Indigenous peoples of Australia still are ‘shamed’ and thus do not ask professionals where Aboriginal communication from health facilities. This cycle continues with peoples in Australian healthcare which discounts traditional roots in historical and contemporary mistreatment of Indigenous people including pharmacological trials without informed consent, poor treatment of Indigenous people by health professionals, and poor identification of Indigenous clients (Lovett 2014).

These poor statistics, and associated poor health outcomes, have their roots in historical and contemporary healthcare which discounts traditional healing practices, historical mistreatment of Indigenous people including pharmacological trials without informed consent, poor treatment of Indigenous people by health professionals, and poor identification of Indigenous clients (Lovett 2014).

These factors have resulted in a lack of trust in white man’s medicine, which is exacerbated by the high admissions and death rates of Aboriginal and Torres Strait Islander peoples in Australian healthcare facilities. This cycle continues with the use of culturally inappropriate communication from health professionals where Aboriginal and Torres Strait Islander clients are ‘shamed’ and thus do not ask for important information about their medication and continues to result in poor medication literacy in Indigenous peoples. This is due to Indigenous peoples of Australia still being subjected to the ‘culture of blame’ where the person is ‘blamed’ for their poor health, and when coupled with institutional racism, this further exacerbates their already poor health status (Barclay and Wilson 2014; Larson et al. 2007).

A recent television news report highlighted the attention given to medication safety for older people, children, and pregnant women in Australia, however, Indigenous Australians were not included (NITV 2016).

This makes it imperative for nurses and midwives, as the largest health workforce engaging with Indigenous clients, to be educated about the cultural barriers specific to this population in relation to medication adherence, and to ensure that they are provided with the knowledge to proceed and promote culturally responsive healthcare ensuring safe medication practices (PSA 2014). One target area for ‘Close the Gap’ in 2017 that is not currently on track is closing the gap in life expectancy by 2031. In Australia, Aboriginal and Torres Strait Islander clients commonly access healthcare for treatment of chronic diseases such as diabetes, heart and renal disease (AIHW 2010). The incidence of which is marginally higher in Indigenous populations often requiring this population to be treated with prescribed pharmaceuticals, sometimes starting at a younger age and continuing for longer periods of time (NITV, 2016).

To highlight the seriousness of this issue, the incidence of diabetes has been cited by the World Health Organization (WHO), with rates as high as 26% for Australian Aboriginal and Torres Strait Islander people, which is six times higher than the general Australian population (WHO 2007). One of the current issues that escalates the incidence of chronic disease in Indigenous populations is non-adherence to medication regimes. This means that if adherence to medication regimes to treat chronic conditions are intermittent or absent, the clients’ disease symptoms can worsen, causing additional hospital admissions and longer hospital stays, resulting in further stress on the affected clients, their families and communities.

To this end, nursing and midwifery students need to be educated about working with their Aboriginal and Torres Strait Islander clients with chronic diseases, in ways that can improve medication adherence, and therefore support Close the Gap targets by promoting Indigenous peoples and their communities’ overall health and wellbeing.

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