

PAEDIATRIC NURSING PRACTICE MANUAL
SECTION 3

GENERAL CARE OF THE SICK CHILD

3.13 CARE OF THE DYING CHILD

3.13.2 ABORIGINAL PEOPLE: CULTURE & SPIRITUALITY INFORMATION SHEET

Note: In this document 'Aboriginal' refers to both Aboriginal and Torres Strait Islander People.

Background Information

Australia is a vast country; Aboriginal people live throughout it in urban, rural and remote areas. Their culture, beliefs, languages, traditions and rituals are diverse and may vary from community to community. In general, Aboriginal people hold a holistic view of health that connects the mind, body, heart, soul, environment and culture of the whole person, to their whole family and their community.

Key Beliefs

1. Aboriginal people have a close affinity with the land/sea, which forms the basis of their spirituality and identity.
2. 'Dreamtime' is an important aspect of Aboriginal culture. It forms the basis of how their spirit ancestors created land, sea, people, animals and plants.
3. Ancestral roots can be extremely important; however where Aboriginal people regard as 'home' may not necessarily be where they previously lived. Home and country may have two different meanings; if in doubt ask.
4. Family structure is different to non-Aboriginal families:
 - Certain family members that non-Aboriginal families class as distant relatives may be classed as close
 - Families may be related through kinship, language or skin groups
5. Traditionally Aboriginal people have a transient nature. During hospitalisation families from remote areas may want to visit or contact family members that live locally to minimise their culture shock.
6. Some Aboriginal people may have a different concept of time; life is not structured around specific times of day or year.
7. Confidentiality is extremely important. The child/parents/family may or may not want certain family members or staff to be aware of the diagnosis/prognosis.
8. 'Blame and payback' is still quite prominent in some of the more traditional Aboriginal communities, but is not indicative of all.

Payback refers to Aboriginal Customary Law. It is one component of a complex system.

Blame can occur when traditional rules have been broken or in circumstances of unexplained illness for example, cancer is an unseen disease so some Aboriginal people will believe that it is a result of a bad curse that has been placed on the person as a form of punishment.



Communication

1. It is important to communicate with the child/family in a sensitive way that values cultural difference.
2. Preferred communication styles are indirect and informal. Conversation around the subject allows time to prepare and adjust to possible bad news; it cannot be hurried as questions may take a while to surface.
3. Traditionally through the 'skin system' there may be family members who cannot speak with each other so a third person may be utilised; this is known as 'talking sideways'.
4. Be aware that non-verbal communication is important. Mirror the child/parent/family, for example, if eye contact is sought, make eye contact, but if no eye contact is made do not stare.
5. Aboriginal people do not use direct questions to find out significant/personal information. A two-way exchange system is used instead where the questioner may be asked to share their information first.
6. Aboriginal people may not say 'please', 'thank you' or 'goodbye' as there are no words for this in the majority of their languages.
7. Aboriginal people may not understand what is said but still answer 'yes' as form of respect that you are trying to help them.
8. Remember that English is often not the first language spoken or written in many remote or traditional communities, so always:
 - use English that can be easily understood
 - avoid medical jargon and pidgin English
 - use a soft voice and informal speech when talking about diagnosis/treatment
 - take time to check back with the child/parents that they understand what has been discussed with them
 - consider that written material may not be helpful
9. For an Aboriginal person being 'silent' can have many meanings:
 - they may be offended by what has been said
 - they did not understand what has been said
 - they are allowing time to think
 - they have understood and feel it is unnecessary to respond

Below are some words that are used by non-Aboriginal people and suggestions of alternatives:

| Non-Aboriginal Description | Some Alternatives |
|---|---|
| Death / Dying | Passed on Finished up Gone |
| Family | Mob Kin |
| Home/Place of birth | Where you were born Country Land |
| Life threatening illness ie. cancer Terminal Illness | Bad sickness Very bad sickness |
| Next of kin | The person you want to tell first Who is the closest person to you |
| A lot of pain | Big pain |

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Aboriginal People: Culture & Spirituality Information Sheet

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Authorised by: Paediatric Nursing Practice Committee

Review Team: CNC Palliative Care, in conjunction with Aboriginal Liaison Officers and Aboriginal Health Action & Advisory (AHAA) Committee

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Perth, Western Australia

All protocols should be read in conjunction with the Disclaimer in the Preface of this manual

Clinical Considerations/Questions

1. Do the family identify themselves as Aboriginal?
Be sensitive in asking this question as identity is a major part of Aboriginal culture. Remember too, that many families have been affected by the Stolen Generation era and may no longer identify themselves this way.
2. Refer the family to a PMH Aboriginal Liaison Officer (ALO).
If the family do not wish for this, the ALO should still be utilised for advice.
3. Will an interpreter be required?
4. Discuss the wants/needs of the Aboriginal child/parents/family so that the care can be individualised. It is important to understand that these decisions may not always be the natural choice of mainstream health professionals.
5. Respect traditional practices and incorporate into care when requested. For example, some Aboriginal people may request for traditional healers to attend in conjunction with mainstream medical practices. The ALO may need to assist with this request.
6. Family obligations can result in large numbers of people wanting to visit and spend time supporting the child and their parents. Demonstrating compassion and understanding about this aspect of the culture is important and compromise is the key to managing such situations.
7. Understand the different Aboriginal family relationships:
 - Family structure can be complex; it is important to discuss this to identify the next of kin
 - Some traditional families may have a spokesperson such as an Elder
 - The person who has accompanied the child to hospital may not be the person who can consent to treatment

Death and Related Issues

1. Talk with the parents/family and ask if they have any specific grieving practices.
2. Some traditional Aboriginal communities will not use or speak the name of the deceased after death.
3. In areas such as the Kimberley, Pilbara, Western Desert regions and/or north of Geraldton/Meekatharra traditional grieving practices following death may include: wailing/crying, singing, cutting oneself to draw blood, hitting of the head against a hard object, painting/drawing. These practices are not necessarily followed by all.
4. Some Aboriginal people will choose to die in hospital and others at home. However, remember that home may not be where they live but where they were born so their wish may be to return to their traditional lands.
5. When an Aboriginal dies, it is believed that their spirit goes back to the land; hence, it is important for them to be provided with a choice of where they would like to die and be buried.
6. 'Sorry Business' refers to issues relating to death and funerals and can continue for weeks. Due to strong kinship bonds families tend to grieve together and gain strength from this; it takes precedence over all other issues. Funeral arrangements may take many days, even weeks to organise as it is important to wait for everyone to be able to attend.

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