached to hospital health care?

Cultural competence has become crucial if we are to improve the state of Indigenous Australians health in this country. Medical scientists are among the health professionals that need to improve their understanding of cultural competence. The Competency-based Standards needs to be updated and include more information regarding the needs of the Indigenous Australian community. How can we help Indigenous Australians if we do not understand Aboriginal culture?