

UNDER EMBARGO UNTIL 17 HAKIHEA | DECEMBER 2020, 6.00AM NZDT

17 Hakihea 2020 | 17 December 2020

Both sides now: Doctors launch landmark statement on Indigenous child health in Aotearoa NZ and Australia

Tangata ako ana i te whare, te tūranga ki te marae, tau ana.

A person nurtured in the community contributes strongly to society.

Learn the colonial history of your country. Recognise the strength and resilience of whānau. Understand how privilege and racism operates within health care systems and be open to naming it. Promote the use of te reo and tikanga Māori in workplaces.

These are some of the recommendations for paediatricians in Aotearoa NZ and Australia in a landmark publication released today by the Royal Australasian College of Physicians (RACP). Its inaugural *Statement on Indigenous Child Health* is unequivocal: the gaps between the health of Indigenous and non-Indigenous children in Aotearoa NZ and Australia must be eliminated.

“Tamariki and rangatahi Māori, and our Aboriginal and Torres Strait Islander brothers and sisters in Australia have the right to the same standards of health and wellbeing as all other children in Aotearoa NZ and Australia”, said Dr Danny de Lore, (Ngāti Tuwharetoa) Chair of the RACP’s Indigenous Child Health Working Group.

Shifting health outcomes and inequities developed over generations will require advocacy to policy makers from all of society, said Dr de Lore, but he is clear that the RACP recognises the role it must play.

“We saw two major reports out last week – the State of Child Health and the latest Child Poverty Monitor – which continue to paint an unwaveringly bleak picture of health outcomes for tamariki and their whānau.

“The majority of these health conditions are preventable. The stats in these reports aren’t just numbers, they represent kids. The status quo is a call to action”.

“Our statement is giving paediatricians, junior doctors and all health care workers some of the tools to contribute to changing these outcomes. We want our colleagues to be humble enough to learn new ways of thinking about the world that will enhance their own”.

All health care services should be developing strong relationships with Māori and iwi-lead health care providers, said Dr de Lore, a paediatrician at Rotorua Hospital.

“We need more Māori training and working in health, and we need Māori-lead health services to be funded equitably to get the best outcomes for tamariki and whānau”.

Paediatricians are encouraged to adopt a lifelong learning approach to cultural safety and Māori health. This includes understanding the impacts of intergenerational trauma, colonisation, and racism, and how privilege is produced and reinforced through social, cultural, political, and economic systems.

As a trans-Tasman medical college, the RACP has clear organisation-level priorities to improve health outcomes for Indigenous children in Aotearoa NZ and Australia. One of the most effective levers for change is to grow the numbers of Māori, Aboriginal and Torres Strait Islander doctors, and this is a top priority.

“To grow our Indigenous medical workforce, we need cultural safety to be embedded in every aspect of curricula, supervision, mentoring, and professional development.”

ENDS

[The RACP Indigenous Child Health Statement](#)

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About the RACP

The RACP trains, educates, and advocates on behalf of over 18,000 physicians and 8,500 trainee physicians, across Australia and Aotearoa New Zealand. The College represents a broad range of medical specialties including general medicine, paediatrics and child health, cardiology, respiratory medicine, neurology, oncology, public health medicine, occupational and environmental medicine, palliative medicine, sexual health medicine, rehabilitation medicine, geriatric medicine, and addiction medicine. Beyond the drive for medical excellence, the RACP is committed to developing health and social policies which bring vital improvements to the wellbeing of patients.

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