

# THE CANCER COUNCIL AUSTRALIA'S DARWIN CONFERENCE - SUMMARY OF PRESENTATIONS

## **Ray Lowenthal**

Royal Hobart Hospital

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*Reducing the impact of cancer on Aboriginal and Torres Strait Islander communities: Ways forward*, covered a range of topics spanning research, treatment and cultural issues.

Following is a summary of presentations not otherwise featured in this issue of *Cancer Forum*, including scientific presentations along with personal accounts of the impact of cancer and its effect on Indigenous communities.

## **Dr Ngaire Brown**

*Australian Indigenous Doctors' Association*

Dr Brown referred to the 'double burden of disease', a phrase used to portray peoples in developing countries who are afflicted both by the lingering effect of communicable diseases, as well as the chronic diseases of more 'advanced' societies. One telling statistic: when Indigenous Australians are diagnosed with cancer, they have a markedly greater likelihood of dying from their illness. For males the fatality rate is 83 of 100 cases compared with 43 in the general population. Dr Brown made a plea for Aboriginal health to be included in the undergraduate curricula of all Australian medical schools.

## **Associate Professor Jacinta Elston**

*James Cook University, Queensland*

As Professor Elston spoke of her own experience as an Indigenous woman with breast cancer, recommending that hospitals employ Aboriginal liaison officers and that hospital staff undergo cross-cultural training.

## **Eunice Orsto**

*Aboriginal health worker*

*Tiwi Islands, Northern Territory*

Mrs Orsto described how, after breast cancer surgery, she consulted her community before accepting chemotherapy and radiotherapy, for which she had to travel thousands of kilometres to Adelaide.

## **Akarriyuwu Hill**

*Community Leader*

Mr Hill spoke of his personal experience dealing with his grief following his father's death from cancer six months previously. He spoke of the importance of the grieving process and the impact on the community following the death of an elder.

## **Lorna Murakami-Gold**

*Cooperative Research Centre for Aboriginal Health, Charles Darwin University, NT*

Ms Murakami-Gold spoke about the attitude of Aboriginal people to health research. She emphasised that consultation at every stage of research projects was essential to ensure Indigenous people were fully informed about why the research was important for them. Indigenous people also needed to have some ownership of the process and the data. A more cooperative approach would help to build Indigenous research capacity.

## **Dr John Condon**

*Menzies School of Health Research, Darwin, NT*

Dr Condon examined cancer rates in the NT (see also Professor David Roder's paper). Lung cancer incidence in Aboriginal males has doubled over 20 years, whereas rates in the general male population are starting to fall. Factors associated with poorer survival from cancer included remote residence, being non-English speaking, being simultaneously affected by two or more chronic diseases, being a current smoker, and having been a heavy alcohol consumer.

Since the conference Dr Condon has released additional research on stage at diagnosis and cancer survival of Indigenous and non-Indigenous people in the Northern Territory.<sup>1</sup>

## **Heidi Lehman**

*La Trobe University*

Ms Lehman reported on a survey of the knowledge and attitudes of Arnhem Land Aborigines to cancer. There was little knowledge of causative factors other than smoking and many held mistaken beliefs about the possible role of injuries and of black magic.

## **Dawn Maracle**

*Research and Policy Officer, Department of Health, Ontario, Canada*

Ms Maracle discussed the cancer problem in Canadian Aborigines. A particular issue is that tobacco is a local herb and its use is part of cultural tradition. She described how Aboriginal Patient Navigators were employed to assist in negotiating the complex health system.

## **Bev Dershow**

*Palliative Care Service, NT*

Ms Dershow opened a session on cultural issues, pointing out that for Aborigines, family, culture and 'country' (ie the land to which they belong) were of overriding importance.

## **Jeremiah Baker-Balung**

*Royal Darwin Hospital*

Mr Baker-Balung described how, for Aborigines, each body part can be a symbol of a family member. In radical contrast to the western sense of 'next of kin', for Aboriginal patients the person giving consent depends on the body part that is affected.

## **Viki Briggs**

*Centre for Excellence in Indigenous Tobacco Control, Victoria*

Ms Briggs pointed out that, while in the general Australian population the smoking rate fell from 35% to 23% between 1980 and 2001, amongst Aborigines the rate in 2002 was still 50%. Encouragingly, she described promising tobacco control initiatives in Queensland (Smokescreen) and Western Australia.

## **Dr Christine Connors**

*Preventable Chronic Disease Program, NT*

Dr Connors addressed the challenge of chronic diseases including cancer, in relation to lifestyle factors such as poverty,

unemployment and remote residence. Control requires an organised program approach; by this means several important health measures have improved in the NT; healthy foods are becoming more widely available and alcohol consumption has stabilised.

**Tony McCartney and Margaret Culbong**  
*National Aboriginal Community Controlled Health Organisation*

Mr McCartney and Ms Culbong described the Aboriginal community-controlled health services, of which there are over 130 throughout the country. They provide 'Aboriginal space', health promotion including provision of healthy foods, welfare services and social support.

The meeting finished with a facilitated discussion forum which identified priorities for action including: more collaborative relationships between the Indigenous and general communities; greater Indigenous participation in research programs; better access to treatments, both mainstream and traditional; a Cancer Council workforce more inclusive of Indigenous staff; capacity building among Indigenous health services; cultural education of the non-Indigenous health care workforce; and advocacy with state, territory and federal governments to emphasise the importance of the issues.

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- 1 Condon JR, Barnes T, Armstrong BK, Sieva-Nayagam S, Elwood JM. Stage diagnosis and cancer survival for Indigenous Australians in the Northern Territory. *Med J Aust.* 2005;182:227-280