

# Case conferencing, quality of life and palliative care for Indigenous clients from remote communities in the Top End of the Northern Territory

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Funded by NHMRC grant

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## Palliative care

- The premises of the literature
- The gaps in the literature

# Indigenous notions of death and dying

- The premises of the literature
- The gaps in the literature

## Case conferencing

- The premises of the literature
- The gaps in the literature

## Communication and miscommunication

*“Achieving shared understanding requires a process in which Indigenous patients, their families and supporters have the opportunity to collaboratively construct their own discourses of life, the body, health and sickness that are related...Such discourses would inevitably and appropriately integrate the biomedical concepts with [Indigenous] concepts...which should mean people gain better understanding about, control over, and responsibility for management of their...disease.” (Sharing the True Stories 2001: 83)*

*“It’s important that Yolngu and Balanda work together and listen to one another...if you want to help Yolngu you have to help us the right way – with your own thinking if you can’t help us but it if you stick with Yolngu...the relationship will go right.” (Sharing the True Stories 2001: 84)*

# Quality of life measurement

- The premises of the literature
- The gaps in the literature

# Situating the researcher...



“...[C]ommunication would improve if health professionals learned to listen to the [Indigenous] story and let it shape the structure of their own biomedical perceptions. Both staff and patients need to recognise that their understandings come from their own backgrounds, and are therefore saturated in their own histories, languages and culture.” (Sharing the True Stories 2001: 83)

# Brief outline of methodology

# In conclusion...

