

CASE STUDY

Indigenous health

Leenie and her husband, Wally, are Indigenous people who live in a country town. When Wally was complaining of abdominal pain, Leenie took him to see his doctor. The doctor did not examine Wally, but gave him tablets for his ulcer and told him to stop drinking alcohol. Later Wally collapsed at home. The doctor wouldn't come out to see him and when Leenie called an ambulance and gave their address she was told to find someone else to bring Wally to the hospital. Once at hospital, all the other patients received medical attention before Wally. When a doctor finally did examine Wally, it was discovered that he had acute appendicitis and had to be operated on immediately.⁵

Many Indigenous people are treated unfairly when they seek medical services.

Indigenous Australians experience higher levels of ill health, disease and death rates across all age groups. In 2001 life expectancy for Indigenous men was 56 years, compared with 77 years for all Australian men. Life expectancy for Indigenous women was 63 years, compared with 82 years for all Australian women. Indigenous life expectancy in 2001 was comparable to the life expectancy for all Australian men in 1901–1910 and all Australian women in 1920–1922.⁶

Indigenous people experience a higher incidence of common diseases such as heart disease, diabetes, obesity and kidney disease.⁷ Indigenous people are less likely to have access to drinkable water, adequate sanitation, nutrition, and housing.

Indigenous people often experience difficulties in accessing health services, such as affordability, distance, availability and transport. Health services may not always be culturally appropriate.

affordable. Equality of access must be demonstrated in equality of health outcomes.

The right to health also provides that health services should be culturally and gender appropriate, should meet basic ethical standards and must be of a good standard.⁸ It also includes the right to control one's health and body, the right to sexual and reproductive freedom, and the right to be free from interference (e.g. torture, or treatment without consent).

International human rights law specifically requires special measures for health services provided to Indigenous peoples. These measures require that services are culturally appropriate, incorporate traditional care and medicines, link the health of individuals to the health of the community, and that resources should be provided for "Indigenous peoples to design, deliver and control such services".⁹

Governments must also refrain from taking steps that would in any way reduce those aspects of the right to health that are already guaranteed in law, policy or practice.

Current Australian health policy

In Australia there is legal protection against discrimination in relation to accessing health services under federal and state anti-discrimination laws. This means that you should not be refused services or receive services that are of a lower standard than others because of your race, ethnicity, sex, sexuality or ability. In addition, most states and territories have a Health Act, which provides that the state or territory will deliver health services.

Rights not protected in Australia

Anti-discrimination and health legislation, however, do not fully guarantee all people living in Australia access to basic health services. The United Nations Committee on ICESCR, in its review of Australia in 2000, was concerned about the difficulties of realising the right to

health within current legislative and funding frameworks.¹⁰

Improving health rights in Australia

While Australia has a history of providing quality health care to the community, there are no guarantees that health care will continue to be delivered on the basis of need, rather than ability to pay.

Protection of the right to health in line with international standards is required to ensure that everyone is guaranteed universal access to quality health care.

"What form should the protection of human rights take?"

➡ For options about protecting human rights through a Charter or Bill of Rights see fact sheet N^o 1: **Background to Human Rights**

REFERENCES

- ¹ Case study reported in Anglicare Tasmania (Submission 142) to Senate Inquiry into Medicare (first inquiry), July 2003, p 7.
- ² The right to health is also found in UDHR Article 25.1; ICESCR Article 12; CERD Article 11.1(f); CEDAW Article 12; CROC Article 24.
- ³ United Nations Committee on Economic, Social and Cultural Rights, General Comment 14, "The right to the highest attainable standard of health", 11/8/2000, UN Doc E/C.12/2000/4, paras 3, 4 and 11.
- ⁴ Case study reported to Public Interest Advocacy Centre.
- ⁵ This scenario is based on one provided in *Tracking your Rights* (1994), published by the Human Rights and Equal Opportunity Commission.
- ⁶ Australian Bureau of Statistics, 4704.0 *Indigenous Health: Greater Risks, Shorter Life Expectancy*, 30/8/2001: www.abs.gov.au (accessed on 27/11/2003).
- ⁷ Australian Institute of Health and Welfare, *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples 2003*, AIHW Cat. No. IHW-11.
- ⁸ As footnote 3, para 12.
- ⁹ As footnote 3, para 27.
- ¹⁰ Concluding Observations of the Committee on Economic, Social and Cultural Rights: Australia, 1/9/2000, UN Doc E/C.12/1/Add.50.