

3rd year Medical students:

Addressing the impact of
racism, prejudice & unconscious
bias

Acknowledgments

Unconscious bias

Explicit Bias

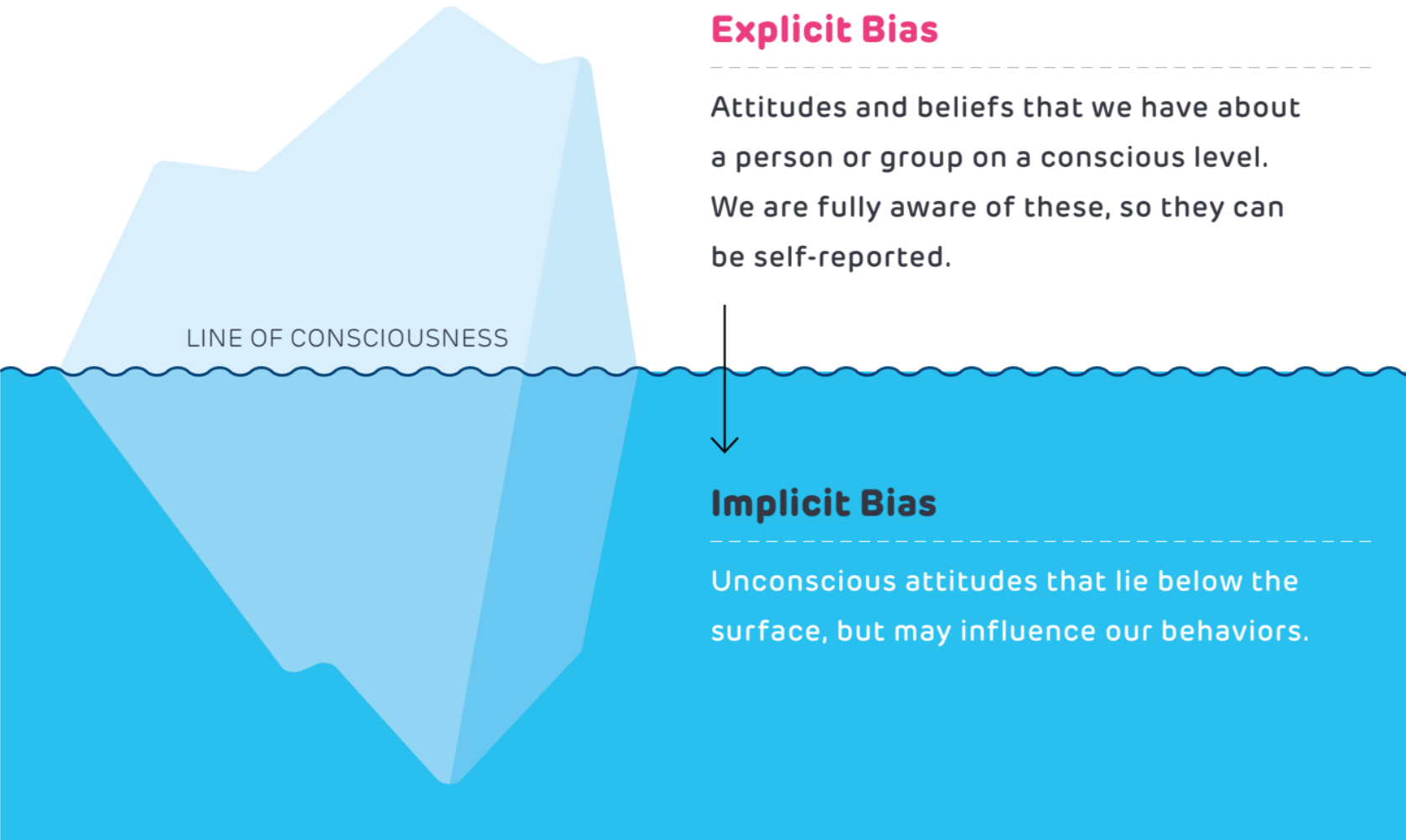
Attitudes and beliefs that we have about a person or group on a conscious level. We are fully aware of these, so they can be self-reported.

Implicit Bias

Unconscious attitudes that lie below the surface, but may influence our behaviors.

An unthinking bias against people of a race, culture or ethnicity different to your own.¹

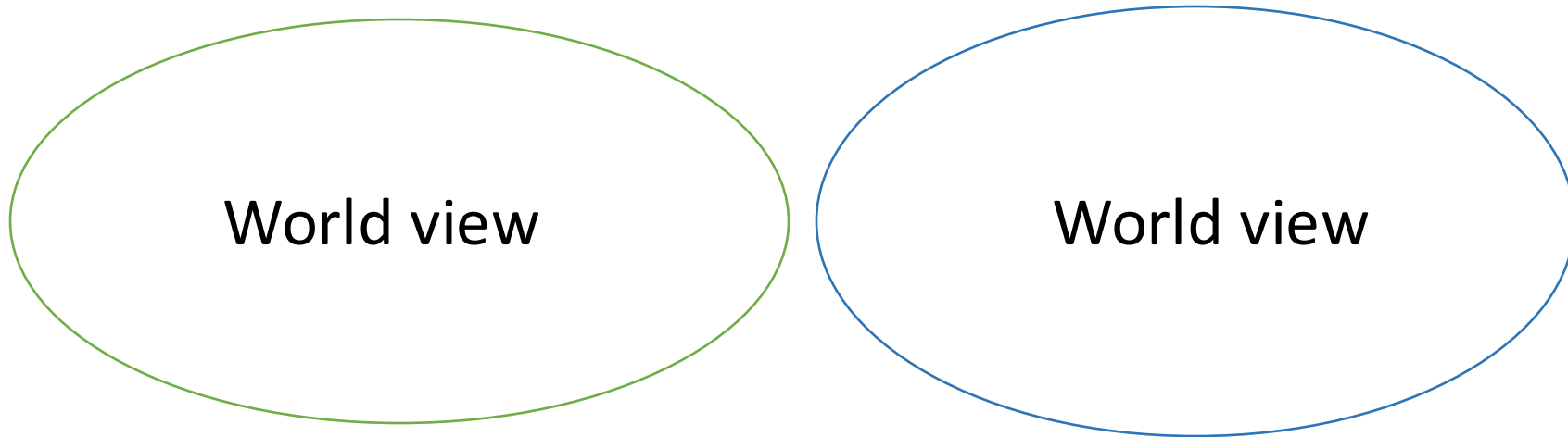
Ref: Bourke, C. 2019, Presentation to the National Indigenous Dialysis & Transplantation Conference (NIDTC), Alice Springs, 20-22 October 2019.



Racial prejudice

The unthinking negative beliefs about people from other racial groups similar to unconscious bias.¹

Often impacted by a clash of different world views, experiences and beliefs



Ref: Bourke, C. 2019, Presentation to the National Indigenous Dialysis & Transplantation Conference (NIDTC), Alice Springs, 20-22 October 2019. Viewed 3 March 2020 at: <https://tsanz.com.au/committees/niktt.htm> and <https://vimeo.com/379925176>

Racism

- **Racism:** the expression of a person's belief in their racial superiority and their compulsion to maintain the power of their racial group over others. It is not necessarily expressed as hate as racism is fundamentally about power.¹

Ref: Bourke, C. 2019, Presentation to the National Indigenous Dialysis & Transplantation Conference (NIDTC), Alice Springs, 20-22 October 2019. Viewed 3 March 2020 at: <https://tsanz.com.au/committees/niktt.htm> and <https://vimeo.com/379925176>

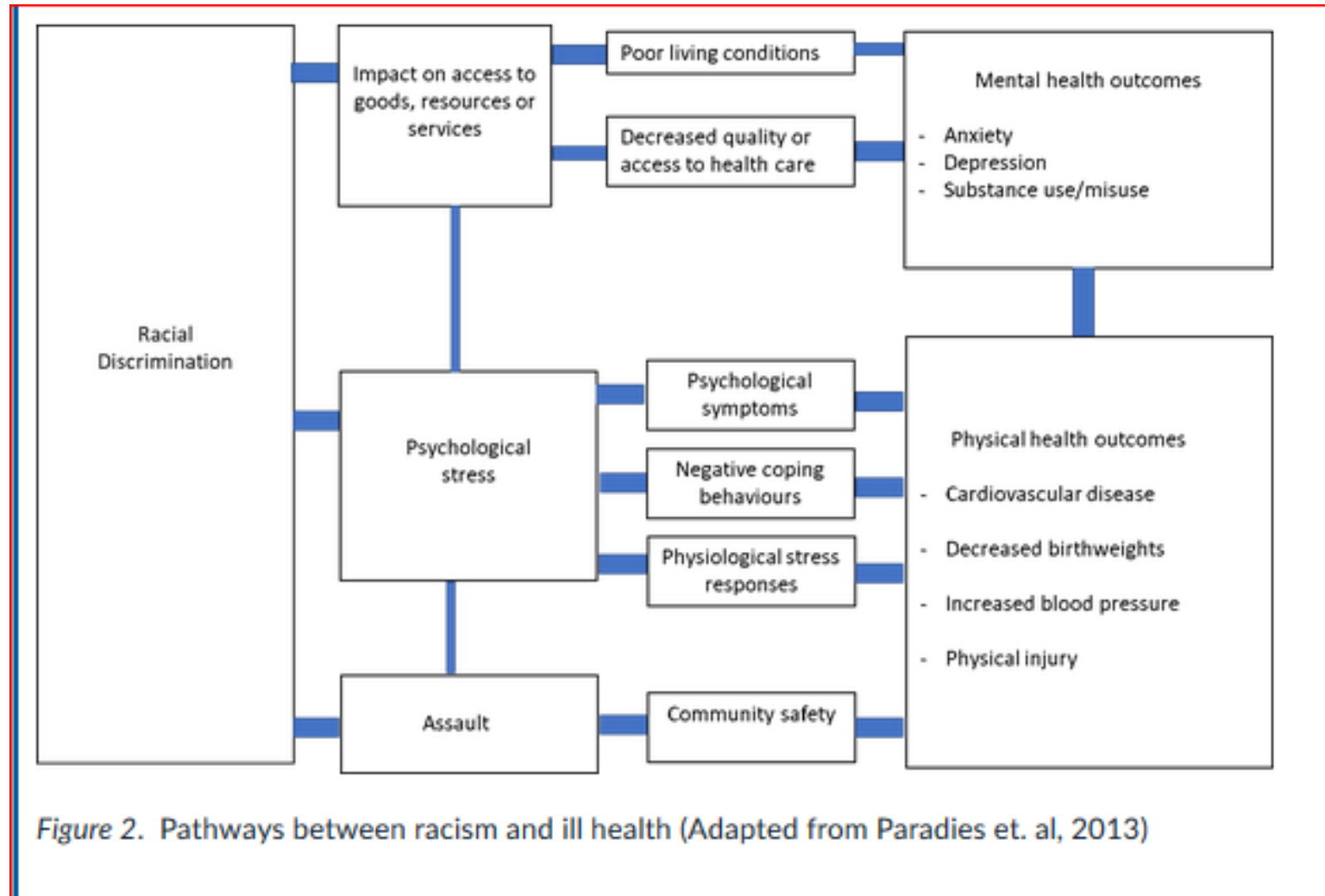
Different forms of racism

- **Individual racism:** racism at the interpersonal level, usually identifiable by its overt nature in actions or words — interactions between people that maintain and reproduce avoidable and unfair inequalities across ethnic/racial groups.
- **Institutional racism:** the way organisations are governed, staffed, resourced, operated and held accountable which results in the organisation delivering disparities in outcomes for some groups in society. It is often hidden in nature and integrated into governance, policies and practices.

Ref: Bourke, C. 2019, Presentation to the National Indigenous Dialysis & Transplantation Conference (NIDTC), Alice Springs, 20-22 October 2019. Viewed 3 March 2020 at: <https://tsanz.com.au/committees/niktt.htm> and <https://vimeo.com/379925176>

The impacts of racism & unconscious bias

<https://youtu.be/TeH70mdlWDs>



Interpersonal racism

- Health professionals may not realise the impact that their comments or attitude may have.
- It may be the last straw that make people really disengage from health care

Institutional racism

- Our health system is based on Western concepts
- Healthcare institutions and systems have primarily been informed by white Western ways of thinking, worldviews, and structures
- These do not automatically meet the needs of all peoples

The story of Aboriginal people's access to kidney transplantation

Paul Lawton



Professor Paul Lawton is Professor & Director of Renal Medicine with Alfred Health and Monash University. Now an Honorary research fellow at Menzies he is a kidney specialist who has worked as a clinician across the Northern Territory since 1999, including four years as Director of NT Renal Services.

'Racist' health system failing NT Indigenous kidney patients, says leading Darwin specialist

A "RACIST" health system means Aboriginal Territorians are missing out on kidney transplants that are going to non-indigenous residents for no good reason, a leading Darwin kidney specialist says

JASON WALLS

2 min read December 8, 2017 - 1:35AM

NT News

7 comments



A "racist" health system means Aboriginal Territorians are missing out on kidney transplants that are going to non-indigenous residents for no good reason, a leading Darwin kidney specialist says

Ref: NT News 8 December 2017

'Institutionalised racism' reason for fewer Indigenous kidney transplants

Kidney specialist Paul Lawton says Indigenous 'compliance' challenges misunderstood so patients thought high-risk and less likely to go on waiting list



Theatre staff prepare surgical equipment for a kidney transplant operation. Photograph: Frances Roberts/Alamy

Institutionalised discrimination against **Aboriginal and Torres Strait Islander Australians** may be behind a widening gap between Indigenous and non-Indigenous patients receiving kidney transplants, a kidney specialist and researcher has claimed.

Indigenous patients are much less likely to be put on the waiting list for a kidney than a non-Indigenous patient, Dr Paul Lawton, a kidney specialist and researcher with the Menzies school of health research told Guardian Australia.

This was likely because doctors misunderstood the challenges faced by an Indigenous patient and made an assessment of "non-compliance" with current or future treatment.

Ref: The Guardian Australia, 26 August 2016

Unacceptable kidney transplant rate for Indigenous Australians

Published 15 December 2017



AMA President Dr Michael Gannon has called for urgent attention in addressing the gap between Indigenous and non-Indigenous Australians accessing kidney transplants.

Figures just released show that Indigenous patients are 10 times less likely than non-Indigenous patients to be added to the waiting list for a kidney donation transplant.



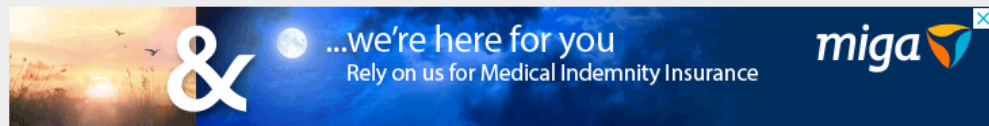
About 13 per cent of patients receiving dialysis treatment in Australia are Indigenous. Only 241 of 10,551 patients with a functioning kidney transplant are Indigenous.

Some renal experts have pointed to a racially-based bias, suggesting some non-Indigenous doctors favour non-Indigenous dialysis patients.

Other specialists in the field insist the gap is not fuelled by racism.

During an interview with the ABC, Dr Gannon said these figures were unacceptable and more needed to be done to ensure Indigenous Australians received transplants when needed.

"I'm shocked by those figures. A ten-fold gap is entirely unacceptable," Dr Gannon said.



RESEARCH

VOLUME 209 / ISSUE 6

Disparity of access to kidney transplantation by Indigenous and non-Indigenous Australians

Namrata Khanal, Paul D Lawton, Alan Cass and Stephen P McDonald

Med J Aust 2018; 209 (6): 261-266. || doi: 10.5694/mja18.00304

Published online: 17 September 2018

ARTICLE

AUTHORS

REFERENCES

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Topics

UROLOGIC DISEASES

Abstract

Objective: To compare the likelihood of Indigenous and non-Indigenous Australians being placed on the waiting list for transplantation of a kidney from a deceased donor; to compare the subsequent likelihood of transplantation.

Design, setting and participants: Observational cohort study; analysis of data from the Australia and New Zealand Dialysis and Transplant (ANZDATA) Registry for patients aged 18–60 years at the start of renal replacement therapy, who commenced renal replacement therapy in Australia between 28 June 2006 and 31 December 2016.

Main outcome measures: Time to wait-listing; time to kidney transplantation after wait-listing.

Conclusion: Disparities between Indigenous and non-Indigenous patients with end-stage kidney disease in access to kidney transplantation are not explained by patient- or disease-related factors. Changes in policy and practice are needed to reduce these differences.

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“The Establishment of the National Indigenous Kidney Transplantation Taskforce”

Abstract

Introduction:

In response to the Transplantation Society of Australia and New Zealand’s Performance Report, “Improving Access to and Outcomes of Kidney Transplantation for Aboriginal and Torres Strait Islander People in Australia”, the Australian Government established a National Indigenous Kidney Transplantation Taskforce (NIKTT) in July 2019. The NIKTT is responsible for driving the development and implementation of initiatives that target knowledge and service delivery gaps, facilitating improved access to the kidney transplant waiting list for Indigenous patients. Membership of the NIKTT is multidisciplinary, including Indigenous kidney community members, academics, policymakers and healthcare professionals.

Method:

Over the next 12 months the NIKTT will implement a range of initiatives as part of three key focus areas:

1. Enhance data collection and reporting;
2. Pilot initiatives to improve patient equity and access; and
3. Evaluate cultural bias initiatives.

To achieve this, the NIKTT will partner with various stakeholders including the ANZDATA registry, renal units and cultural bias subject matter experts.

A report for:



CULTURAL BIAS INDIGENOUS KIDNEY CARE AND KIDNEY TRANSPLANTATION REPORT

Janet Kelly, Phoebe Dent,
Kelli Owen, Kate Schwartzkopff and Kim O'Donnell

University of Adelaide, Lowitja Institute, National Indigenous Kidney
Transplantation Taskforce

Every which way you look at renal disease in Aboriginal people, the only solutions that will work in the long term are those that are Aboriginal-led, culturally responsive, located in Aboriginal organisations and evaluated through an Aboriginal lens.

To our non-Indigenous supporters ..., I believe these examples about HOW we want to work together will be inspiring. Please expand your discussions ... with a positive acknowledgment of community control, and the rights we have as Aboriginal and Torres Strait Islander peoples to shape our own destiny, to partner with you as equals in service delivery, and to be accountable.

Pat Turner paying tribute to her Uncle Charlie Perkins in speech to the National Indigenous Dialysis and transplantation Conference (Turner 2019)

Prepared by:



Method:

Systematic review of peer reviewed literature.
Grey literature review that also included resource recommendations by experts in the field, and information from patient-expert and Aboriginal healthcare professional consultations.

Every which way you look at renal disease in Aboriginal people, the only solutions that will work in the long term are those that are Aboriginal-led, culturally responsive, located in Aboriginal organisations and evaluated through an Aboriginal lens.

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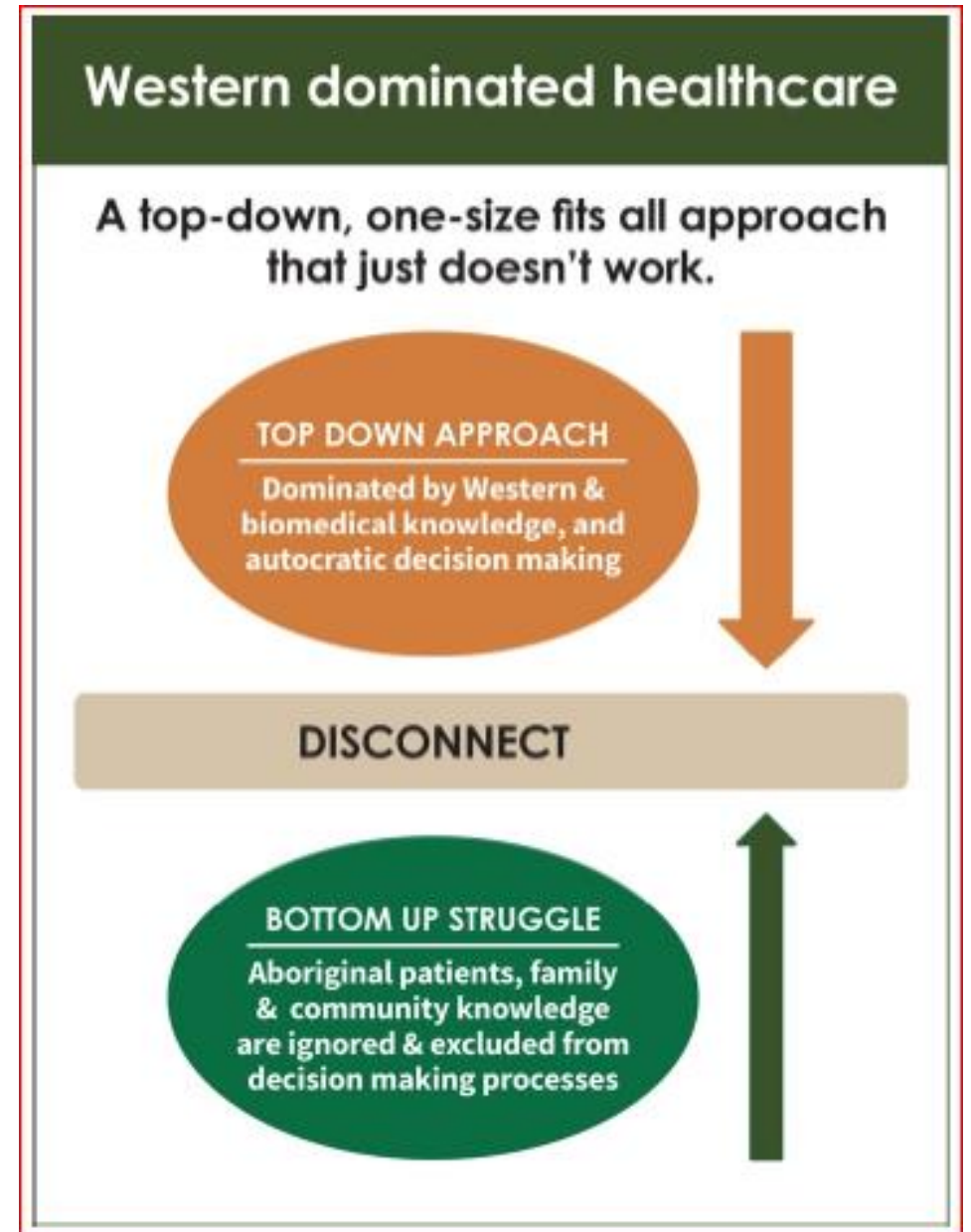
Pat Turner paying tribute to her Uncle Charlie Perkins in speech to the National Indigenous Dialysis and transplantation Conference (Turner 2019)

A pause and acknowledgment

- There are many health professionals striving and providing very high quality and responsive care.
- Our health system is complex, confusing, and structured and organised in particular ways that can make providing patient centred care difficult.
- Great work is happening, and serious gaps still remain.
- Together we can improve equitable health care experiences and outcomes for all Australians.

Cultural bias

Any action or inaction that contributes to disparate treatment or treatment outcomes for Aboriginal and Torres Strait Islander people.



Cultural Bias report

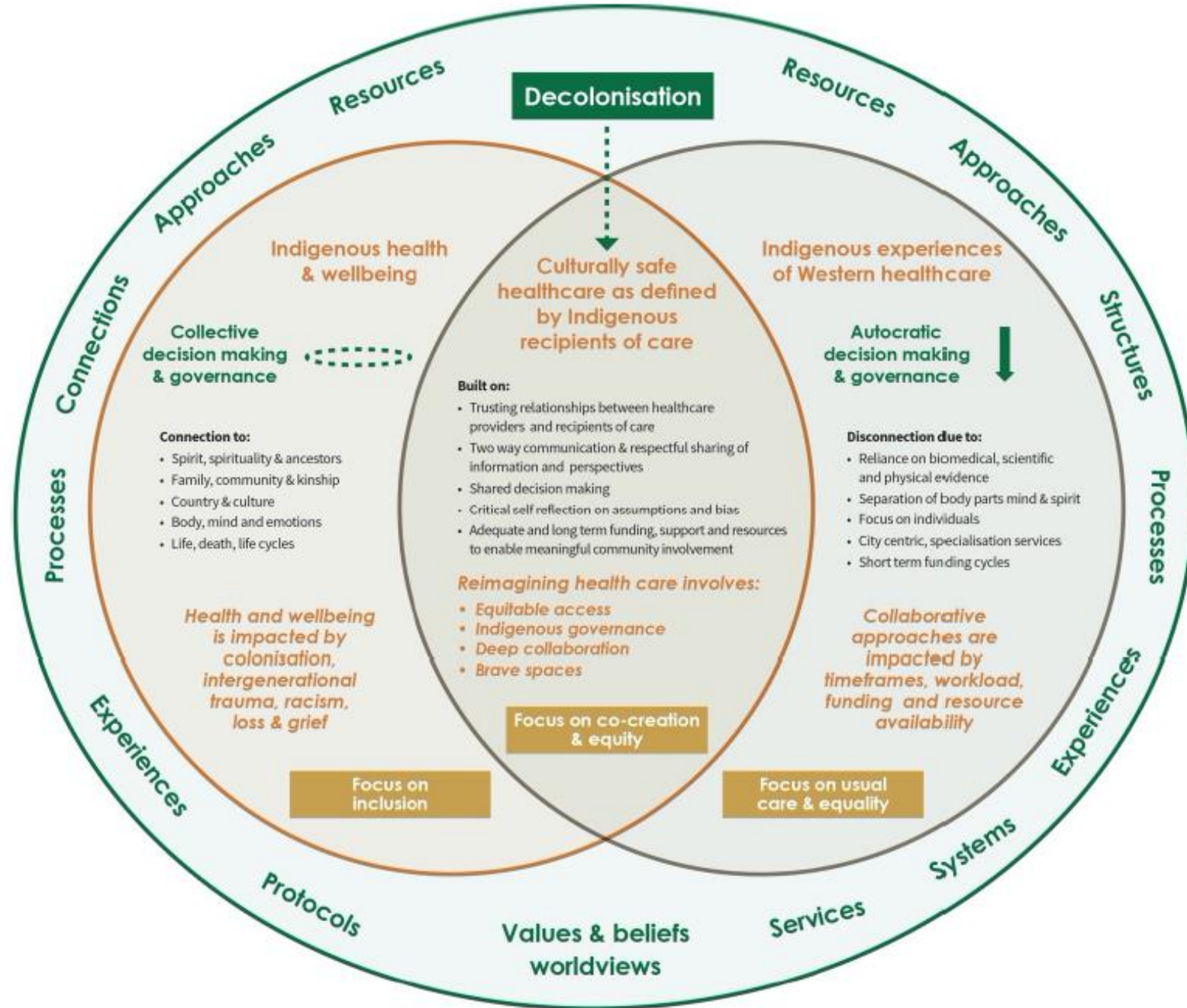
Although the causes of the health disparities between non-Indigenous and Aboriginal and Torres Strait Islander people are complex, multiple sources of evidence suggest that racism is a significant factor, even when it is unintended. Racism manifests in various ways in healthcare through inflexible institutional and organisational systems and implicit and explicit bias from health professionals. Data on the experiences of Aboriginal and Torres Strait Islander healthcare users in Australia in regard to racism and cultural safety is limited¹. This information is critical to reducing racism and the harm it causes.

Findings from national consultations

“ *One area of patient feedback that requires specific cultural bias attention is the creation of safe processes to enable patients to provide constructive feedback regarding gaps and barriers in care without experiencing negative impacts on the quality of care they receive in return. Disturbingly, some patients have reported that after they have lodged a complaint, they are labelled as a trouble maker and experience ‘pay back’ behaviours from some staff, such as getting needled and put on the machine last when they attend dialysis, regardless of what time they arrive.*

Kelli Owen, NIKTT Community Engagement Coordinator and transplant recipient

Figure 2: Bringing together Indigenous and Western knowledge systems





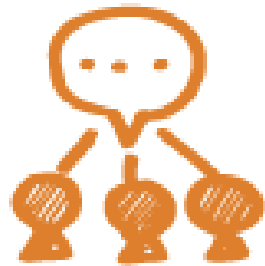
14 Recommendations for Improving Kidney Transplantation Care and Services for Aboriginal and Torres Strait Islander People

These recommendations came from a review of cultural bias initiatives conducted by the Lowitja Institute and the University of Adelaide. They identified four key domains of action that can address cultural bias in kidney transplantation for Aboriginal and Torres Strait Islander peoples. The 14 recommendations within these domains aim to address cultural bias by making sure kidney services and care are culturally safe, respectful, and co-designed with Aboriginal and Torres Strait Islander people. This pamphlet gives an overview of what the 14 recommendations are.

1

Inclusion of Aboriginal and Torres Strait Islander People

1. Establish Indigenous Reference Groups in every transplantation units across Australia to co-design culturally safe models of care and feedback mechanisms.



2. Increase the number of Aboriginal and Torres Strait Islander patients, families and health professionals on kidney health advisory boards and steering groups, especially in transplantation units.

2

Workforce

3. Increase and support Aboriginal and Torres Strait Islander people to work as clinicians, transplant coordinators, and case managers in kidney health.
4. Employ Aboriginal and Torres Strait Islander people with lived experience of kidney disease in patient navigator and peer-support roles, and ensure these are funded long term.
5. Deliver cultural safety training for all staff in transplantation and kidney health services.



Email: nikt@anzdata.org | Twitter: [@NIKTTaskforce](https://twitter.com/NIKTTaskforce) | Facebook: [@NIKTT2020](https://www.facebook.com/NIKTT2020)



3 *Service Delivery and Models of Care*

6. Co-design new, holistic, culturally safe, and responsive models of kidney care and transplantation that: actively involves patients and families in decision making; addresses inequalities and access issues; respects cultural priorities and obligations; and includes Traditional healers and a wider range of health professionals, healing, and support services.

7. Increase the use of telemedicine and videoconferencing, with Aboriginal health professional and interpreter support.

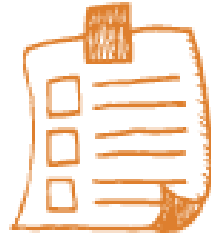
8. Improve access to, support of, and payment for interpreters.

9. Involve Aboriginal and Torres Strait Islander people in co-developing new health promotion and health education resources and approaches about kidney transplantation.



4 Structures and Policies

10. Review and update quality improvement and feedback processes, policies, protocols, and guidelines in transplant units and kidney health services.



11. Use an Institutional Racism audit tool to assess levels of racism in transplantation units and kidney health services.

12. Develop and implement new clinical guidelines for Aboriginal and Torres Strait Islander kidney care and transplantation, and evaluate how effective they are in increasing access to kidney transplantation.

13. Adequately fund the implementation and evaluation of recommendations in this report.

14. Fund the NIKTT to assess how each transplant unit scores in relation to cultural bias, and monitor improvements over time if/when recommendations are implemented.



Management of chronic kidney disease among Aboriginal and/or Torres Strait Islander Peoples

INDIGENOUS GUIDELINES

MANAGEMENT OF CHRONIC KIDNEY DISEASE AMONG ABORIGINAL AND/OR TORRES STRAIT ISLANDER PEOPLES



1

- INSTITUTIONAL RACISM
- CULTURAL SAFETY

2

- COMMUNITY AND FAMILY INVOLVEMENT

3

- TRANSPORTATION
- ACCOMMODATION NEEDS

4

- ABORIGINAL AND/OR TORRES STRAIT ISLANDER HEALTH WORK FORCE

5

- RISK FACTORS
- SCREENING
- REFERRAL

6

- PUBLIC AWARENESS
- EDUCATION
- SELF MANAGEMENT

7

- MODELS OF CARE
- PRE-DIALYSIS
- KIDNEY-FAILURE,
- TRANSPLANTATION

Themes of the guidelines

Driven by the community



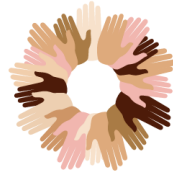
Address issues raised in community consultation & use as justification

Outcome driven



Focused on improving health care services

Increased community control



Community control and co-design from public awareness to health services

Combat bias



Formal evaluation of racism and educating clinicians

Increased services



More kidney services in the community

Due to ongoing impacts of colonisation

NOT due to ethnicity

Increased burden of kidney disease

Scoring Matrix as tool

Is present

Should be monitored & acted upon

Racism in healthcare

First Nations Reference Groups

Address power imbalances

IMPROVE

Decolonise health systems

two-way communication

culturally-shaped care

confidential complaints process

