

South Asian Lives Matter



Racial Bias in Western Australia Health System

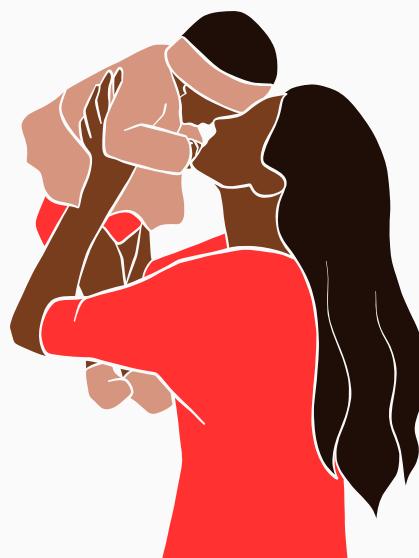
Healthcare in Australia is a human right and people have the right to highest attainable standards of all facets of healthcare. However the current medical model in Western Australia does not have a human rights approach particularly to individuals of South Asian origin and diverse background. People, particularly from the South Asian continent, experience significant levels of health disparities and racial bias in healthcare that has resulted in their deaths. Mostly young women and children from these continents have suffered the consequences of racial implicit bias in healthcare.

Medical racism is a significant contributor to patient harm. For example In 2019, Human Rights in Childbirth submitted a complaint to the Australian Human Rights Commission that guidelines on maternity care encouraged extra and unnecessary intervention on women of colour implying their skin colour is inherently linked to poor health and racial inferiority. They also alleged health care providers would slip sedatives into coloured women's IV lines to perform cesarean sections they didn't consent to.

Western Australia appears to have high rates of mostly South Asian women and children dying or being injured in their hospitals. The reason this is happening is because some healthcare providers carry unconscious racist attitudes towards ethnic women and children, don't listen to their concerns and refuse them treatment and tests they would otherwise provide without question to white people. Furthermore hospital investigation processes excuse and justify poor care and do not take into account consent, human rights and implicit racial bias.

All the deaths of WA South Asian women and children may have been preventable, had they been listened to and given equitable treatment. This includes **Supreet Kaur, Riety Rajeev, Aishwariya Aswath, Monika Mann, Baby Sandipan Dhar, Marykunju Santhosh, Baby Amir, Neethu Thomas (nearly died), and Rachel George and many others. These individuals are mostly young women and children who have died in the last 5 years and most are of South Asian origin.**

Unfortunately Western Australia's Health Regulator HaDSCO does not have any legal power to investigate systemic problems in healthcare or force compliance through fines or recommendations, unlike other health regulators, so poor and racist medical services in hospitals continue unchecked. The Australian Committee on Quality Standards in Healthcare have also acknowledged that the experiences of CALD patients is not properly monitored in WA Healthcare. While the government in WA has tried to address, there is resistance from health services in taking the issue seriously.



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The Australian health system in general is plagued with under-staffing and under-resourcing and these things can cause compassion fatigue by healthcare providers and increase patient harm. It is therefore very important for the South Asian Community to have contingency plans in place to protect themselves so how so?

Know your Rights.

Under the Australian Healthcare Charter you have the right to 'Informed Consent.' The consent must be ongoing, specific and non-coerced. It doesn't matter if the patient doesn't ask or doesn't know. The legal obligation is on the provider to give all the information and all options. The problem is they don't, and it's important to understand when they are not.

Know how to use Your Rights

Because some healthcare providers do not follow the Australian Healthcare Charter, in order to protect yourself, we encourage patients to ask for informed consent and be active participants in their healthcare. Use the word 'informed consent' when asking for information about a drug or a course of treatment. If you are not sure about the treatment or the drug, ask the provider to show you the clinical guideline or policy they follow either in email or a link to the state health website to look it up and read it yourself. If you lack health literacy, ask for interpreter services or a consumer version of the information.

Know their triage process

The Australian College of Emergency Medicine has guidelines on how a triage process works in an emergency room. People are generally triaged between a scale of 1 to 5, with 1 being an immediate threat to life. There is unfortunately a substantial amount of research that shows that people of colour are wrongly assigned low priority in triage settings and that setting them low priority gets worse when they have very serious life threatening concerns. Essentially this means, if you are a person of colour, the sicker you are, the more likely for the triage nurse to not be escalated as life threatening. This has been true for many ethnic young women and children in Western Australia.

Be conscious of this when you enter the emergency department and be ready to use Aishwariya CARE CALL if you feel you are being triaged as low priority.

Know your drugs

Unfortunately it is common practice, especially for women in maternity care and possibly against elderly and disabled patients for providers to give drugs into IV lines without informed consent or knowledge about what is being given. Unfortunately some providers document falsely in clinical notes that consent was obtained.

Providers are required to perform the 6 Rights of Medication Administration every time they give a drug. You can request they demonstrate this to you as well as showing you the drug and what it is for as well as the dosage. You should document this process in a time stamped email or on paper.

Know your Provider.

All providers are registered with the Australian Health Practitioner Regulatory Authority. Ask for the provider's name and you can look them up on AHPRA's website to verify they are registered and they are the ones caring for you. There have been some cases where providers have not documented care they have done or were involved with a patient. Hospitals also unfortunately blacken out their names when patients try to apply for their medical notes. You want to know every single healthcare provider that treated you.

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Know your escalation path

It is very common in many ethnic cultures not to show pain or express concerns emotionally, especially by family members advocating for a sick family member. This is so they can remain strong for the sick individual and not cause them worry. However sometimes healthcare providers perceive that as non concern and do not take the patient seriously.

In other cases such as with Baby Sanidpan, Aishwarya and Supreet Kaur, providers ignored clinical signs and concerns from family and did not escalate emergency care or sent the family/patient home where they later died.

You do not have to accept being dismissed. If you feel something is seriously wrong there are a few ways to escalate.

- All hospitals have a patient liaison to call between work hours. You can request they contact the head doctor/midwife/nurse about your concerns
- The patient liaison also has an email. It is usually on hospital websites as 'feedback.' All poor care should be documented to them for a paper trail.
- You can request a 'clinical review' where a senior doctor will come and assess and you can use the AISHWARIYA CARE call to have that done.
- If you are not being listened to and provided it's not an immediate emergency, but you still need treatment, you can transfer to another hospital at any time. You have the right to a second medical opinion.
- If you cannot transfer, and the hospital is trying to discharge, politely decline to leave and say you will not be leaving until a proper clinical review is done and proper tests are done as per clinical guideline and informed consent is given. And hold to this no matter what. Even if they threaten you with police or security, **do not leave if you or your loved one is sick.** Keep insisting (politely) on treatment.

Resources

Australian Healthcare Charter of Rights

www.safetyandquality.gov.au/our-work/partnering-consumers/australian-charter-healthcare-rights

Emergency Room Triage Scale

<https://acem.org.au/Content-Sources/Advancing-Emergency-Medicine/Better-Outcomes-for-Patients/Triage>

Aishwarya's CARE Call

https://www.healthywa.wa.gov.au/Articles/A_E/Aishwaryas-Care-Call

6 Rights of Medication Administration

https://www.health.wa.gov.au/~/_media/Files/Corporate/general-documents/safety/PDF/Medication-safety-resources/Six-rights.pdf

AHPRA Register of Medical Providers

<https://www.ahpra.gov.au/registration/registers-of-practitioners.aspx>

Further Reading:

Racism in emergency room

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10527826/>

Aishwariya Death Investigation

<https://www.health.wa.gov.au/Reports-and-publications/Independent-Inquiry-into-Perth-Childrens-Hospital>

Human Rights in Childbirth Submission

https://humanrights.gov.au/sites/default/files/2020-09/sub_149_-_human_rights_in_childbirth.pdf