

Forgetting Compliance: Aboriginal Health and Medical Culture

Kim Humphrey and Tarun Weeramanthri with Joseph Fitz

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This book makes a useful contribution to a small but growing stable of works about the relationship between Australian Indigenous health and the mainstream health system, aimed both at health and social science practitioners and academics. The "problem" identified is that of the non-uptake of medical services and treatments by Aboriginal people, but the aim of the book is more ambitious, to "offer a critical view of cross-cultural health services provision, to challenge the language of and biomedical conceptualisation of patient non-compliance, and to explore the complex dynamics of health services in the Northern Territory in a manner which engages a broad readership and opens up debate" (p.vii). In part this aim is achieved, but occasionally it is at a rhetorical level, rather than arising from the research data presented.

The authors provide a comprehensive literature review of the origins of the concept of compliance and medical treatment within Western biomedical research, especially material emanating from the United States and taken up, unproblematically, in Australia from the 1970s. A critique of this discourse of patient non-compliance has come largely from the humanities and social sciences. In more recent years has come the suggestion that concordance, or negotiation of advice and treatment between provider and patient, might overcome some of the ideological and practical limitations of compliance. The literature on compliance in non-western countries is comparatively sparse, according to the authors. It is also less likely to problematise non-compliance. Instead the non-uptake of Western medicine is seen as the result of poor intercultural communication and inadequate service provision. This is certainly the case with respect to the few studies of non-compliance among Indigenous Australians.

The rest of the book is based on the results of a research project which examined treatment uptake and refusal, particularly among Aboriginal people in the Northern Territory, from the perspective of a range of health professionals. The authors are clear about their intention to reverse the normative view that Aboriginal health beliefs and behaviour are the "problem", which research (by mostly non-Aboriginal people) has to address. The study, the Rethinking Compliance Project, canvassed the views of Aboriginal health/liaison workers, allied health professionals, medical practitioners, mental health workers/nurses, and registered nurses in Alice Springs, Darwin, Katherine, and Tennant Creek. Seventy-six people were interviewed in nineteen focus groups.

Chapters Four, Five and Six on work, location and language; problem, culture and setting; and provision and uptake, explore thematically the participants' experiences of Indigenous health and their varied perceptions of why non-compliance occurs and the utility of the concept. Among the health professionals there was considerable variation between those for whom the language of compliance was taken as given, to those who acknowledged its contested nature, and some for whom both positions were held simultaneously. Even among those who could articulate the contentious nature of compliance, however, there were few who were able to move to the next analytical stage of imagining what was possible outside of compliance.

The authors' contention that non-Indigenous health workers conflate cultural and socio-economic factors, when identifying inhibitors to good health outcomes confirms other work. For many non-Indigenous people 'culture' is something that Aboriginal people have, and although some could recognise that non-Aboriginal people also have 'culture' (with which Aboriginal people are unfamiliar) few saw Western medicine itself as culturally constructed. In a similar vein, participants were also more likely to see individual, rather than institutional or organisational issues, as affecting the uptake of treatment.

In contrast, Aboriginal informants were more likely to stress structural, rather than cultural factors, such as access to services, as obstacles to acceptable health care. They also had different views of their place in the health care system. Non-Indigenous health professionals claimed that many more Indigenous people should be employed in the health system, but many saw their role as cultural brokers, rather than health professionals. Aboriginal health workers appeared more interested in primary health care roles.

While the participants spoke about the intractable nature of Indigenous ill health generally, and non-compliance in particular, there was also recognition of room for much more negotiation of advice and treatment. One means of achieving this, the authors propose at the conclusion of the book, is the establishment of local reform groups that could address work practices. This suggestion is not developed, however, so the institutional and cultural obstacles facing such groups is not addressed in any depth.

The market for this book is more likely to be tertiary level health and social science students, as the language of critical health sociology will deter some health practitioners. The authorial voice is sometimes insistently programmatic, and even if the reader agrees with the program (as in this case), the tone can be irritating. Given the modest nature and data of the research project that forms the basis of this book, over-analysis is an issue. More rigorous editing would have produced a more accessible and attractive book. These criticisms, notwithstanding, the insights revealed by the research will be of interest to many academic readers and health practitioners.

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Are You Being Served? State, Citizens and Governance

Glyn Davis & Patrick Weller (eds)

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The major theme of this book, the third in a series, is the practical consequences of changing relations between governments, citizens and the state. These relations have changed, writes Davis, because the public's trust in governments and political institutions and its consent to their activities has declined, at the same time that the economies of Western democracies have grown and their governments' activities have expanded.

McAllister and Wanna (chapter 2) examine this idea of citizens alienated from the political system at a time of 'unprecedented support for democratic principles' (p. 31), but the writers find that, while Australian citizens are relatively dissatisfied with politicians, they maintain a 'robust' degree of support for their political institutions, for the existing system of governance. At least part of the reason for this seems to be the utilitarian political culture of Australia, in which citizens expect the state to supply a considerable range of services.

The major focus of the book is on the ways in which governments have tried to adjust, and must keep adjusting, to these changing public attitudes. Three of the ways of adjusting in particular are examined.

First, on policy, Davis (chapter 1) argues that as a result of shifts in traditional voting patterns and the emergence of new social movements (a phenomenon explored in chapter 3 by Papadakis), governments have to find new ways of encouraging people to participate in the political process, in order to re-establish their credibility with the electorate, thus enhancing consent. Bishop and Davis, in a later chapter (chapter 9) elaborate on this point. This has already produced trends in policy with which both public sector workers and their clients are familiar: the emphasis in service delivery has shifted from the classical bureaucratic methods of predictable rules and decisions, to goals such as financial efficiency and effective service delivery, partly achieved through consultation at various levels with identified community 'stakeholders'.

Second, and of particular relevance to those interested in, or working in, primary health care, are the chapters on changes to service delivery, especially the delivery of human services (Keating, chapter 6; Keating & Weller, chapter 5). Here governments face conditions in which citizens have become 'more sceptical, better informed, less trusting', but 'still more demanding' (p. 73). To add to the difficulties of governments, while citizens demand more services they are also reluctant to pay higher taxes to fund them, forcing public sector bodies to 'work smarter' (p.74). Another change with wide implications for the provision of human resources is, again, the shift from bureaucratic modes of delivery with the accent on uniformity and impartiality, to a recognition that services now have to respond to individual needs, especially services 'targeted' at groups believed to be in most need.

The first phase of this shift, Keating and Weller believe, was the adoption of 'managerialism' in service delivery, which aimed to make the public provision of services both more accountable to ministers and parliament, and more responsive to recipients. The next, more radical phase, has been to develop competition and 'managed markets', in which governments use 'free agents', often from the private sector, as their instruments, under the influence of the idea of separating purchasers from providers of services, of governments 'steering not rowing'. The writers caution, however, that this technique has to be used with

discretion, since services which are 'contracted out' should be amenable to clear definition, monitoring and enforcement. Where decisions require a high level of public trust, they advise, this should be left to a rule-based organisation, with 'equitable, transparent and reviewable decisions' (p. 84), presumably a public agency.

A wish for responsiveness to clients, or 'customers' in the new language, reminds us of some old problems, however, such as the difficulty of balancing devolution of decision making to those in face-to-face client contact, with government control to ensure overall fairness and quality in service provision. Another problem, familiar to health care workers, is the persistence of the old boundaries between agencies and departments, making a 'whole of client' approach still a difficult undertaking, not least because of a consequent blurring of lines of accountability. From the client's point of view, the new method of service delivery has the advantage, says Keating, of a focus on clients and their empowerment [his emphasis], with clients themselves assumed to be the best judges of their needs, seen in such items as the 'Clients' Rights' statements common today in service agencies. Another caution though: clients are not invariably the best judges of what they need (which may be confused with what they want).

One of the case studies examined in this chapter is of the Council of Australian Governments 'co-ordinated [health] care trials'. These, though inconclusive in their results, do show that such a method of service delivery is feasible, that pooling of funds between different levels of government can operate, and that the health care system can support excellent care planning and information management.

Finally, on the question of accountability and governance, Mulgan and Uhr (chapter 8) conclude that there have been improvements in accountability, especially with the new emphasis on providing services which actually satisfy members of the public; but there are also some losses, such as where services are removed from political direction, so that politicians can no longer be truly accountable for them through the political process. Yet denials of political responsibility, for example in nursing home administration, remain publicly unpopular – citizens still expect public agencies, however far removed from direct ministerial control, to be more transparently 'accountable' than their private sector equivalents.

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