Working with the Remote Area Health Corps

A fortunate experience. **Dr Bruce Barker**

I have been a GP for 35 years, mostly in semi-urban centres such as Launceston. An injury forced a lay-off from work for me for 5 months. It gave me the time and opportunity to rethink how I wanted to spend my 'medical twilight'. My wife is also a GP, and it was our mutual decision to approach the Remote Area Health Corps (RAHC) about working in the Northern Territory.

Medicine in Central Australia is not like going to another country—it is like going to another planet! Our longest stint was at Urapuntja (Utopia). It is about 250 km from Alice Springs. Prior to going, RAHC provided a forum as well as a very useful online educational package on the clinical issues we were to face.

The communities we helped were all Indigenous. Their health problems included chronic skin infections, diabetes, hypertension, unbelievable amounts of renal disease (beginning even in teenagers), auto immune disease (lupus in particular), social problems, anaemia, severe bacterial infections, results of domestic violence, and sexually acquired infections—we were always on the lookout for syphilis, especially in young people.

We stayed for one month at a time, and each time we built up more experience—not only of the medical problems, but the social issues, as well as the incredible natural beauty right outside our houses.

We re-learned our abilities to work with teams in addressing both acute and chronic problems—bush nurses, elders, Aboriginal health workers and long term locals.

The acute problems can either be straightforward illnesses, or highly complex cases requiring management of serious electrolyte disturbances, septicaemia and the like. Chronic problems often require multiple medications, frequent monitoring (both clinically and biochemically), and a great deal of education. Some patients have very little education, as well as endemic deafness, and can be notoriously medically non-compliant. A child without a discharging ear, or with clear uninfected skin is the exception rather than the norm.

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Are we helping? I think without a doubt the answer is 'yes'. There have been vast improvements in child mortality and life expectancy due to the medical and nursing care in community settings. The passion, commitment, and knowledge of community of all the health workers we met was inspiring.

However, if I could choose between building a modern clinic in a remote, unserviced part of Australia, and providing adequate, abundant clean water, I would choose the latter. It is impossible to wash effectively when the water supply is poor—and, for example, facial washing, not antibiotics, is the best preventative strategy for trachoma.

Social forces are powerful in remote Aboriginal communities, with all kinds of causal relationships and associations with health. Teasing these out can help point to areas where renewed efforts may lead to lasting overall health benefits.

In my view, a fundamental thing to do would be to optimise the antenatal, uterine environment to give new Aboriginal babies normal healthy organs and the necessary reserves of iron and nutrition.

Antenatal traumas can include alcohol abuse, high levels of smoking, persisting iron deficiency, missing antenatal visits,

prematurity, mothers who already have kidney disease and diabetes, and poor maternal nutrition.

Poor child nutrition, compounded by early and frequent diseases such as ear infections, trachoma, chest infections and rheumatic fever, too often lead to a huge burden of ill-health even before a child gets to school.

The Utopia Clinic has been particularly imaginative in educating and encouraging young mothers to turn this around.

Government programs can also help—for example, at school, children are assured of getting regular meals and regular washing, which they might not get at home. School attendance can be poor, however.

My impression is that the places with the best health profiles are those where there is access to better food, the majority of working age adults are educated and have jobs, the number of Aboriginal health workers is relatively high, alcohol is controlled, elders are healthy and respected, and where basic hygiene is possible due to installed (and working) bathrooms and toilets.

There is ample evidence that Aboriginal people know what the problems are and know what to do—but some infrastructure is beyond what they, as communities, can provide. Similarly, it is beyond the reach of individual doctors like me, despite the improvements we make as GPs.

There is so much more to learn and talk about. To any colleagues considering it, the work is very challenging and rewarding, with the RAHC team being supportive and interested at all times. It has been a privilege to work with them in the Northern Territory. ha

Dr Bruce Barker in Alice Springs

The Remote Area Health Corps (RAHC) was established in 2008, and is funded by the Australian Government Department of Health under *The Indigenous Australians' health programme: stronger futures Northern Territory* to 'address persistent challenges to accessing primary healthcare services for Aboriginal and Torres Strait people in the Northern Territory'.