

Elective Project Report: Renal Disease in Indigenous People

Alice Springs is a town of 27 000 people in the Northern Territories of Australia, 37 percent are indigenous people ⁽¹⁾. The proportion of indigenous people with end stage renal disease is significantly higher and occurs in younger people than the white population, life expectancy for an indigenous person once they require dialysis is shorter than for their white counterpart's. There is a clear disparity between these two distinct but diverse groups ⁽²⁾. The cause is multi-faceted as I will attempt to explain.

For the elective project I was lucky enough to work with a Non-Government Organisation: Western Desert Dialysis. I met a determined, realistic and hopeful team of business men and women, social workers, dialysis nurses, a dietician, a pharmacist, a podiatrist, GPs and nephrologists. The organisation's main centre in Alice Springs is known as The Purple House: a social centre, office and two chair dialysis unit. The establishment of which is a strong example of patient led service provision, a quality which Western Desert Dialysis continues to lead by. In 2000 aboriginal artists sold \$1.1 of their work to fund Purple House and by 2004 they had established a working renal unit and social centre ⁽³⁾. I hope in my future practice I will remember this example and the value of patients leading a change.

It took me a number of weeks of talking to renal clients to really understand the significance of Purple House. I hope that the following cases will demonstrate some key points.

A taste for sugar

Kenny is a 65 year old gentleman who proudly told me he was born in the sand to the west of Kintore, a community of 300 people, 550 kilometres of dirt road to the west of Alice Springs. Kenny remembers walking with his family when he was a boy of four years old, 'walking for water, for bush tucker.' He described to me the first time he had ever tried 'white fella tucker' and his dark eyes lit up when he mimed drinking the whole jar of jam that he was given!

Theory suggests that these people who had lived in the desert as hunter-gatherers for 40 – 60 000 years prior to the arrival of westerners, are more adapted to retain water and lay down fat stores rapidly in times of plenty. It is this theory, alongside the boom in fast food, partly explains the high levels of hypertension and diabetes among the indigenous population ⁽⁴⁾. Western Desert Dialysis employ a dietician to try and educate patients from those in communities who do not yet have diabetes to those with end stage renal disease.

Displaced from home

As a boy, Kenny's education was one of survival, learning his ancestors land, living and caring for his country as it allowed him to live. He couldn't understand what a calorie was, how sugar would give him diabetes and renal failure and when he found himself evacuated as an emergency into Alice Springs, hundreds of miles from home and family Kenny was ashamed, frightened and lonely.

There are currently over 200 distinct groups of indigenous people living in Australia. Each group traditionally lived on their own lands and to settle on another's land is considered rude. For Kenny – a Pintupi man, arriving in Alice Springs on Arrente land brought him shame. Purple House offers a great hope as the clients are from a number of different groups who now recognise themselves as a 'renal family' who have a place of their own in Alice Springs. Since setting up the centre in Alice Springs Western Desert have also opened a number of dialysis units in the remote communities and have a mobile dialysis unit – the Purple Truck, all of which enables patients to return to their homes. There is clear evidence to show that the cost and health outcomes are greatly improved in those patients who receive dialysis in their communities ⁽²⁾.

Health Beliefs

Another lady, Mantua explained the importance of having certain traditional bush foods to keep the body healthy. Eating kangaroo meat and drinking the blood in particular, would give her strength and good health ⁽⁵⁾.

Western Desert Dialysis recognise the importance of traditional foods and often there is kangaroo tail cooking on the small fire pit in the garden of purple house. Education is again key here and I was amazed to see how willing each health care professional was to take time explaining, reassuring and teaching patients about their illness.

From the six weeks in Alice Springs and in Kintore I learnt lessons which will undoubtedly change my approach as a Doctor; utilising a whole team to provide holistic and culturally appropriate care is the most significant influence I hope this experience could have on my future practice.

- 1) http://stat.abs.gov.au/itt/r.jsp?RegionSummary®ion=70201&dataset=ABS_NRP9_ASGS&geoconcept=REGION&measure=MEASURE&datasetASGS=ABS_NRP9_ASGS&datasetLGA=ABS_NRP9_LGA®ionLGA=REGION®ionASGS=REGION
- 2) http://www.health.gov.au/internet/main/publishing.nsf/Content/oatsih_central-renalstudy
- 3) <http://www.westerndesertdialysis.com/our-story/history>
- 4) <http://www.sciencedirect.com/science/article/pii/S0277953698001919>
- 5) Living on medicine, A cultural study of ESRD among aboriginal people. Jeannie Devitt and Anthony McMasters. IAD press. 1998