



# **Sad News, Sorry Business**

## **Guidelines for caring for Aboriginal and Torres Strait Islander people through death and dying**

Version 1





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## Definitions and terminology

Aboriginal (adjective)	The original inhabitants of the Australian continent and their descendants.
Coronial autopsy	Post-mortem investigation on a reportable death.
Death	Death may also be referred to as 'passing' of a patient in this document.
Dying	Dying may also be referred to as the final stage/journey of life in this document.
Patient escort	A family member who escorts the patient between health facilities.
Family	In Aboriginal and Torres Strait Islander culture the term family may vary in definition to non-Indigenous culture. This is illustrated in the use of immediate family titles being used across the extended family sphere, i.e. brother and sister are all the males and females of the same generation.
Hospital autopsy	Post-mortem investigation on a non-reportable death.
Aboriginal and Torres Strait Islander Health Worker	Health Workers who identify as Aboriginal or Torres Strait Islander who possess certificates to work in various areas of Primary Healthcare. Sometime referred to as an Aboriginal Health Worker, they usually work in Community Primary Health Care Services.
Aboriginal and Torres Strait Islander Hospital Liaison Officer	Hospital Liaison officers that identify as Aboriginal and/or Torres Strait Islander. These officers are based in regional and metropolitan hospital and provide a range of support for staff, patients and their families.
Interpreters	An individual who acts as a translator between two or more languages.
Mob	An Aboriginal term for family or traditional group. "My mob" could mean my immediate/extended family or my traditional group or Aboriginal community.
Open Disclosure	<p>The open discussion of incident that result in harm to a patient while receiving health care. The element of open disclosure are an expression of regret, a factual explanation of what happened, the potential consequences and the steps being taken to manage the event and prevent recurrence.</p> <p><i>Formal Open Disclosure</i> is the structured process to ensure communication between the patient, senior clinician and the organisation executive. Consist of an Open Disclosure team involving a clinical team, a senior clinician trained as an Open Disclosure Consultant, and hospital executives. It involves multidisciplinary discussion that supports clinical incident management processes and provides a format that facilitates and enables open communication between patients, families, clinicians, senior clinical leaders and hospital executives.</p>
Sad News	Torres Strait Islander terminology that refers to the passing of a person.
Senior member of the family/Senior in-law	The family members to go to for advice on matters surrounding death of an Aboriginal or Torres Strait Islander person.
Sorry Business	Aboriginal terminology that refers to the passing of a person.
Sorry Camps	Temporary camps often away from original dwellings that are used by the wider family during the initial time following the death of a person in Aboriginal culture.
Torres Strait Islander Totem	The original inhabitant of the Torres Strait Islands and their descendants. Usually an animal that is associated with a specific traditional Aboriginal and Torres Strait Islander group.





## Scope

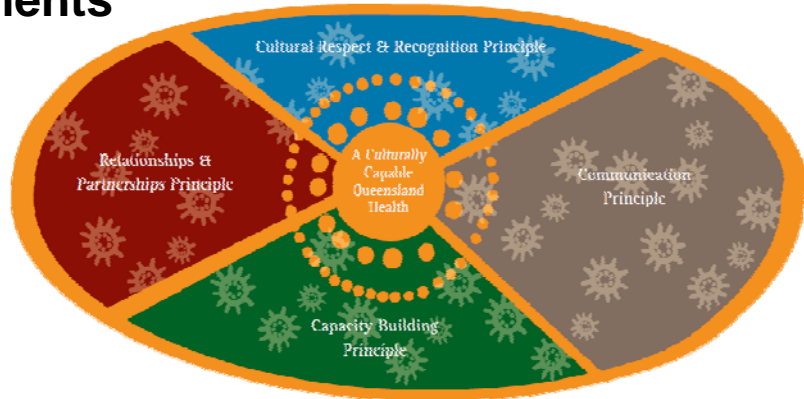
The final stage of life is a very sensitive and significant time for patients and their loved ones. For Aboriginal and Torres Strait Islander people, the time before death, of death and following death are subject to a number of customary practices. These customary practices have meanings that are sacred to Aboriginal and Torres Strait Islander people, and exposing them is not the intentions of these guidelines; rather this document aims to be educative, provide insight into appropriate cultural knowledge and practices and identify tools that will assist Queensland Health staff in providing culturally and clinically responsive care to Aboriginal and Torres Strait Islander patients and their families.

Customary practices vary between Aboriginal and Torres Strait Islander tribal groups. A single Health Service District may consist of a number of tribal groups, each with their own practices. These guidelines are respectful of this variation, thus aim to provide general guidance for carers of Aboriginal or Torres Strait Islanders people faced with death. Health Service Districts are encouraged to establish specific guidelines for their staff to ensure appropriate clinically and culturally competent care.

Please note that some generalisations can be made for Aboriginal people and some for Torres Strait Islander people; thus some sections will be divided respectively.



## Part 1: Essential Elements



## Aboriginal and Torres Strait Islander Cultural Capability

In June 2010, the Director-General of Queensland Health endorsed the *Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010-2033*.

The Aboriginal and Torres Strait Islander Cultural Capability Framework:

- articulates the requirements of achieving successful provision of culturally appropriate health services to and with Aboriginal and Torres Strait Islander individuals and communities; and
- is the overarching framework to guide every aspect of health service delivery for and with Aboriginal and Torres Strait Islander Queenslanders.

“This will require all Queensland Health staff, individually and collectively, to understand and respect cultural differences and needs, and apply this understanding in their various roles.”

The four guiding principles will be applied to caring for an Aboriginal and/or Torres Strait Islander person and their family faced with death, and their application to Sad News, Sorry Business are as follows.

**Cultural Respect and Recognition Principle:** Respect for Aboriginal and Torres Strait Islander perspectives of death and dying; respect that they may differ in principle to mainstream perspectives, however they are comparable in their value to the patient and their family. Recognition of the historical impact on the cultural beliefs and practices of Aboriginal and Torres Strait Islander peoples, and how that impact has lead to current circumstances.

**Communication Principle:** Effective communication is essential in providing optimal care. It is a critical tool in building rapport with the patient and their families, and especially important during the time leading up to and following death.

**Relationships and Partnerships Principle:** Relationships and partnerships with key cultural conduits that have the ability to facilitate knowledge exchange between the cultures. They will ensure that the staff member, the patient and their family are aware of each others' duties throughout the end stage of the patient's life. These conduits include Aboriginal and Torres Strait Islander Hospital Liaison Officers, Aboriginal and Torres Strait Islander Health Workers, certain community leaders and senior members of the family.

**Capacity Building Principle:** Establishing one's knowledge of appropriate Aboriginal and Torres Strait Islander cultures, i.e. knowledge that impacts on one's practice and increases one's confidence in caring for Aboriginal and Torres Strait Islander people, is the essence of achieving individual cultural capability.



# Cultural Respect and Recognition

## History

Death, a confronting certainty of life, varies in meaning between all cultures. Australia is a multi-cultural nation, thus an appreciation for the differences in the meaning of death is essential for providing the best care for a patient at the final stage of life.

Prior to colonisation, Aboriginal and Torres Strait Islander traditional cultures had well established beliefs and practices that had been handed down through the generations. Australia was home to hundreds of different traditional groups with their own language and customs. Some traditional groups shared similarities, reflecting their inter-tribal relationships; however in general differences were marked; so it is no surprise that these practices differ to those of Western origin.

Two recent factors dramatically altered Aboriginal and Torres Strait Islanders customs:

**1. Colonisation and religion:** During the period of colonisation, Aboriginal and Torres Strait Islander cultures suffered great assault. Traditional culture was systematically suppressed, and Western cultural and religious lifestyles and practices were imposed. All traditional aspects of Aboriginal and Torres Strait Islander culture, inclusive of practices associated with death and dying, and the sharing and passing down of this knowledge, were forbidden.

### Religion in the Torres Strait

The Torres Strait Islanders were 'protected' by the London Missionary Society (LMS) for many of the earlier years of colonisation. The LMS was successful in converting the Torres Strait Islander to Christianity; this is evident by the many Torres Strait Islanders that became missionaries and the presence of religion in contemporary Torres Strait Islander cultural practices. Traditional beliefs, languages and practices were forbidden and Islanders were punished for disobedience.

**2. Immigration:** Australia has seen an influx of people from a variety of nations since colonisation. Each nationality came to Australia with their culture, inclusive of beliefs and practices associated with death and dying, which their descendents may still practise today. Some beliefs and practices have impacted on Aboriginal and Torres Strait Islander cultures.

Today in Queensland these impacting factors mean that many practices and beliefs have been modified or lost; however, some Aboriginal and Torres Strait Islander people still maintain traditional beliefs and practices that are an essential part of life and death.



### Culture and healthcare

It has been established that difference exists between non-Indigenous and Aboriginal and Torres Strait Islander Australians, in regards to interpretation of death and dying. Contrasting interpretations extend to all aspects of health and wellbeing. A common contrast in interpretation is the meaning of a hospital admission. For non-Indigenous people it is a place to heal, to fix health problems, and to rehabilitate. For Aboriginal and Torres Strait Islanders, the hospital may be seen as a place one goes to die.

It is our professional duty to deliver care that is appropriate to our patient; this includes care that is responsive to our patients' needs as expressed in their way and from their perspective.

### Perspectives of pain

Misinterpretation of the intensity and severity of pain can lead to insufficient pain management.

Aboriginal and Torres Strait Islander people may be reserved and unobtrusive when in pain and may not readily complain.

In contrast, inaccurate social stereotyping sometimes leads to labelling Aboriginal and Torres Strait Islander people as difficult patients and sometimes drug seekers.



# Communication



Communication is the transfer of knowledge and its effectiveness is an essential element of ensuring patient safety. The ability to communicate is often taken for granted, and it is not until we reach a barrier that it is realised how vital it is to health care delivery.

There are several communication factors to consider when caring for an Aboriginal and/or Torres Strait Islander patient. These factors are potential barriers so are essential factors to understand.

## Verbal language

Language was vital to the Aboriginal and Torres Strait Islander cultures pre-colonisation. Languages were rarely written, except through pictures; lessons were taught through story telling and songs. Many songs and dances are stories that have been handed down through generations.

During colonisation, many cultural practices, inclusive of language, were suppressed and hidden as a result of Western laws and religion that were enforced upon Aboriginal and Torres Strait Islander peoples. Today, many languages are incomplete or have been forgotten.

Despite being suppressed to near extinction, some Aboriginal and Torres Strait Islander languages are still spoken today. In fact, 56% of Torres Strait Islanders and 39% of Aboriginal people speak or have spoken some words of an Indigenous Australian language. One in nine Aboriginal and Torres Strait Islander people aged 15 years and over, do not identify English as their first language.

The chances of speaking an Indigenous language and recognising that language as your first language increases for Aboriginal and Torres Strait Islander people residing in remote areas.

Today, some Aboriginal and Torres Strait Islander people speak more than one language, and some experience difficulty with English, particularly medical terminology.

## Body language

Body language expectations vary amongst Aboriginal and Torres Strait Islander cultures. It is important to acknowledge that there are rules, which can be learned with experience. Speak with your local Aboriginal and Torres Strait Islander Hospital Liaison Officer or Health Worker to identify local practices.

Some general rules include:

- Avoiding eye contact with the family members and friends following the death of the patient, as it is a mark of respect.
- If staff wish to express condolences, a silent hand shake, without eye contact will suffice.

## Pain management

We are all susceptible to pain, however we differ in the way pain is experienced and expressed, e.g. contrast in pain thresholds and levels of analgesic effect.

As previously discussed in [perspectives of pain](#), Aboriginal and Torres Strait Islander people may reluctantly express their pain. This reaction is often due to embarrassment or reluctance to be any trouble to the health staff.

Patients' understanding of pain management medications may vary also. As the health care provider, it is imperative to inform our patients of their informed options for pain management while in our care.

Patients' assumptions about the strength and immediacy of the analgesic effects, and the side effects are common issues for health care provider.

Efficient communication is essential in addressing these issues.



## Relationships and Partnerships



Good relationships with key conduits within the healthcare setting and in the local community are essential in providing optimal care to Aboriginal and Torres Strait Islander patients.

Time of death is a difficult and inappropriate time to build meaningful relationships with these conduits, so where possible these relationships should be developed proactively.

### Rapport

Aboriginal and Torres Strait Islander people may share a general feeling of distrust of non-Indigenous health staff. This may be due to historical factors, or possibly feelings of being judged or being treated unfairly in unfamiliar environments, such as mainstream health services.

Good rapport is an essential element for compliance and cooperation with any patient and their family. It is especially important when caring for an Aboriginal and/or Torres Strait Islander patient as this is an opportunity to prove one's credibility and trustworthiness. Patients and their family members are vulnerable during the final stages of life and after the passing, so absolute sensitivity and diligence are required of health care providers.

Building rapport with the patient and their family is not necessarily time consuming, as it is the quality of communication that is most valuable rather than the amount of time.



### Essential elements of establishing rapport

- Be respectful to the patient's cultural requirements. Mutual respect is a common valued element in Aboriginal and Torres Strait Islander cultures.
- Be honest.
- Be proactive in providing orientation and clear and simple explanations for treatments and daily routines (e.g. why procedures have been postponed or cancelled, where is the patient kitchen is).

Do not underestimate the power of conversation that occurs in Aboriginal and Torres Strait Islander communities. Aboriginal and Torres Strait Islander people talk about their experiences to everyone. If it is a positive experience, this will benefit the reputation of the organisation as well as your own; however, a negative experience will reinforce barriers between the service and Aboriginal and Torres Strait Islander people.

### Family members' roles and responsibilities

Rapport with family members is essential during the final stages of life of an Aboriginal or Torres Strait Islander patient. Family members can assist with care delivery, and understanding their roles will ensure respectful care to the patient and family members.

In Aboriginal and Torres Strait Islander cultures, certain family members hold specific roles and responsibility.

In some Aboriginal traditional groups, certain members of the family assume responsibility for the health decisions of the family.

In Torres Strait Islander culture, family health matters may be a shared responsibility. However, after the passing of a patient, it is the responsibility of the in-law family members to inform the extended and immediate family members of the patient's passing, and speak on behalf of the family in regards to post death decisions, including funeral arrangements, organising open disclosure interviews etc.

### Patient escort

Some Aboriginal and Torres Strait Islander patients that are transferred between remote, regional and metropolitan Queensland may be accompanied by an escort.





The patient escort is usually a close family member and is important in providing support for the patient, as company and sometimes interpreting.

The escort will also require support while accompanying the patient. Ensure that their emotional needs are met as well, as they are not only caring for a sick member of their family, but they may have a family at home, children and grandchildren, that they may be missing or worried about.

Remote and regional staff should ensure that the patient and family be advised of the role of the escort.

### **Family escort for the deceased**

A particular family member may be the most appropriate to escort an Aboriginal or Torres Strait Islander deceased person from a metropolitan or regional hospital back to their community. Communicate with the family to ensure that the right person has been identified and that the health service has their name and contact details. This will ensure smooth operations for transferring the deceased person back to their community.

### **Family interpreters**

[Queensland Health policy](#) insists on utilising interpreters who are National Accreditation Authority for Translators and Interpreters (NAATI) accredited or recognised.

However, due to historical implications on Aboriginal and Torres Strait Islander language, some languages are not complete or forgotten. Thus interpreters for all languages at all times may be impossible.

If a family member were to provide interpreter assistance, issues that one should consider include:

- Certain topics are taboo and cannot be discussed between certain family members, e.g. information regarding women's health cannot be discussed with a male family member.
- Some subjects may be embarrassing to certain members of the family, especially younger members.

### **How can you ensure accurate family interpreters?**

- Identify what needs to be translated prior to speaking with the family.
- Strongly emphasise the importance of accurate information.
- Clarify to the family what needs to be discussed, and have the family decide who best to help interpret.
- Limit the use of medical jargon. Utilise diagrams to assist with complex medical explanations.
- Most medical problems do not have a traditional name, e.g. cancer; be mindful of this and explain in simple detail.

### **Professional interpreters**

Queensland Health acknowledges that individuals and groups from diverse cultural and linguistic backgrounds utilise the health service. Thus measures such as interpreter services are essential in ensuring informed patients that participate in personal health care decisions as well as planning and review of all aspects of health.

[Queensland Health policy](#) is to use interpreters who are NAATI accredited or recognised.

There are very few accredited or recognised interpreters for any Aboriginal or Torres Strait Islander languages in Queensland. However, Aboriginal or Torres Strait Islander staff members within your workplace may be able to assist.

Consent should be sought from both patient and health staff for interpreter involvement in the care of a patient.



## Aboriginal and Torres Strait Islander Hospital Liaison Officers (Liaison Officers)

Aboriginal and Torres Strait Islander Hospital Liaison Officers provide emotional, social and cultural support and assistance to Aboriginal and Torres Strait Islander people during their time in hospital. The Liaison Officer can be found in major Queensland Health hospitals.

The Liaison Officer should be contacted on admission, and their advice should be sought when planning care for the patient. They will be able to determine the cultural appropriateness of care and provide a vital medium between the health care team, the patient and their family. Both elements are essential in caring for a patient who is dying, or has passed.

### Considerations

Metropolitan hospitals are referral hospitals for complicated medical cases. Many Aboriginal and Torres Strait Islander patients are transferred from remote and regional locations to obtain appropriate medical services. The local Liaison Officer may not be familiar with the language spoken by the patient, but will have contact to someone more appropriate.

Be aware that the Liaison Officer may have cultural obligations that will conflict with their professional role. There may be issues or certain families that the Liaison Officer cannot be involved with. Be sure to seek consent from the Liaison Officer for his/her involvement in the care of each patient.



## Aboriginal and Torres Strait Islander Health Workers (Health Workers)

Aboriginal and Torres Strait Islander Health Workers are also key conduits between the health care team, the patient and their family. Health Workers can be found in Aboriginal and Torres Strait Islander community health services throughout Queensland.

If a patient is transferred to your hospital from a remote community, the Health Worker from that community will be your best contact to assist with communication with the patient. Seek assistance from your Liaison Officer, or search [QHEPS](#) for the contact details of the community health service in the community that the patient is from. Be sure to ask the patient or escort where they are from, as sometimes a patient is transferred multiple times, and the medical notes may not reflect this.

The Health Worker can also assist with explaining any cultural expectations on behalf of the patient, contacting family support for the patient, clarifying the patient's medical or family history, or dietary requirements, and providing advice on discharge planning (i.e. what services are available to the patient in the community).

In the final stages of life, some Aboriginal and Torres Strait Islander people will request to spend this stage at home; the Health Worker will be able to assist with this.

### Returning to Country

In the final stages of life Aboriginal and Torres Strait Islander patients may request to return to their homelands and to be with their family. This is an understandable request, however may be complicated if the patient is on chronic therapy (i.e. renal dialysis, palliative care).

Services and resources to support the final stage of life in Aboriginal and Torres Strait Islander communities are limited. Contact the local health service to investigate the possibilities.



## Support

Support is essential for a person in the final stage of life. For Aboriginal and Torres Strait Islander people the family and kinship system provide a wealth of support.

In the 2008 National Aboriginal and Torres Strait Islander Social Survey, it was identified that 89% of Aboriginal and Torres Strait Islander people aged 15 years and over were able to attain support in times of crisis (i.e. emotional, physical or financial support).

However, this support may be difficult if the patient is not in their home town, and away from their family. In such circumstances the involvement of the local Liaison Officer or Health Worker is beneficial.

There are also a number of Indigenous-specific social and emotional well-being community organisations throughout Queensland that can be suggested to family and friends. Please contact your local IHLO or Health Worker to identify these services.

## Working in Community

A relationship with the local Aboriginal or Torres Strait Islander community is a critical imperative for healthcare providers working within Aboriginal and Torres Strait Islander communities.

Established groups such as the Community Health Council or Community Council are important stakeholders. These individuals and groups can inform service delivery that is locally appropriate, as well as drive local health initiatives and strategies.



## Capacity Building

In order to deliver care that is responsive to a patient's cultural needs, one must have some understanding of the cultural knowledge and skills that impact on one's practice. There are several ways to further increase cultural knowledge and skills.

### Aboriginal and Torres Strait Islander cultural training programs

Queensland Health offers Aboriginal and Torres Strait Islander cultural training to all staff. The training provides staff with the opportunities to learn about local Aboriginal and Torres Strait Islander cultures and their practical relevance to health care.

The training also provides staff with opportunities to identify the important Aboriginal and Torres Strait Islander services and staff in their health services, such as Aboriginal and Torres Strait Islander Hospital Liaison Officers and Health Workers.

### Local staff

Positions such as the Aboriginal and Torres Strait Islander Hospital Liaison Officers and Health Workers hold valuable, locally relevant cultural knowledge. However, they are not the only people that can help.

Aboriginal and Torres Strait Islander people also participate in other health or hospital roles, including nursing, midwifery, medicine and allied health.

There may be Aboriginal and Torres Strait Islander people employed in operational roles. People employed as gardeners, cleaners and orderlies may hold significant roles within their communities.

Establishing rapport with Aboriginal and Torres Strait Islander staff within your facility is the best way to identify important human resources to assist your learning of local cultural knowledge that impact on your practice.

### Learning the lingo

The most crucial point in communication is that it is not just what is said, but what the patient hears and interprets. The best way of

ensuring the quality of patient's understanding is by speaking the language.

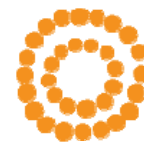
However, unless you were working in a community and saturated in the culture, learning the language is difficult.

If you do reside in an Aboriginal or Torres Strait Islander community, you are encouraged to learn the language. Please seek assistance from your local Aboriginal and Torres Strait Islander Health Workers.



### Aboriginal and Torres Strait Islander Health Branch

Further resources are available on the [Aboriginal and Torres Strait Islander Health Branch](#) and the [Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010-2033](#) QHEPS pages.



## Part Two: The Final Stages of Life

### Diagnosis and information

Delivering a diagnosis and health information to Aboriginal and Torres Strait Islander patients can be difficult considering the cultural and communication barriers.

### Common complications include:

- Some Aboriginal and Torres Strait Islander people identify English as a second or third language, therefore experience difficulty understanding both Standard English and medical terminology. Using appropriate language can reduce the level of misunderstanding, and confusion for the patient. [See communication.](#)
- The patient and their family may be reluctant to acknowledge bad news.
- The patient and their family may need time to discuss the information to gain a complete understanding for all involved.
- Some Aboriginal and Torres Strait Islander people maintain their cultural beliefs, which is inclusive of spiritual beliefs about the causes of poor health. These beliefs generally may conflict with Western explanations and diagnosis of illnesses. Understanding and demonstrating respect for the belief of the patient and their family will assist with developing trust and rapport

### Pouri-pouri

Black-magic/sorcery (commonly known as pouri-pouri), is a genuine cause of poor health to Aboriginal and Torres Strait Islander people. However, Western perspectives deem this as superstitious and invalid, arguing that any evidence of pouri-pouri is coincidence that has a reasonable and scientific explanation.

Be aware that this is an old and largely secret culture; learn to appreciate the different perspective, rather than offend it.



### The gathering: preparation for death

In the lead up to expected death of an Aboriginal or Torres Strait Islander person, there is usually a gathering of immediate and extended family and friends.

Based on the belief that life is a part of a greater journey, it is cultural practice to prepare the person for the next stage in their journey.

The gathering is a mark of respect for the patient. Often the extent of gatherers correlates with the patient's value to the community. The passing of an Elder may induce immense grief and mourning upon the whole community, hence expect many visitors and a grand funeral ceremony that reflects the respect. The passing of a child or baby may have a small funeral with immediate and extended family.

Cultural duties following the death include support of the immediate bereaved family, as well as feeding, transporting and housing the plethora of mourners. Such support requires the cooperation of the extended family and friends to share the load, to help the bereaved family and pay respect to the deceased.

### What care of planning should be considered in anticipation for this?

- A large number of visitors should be anticipated. Consider providing a larger private room for the patient.
- Due to the distance from possible remote and interstate locations that family members will travel from, special considerations for visiting hours should be factored in for an Aboriginal or Torres Strait Islander patient.
- A family member may request to stay overnight with the patient. Consider allocating a specific area when allocating patients to accommodate this request. Can this be facilitated?
- Develop rapport and work with the family. This is very important in providing the best care possible to the patient, and ensures cooperation and mutual understanding.
- Anticipate many questions.
- Obtain consent for the involvement of the Aboriginal and Torres Strait Islander Hospital Liaison Officer or Health Worker in the caring for the patient.



- Some Aboriginal and Torres Strait Islander families may request a visit from a clergy or chaplain. Ensure that you have chaplain support services information readily available.
- Refer the family to local Indigenous Social and Emotional Wellbeing Organisation, if possible.

### Totems

In Torres Strait Islander culture, each traditional group has their own totem. These totems are usually animals that vary in significant meanings; they have been passed down through generations of that group. During the final stages of life a Torres Strait Islander person may display physical actions of their totem. This will be noted by the family as a sign that the final stage of life is at hand.

### Time of death

The time of death is a very traumatic time for the family and friends of the deceased. Care must be practiced diligently and sensitively at this time.

The legal requirements of death (i.e. death certificate, notification of reportable deaths) are followed as per usual.

### Communication following death

Contacting the next of kin following the death is not always correct practice for Aboriginal and Torres Strait Islander people.

In Aboriginal culture it is taboo to mention (or in some cases write) the name of a deceased person. Aboriginal people believe that if the deceased person's name is mentioned, the spirit is called back to this world.

In Torres Strait Islander culture, it is the responsibility of the senior in-laws to inform the family (immediate and extended) of a person's passing. This responsibility of the senior in-law extends within a hospital and outpatients setting.

It is **culturally inappropriate** for a non-Indigenous health staff member to contact and inform the next of kin of a person's passing. This breach of cultural protocol may cause significant distress for Aboriginal and Torres

Strait Islander families connected to the person whom has passed. Seek cultural guidance from the local Aboriginal and Torres Strait Islander Hospital Liaison Officer or Health Worker.

### How to anticipate these implications

- Early in admission identify whether the patient is of Aboriginal and/or Torres Strait Islander origin. Then identify who would be the correct person to contact in the event of deterioration in health and death of the patient.
- Death is a taboo topic, so ensure that you respectfully ask the patient or one of the senior members of the family in private about who would be the contact person in case of health deterioration or death.
- Ask the local Aboriginal and Torres Strait Islander Hospital Liaison Officer or Health Worker for the appropriate word to use in substitute for the patient name following death. Also be attentive to the deceased person's family to what words they use.

### Notifying Aboriginal and Torres Strait Islander staff

Be aware of any Aboriginal or Torres Strait Islander staff that may be related to the patient. This can be established proactively by asking the patient or the family if they have family working in your facility. Ensure that respect is given to those staff members by allowing cultural protocol to inform them.



## Sad News, Sorry Business: time after death

Customary practices following death differ between Aboriginal and Torres Strait Islander people. This section will provide insight into the two perspectives and will highlight the practices that may impact on the delivery of care.

Aboriginal cultural protocols following death are generally associated with two reasons:

- Sending the spirit onto the next world
- Identifying the cause of death.

Many Aboriginal tribal groups share the belief that this life is only part of a longer journey. When a person passes away, the spirit leaves the body. The spirit must be sent along its journey; otherwise it will stay and disturb the family.

There are two significant practices that occur following death that assists with the journey of the spirit.

- The name of the deceased is not mentioned for a long period of time, from several months to years. This is to ensure that the spirit is not held back or recalled to this world.
- A smoking ceremony is conducted. The smoking of the deceased person's belongings and residence also assists with encouraging the departure of the spirit.

Some Aboriginal groups also practice means of identifying causes of death. They are practised by very intelligent Elders and the causes in question are usually of a spiritual nature. These ceremonies are likened to an autopsy of Western practice.

In order to identify the cause of death, some Aboriginal groups practice the sample collection of the deceased person's hair. The collection is often in secret, as are the practices following the collection.

Some traditional Aboriginal practices include the search for unusual object within the body, such as a stone, or a feather. These objects bear significant reference to the cause and culprit responsible for the death.

Pending the smoking ceremony and investigations, the family and friends are sometimes relocated away from the deceased person's house. In some areas, the family resides in sorry camps which can be some distance from modern amenities and services.

### **How can cultural wishes of the family of a deceased Aboriginal patient be respected?**

Be aware that the practices described above may occur.

There can be restrictions to interfering with the deceased person's body which deems traditional investigations impossible. However, a report of the post-mortem investigation or coronial inquest should be discussed with and made available to the family as soon as possible.

Family members may request a lock of hair from the deceased person's body. This is usually done in private, so avoid drawing attention to it.

- Speak to the treating doctor to determine if this is possible.
- Document this in the patient notes.

Family and friends may still be arriving following the death. On arrival, the newcomers are usually ushered in to see the family, often the partner, siblings and other immediate family. The arrival of a new relative is often accompanied by a revival of loud mourning.

In some instances in Aboriginal and Torres Strait Islander culture the family may request a priest or chaplain to visit the deceased person's room or home, which is believed to evoke the spirit from the house.

### **How can the cultural wishes of the family of a deceased Torres Strait Islander patient be respected?**

Torres Strait Islander beliefs and practices following death have more religious implications, and involve many family members and loud mourning.

- Prepare for many people and loud mourning.
- Consider the use of a single room for the family to mourn.
- Consult with the Aboriginal and Torres Strait Islander Hospital Liaison Officer or



Health Worker or family representative to manage the mourning period in the facility.

Sometimes in Torres Strait Island culture, the day before the burial, the family arrives at the morgue to 'dress' the deceased person. If it is a female family member, only females will be allowed inside and vice versa. The family will fully dress the deceased person including shoes, a tie and sometimes their cologne.

- Be respectful of the cultural protocols.
- Be aware of the religious implications.
- Listen to the family; they will identify what is required.

### Postponing the burial

The burial may require the presence of certain family members. Until they are present, the family will refuse to proceed with the burial.

There may be family disputes concerning the origin of the deceased person (which relates to where they can be buried), or the inheritance of their land and property (some Aboriginal men have more than one wife through traditional marriage, which can complicate the division of inheritance).

### Financial barriers

A hospital autopsy request in a remote location can be expensive for the family, as the family will have to pay for the transfer of the deceased body to and from the nearest health service that can provide such services.

Some families can't afford the cost of a funeral. However, Aboriginal and Torres Strait Islander people can apply for financial assistance ([Burials Assistance](#)) at their local courthouse or Office of the State Coroner. Seek assistance from your local Aboriginal and Torres Strait Islander Hospital Liaison Officer or Health Worker.



## Traumatic or sudden death

Slow deterioration of health and expected deaths are more readily accepted by Aboriginal and Torres Strait Islander families and communities than sudden deaths.

Sudden death in Aboriginal and Torres Strait Islander cultures may be associated with sorcery and blame, which can lead to payback. These issues are essential to understand, especially for Queensland Health staff working in remote and regional areas.

Sorcery is believed to be a contributing factor in many sudden deaths. It is as real to many Aboriginal and Torres Strait Islander people, as a blocked artery, or a diabetic ulcer; and should not be dismissed as mere superstition.

Blame is also a serious issue. It is not confined to Aboriginal and Torres Strait Islander people; everyone is at risk of being blamed, inclusive of people outside of the patient's culture.

Payback is associated with blame; however accounts in Queensland are not as common as traditional groups in other States. Traditionally, payback was a means of maintaining balance and order in Aboriginal and Torres Strait Islander cultures. Payback is traditionally practised by physical means (spearing) or spiritual means (singing or cursing). The latter is a sensitive matter and needs to be approached with discretion.

### Points to consider in anticipation and when managing a traumatic or sudden death:

- Anticipate reactions associated with traumatic or sudden death.
- Develop rapport with your local Aboriginal and Torres Strait Islander Hospital Liaison Officer or Health Worker or community leaders (if working in community). These people are the medium between health professionals, patients and family. This relationship should be proactively developed and maintained and will be beneficial if caring for Aboriginal and Torres Strait Islander people who find themselves in highly distressing situations.
- Maintain respect and professionalism. It is important to appreciate and respect





differences in perspective to avoid aggravating situations.

- Be honest and sincere when supporting family following the death of a loved one.
- Coordinate care with the Aboriginal and Torres Strait Islander Hospital Liaison Officer or Health Worker.
- Practice good [communication](#) skills.
- [Open disclosure](#) should be practised sensitively and confidently.



### Open disclosure

[Open disclosure](#) should be practised sensitively with Aboriginal and Torres Strait Islander families. The technical aspects of the open disclosure process should be maintained, as per the Queensland Health advice.

#### There are several factors to consider:

- Plan the Open Disclosure session with the family, identify what will be shared, how and in what order. One's confidence and preparedness will be viewed as one's professionalism and trustworthiness.
- Consult your local cultural conduit in planning the Open Disclosure session. The local Liaison Officer or Health Worker or a prominent member of the family, or in a Torres Strait Islander family, the senior in-laws. Guidance from the conduits should be sought to:
  - Ensure that all the required family members are invited and present on the day.
  - Check the appropriateness of setting and environment for a family gathering, to ensure privacy and comfort of family. Discuss alternative locations as the health facility may not be the best location.
  - Seek guidance in anticipation for very emotional family members. Identify collaborative strategies to best support grieving families and also minimise or prevent potentially harmful situations from occurring.

- Clarify whether or not you can use the name of the deceased person, and identify what 'name' is suitable.
- If you ensure that the conduits understand, they may be able to assist with explanations and provide constant support for the family following the open disclosure session in regards to explaining the situation.
- Consider the use of teleconference or video conference facilities if family members cannot be physically present.
- Practice appropriate [communication skills](#).
- Give the family time to understand the information that you are sharing.
- If a hospital post-mortem report is available at this time, use the opportunity to explain the content of the report to the family. The report may also provide structure for the Open Disclosure process.
- If a death is reportable and awaiting coronial investigation, ensure that the family is made aware of the coronial process.
- Essentially, families just want to hear the truth; be genuine and confident.

### Coronial investigations

The unforeseen nature of a reportable death that may lead to a coronial investigation is often associated with highly emotional reactions from family and friends. Considering the lack of trust that may exist between Aboriginal and Torres Strait Islander people with non-Indigenous people and the extensive family system, the reaction has potential to be large and quite negative.

Refer to the [Coroner's Investigation Guide](#), which outlines the professional, legal, cultural and ethical responsibilities of Queensland Health and staff members involved. A good understanding of the process is essential to educate the family about the process.

Refer to [Communication](#) and [Open disclosure](#) to assist with managing this process with Aboriginal and Torres Strait Islander patients and their families.





## Resource list

[Aboriginal and Torres Strait Islander Health Branch](#)

Queensland Health (07) 3234 1756

[Burials Assistance](#)

Department of Justice and Attorney-General

[Coronial Investigation Guide](#)

Queensland Health

[CRANaplus Bush Support Service](#)

CRANaplus (08) 8959 1110

[Open Disclosure](#)

Queensland Health

[Open Disclosure National Standards](#)

Australian Commission of Safety and Quality in Healthcare

[Queensland Health Language Service Policy Statement](#)

Queensland Health

[Queensland Nurses Union](#)

1800 177 273

[Royal College of Medical Practitioners](#)

Queensland Office (07) 3456 8944

[Working with Interpreters Guidelines](#)

Queensland Health Interpreters Service

