Carrying a heavy burden

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On qualifying, Aboriginal doctor **Mark Wenitong** was asked how he intended to solve his community's health problems

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Imagine for a moment what life is like for Mark Wenitong, a GP and administrator with the Wuchopperen Aboriginal Medical Service in Cairns, northern Australia.

No matter how hard he works, his patients often die, often in what should have been the prime of their lives. He goes to their funerals because he is not only their doctor but also part of their community.

"We do a very good job here at Wuchopperen, clinically, socially, and culturally, and we don't see good advances in our clients," he says. "You see too many people dying of preventable disease at an early age, and you just don't seem to be able to do anything about it."

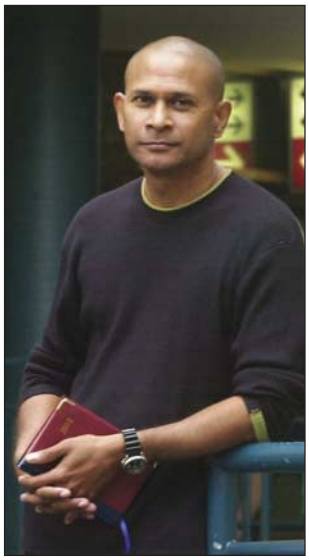
When friends, family, and colleagues die, cut down by heart disease in their 30s and 40s, Dr Wenitong grieves for them, and wonders what his own future might bring.

At 46, he is uncomfortably aware that Aboriginal life expectancy is 20 years lower than that of other Australians, and that 45% of Aboriginal and Torres Strait Islander men will not celebrate their 45th birthday.

The high burden of cardiovascular disease, the major cause of excess mortality, reflects poor health and general social disadvantage, as well as reduced access to health services compared with other Australians.

Whether running a clinic at a nearby prison, where 70% of inmates are indigenous, or stitching up the victims of domestic violence, Dr Wenitong is constantly reminded that the appalling health of his people "has its roots in the wholesale exclusion of indigenous people from Australian society since 1788" (according to researcher Sandra Eades (www.mja.com.au/public/issues/172_10_150500/eades/eades.html)).

He was struck, when running a men's health course recently, by a young man's comment that "indigenous men are always angry and frustrated and killing themselves because we know white people think we are monkeys."



CHRIS CREAR/NEWSPIX

Wenitong: wonders what his future will bring

As one of only about 55 indigenous doctors in Australia, Dr Wenitong is pulled a million different ways by committees, community groups, and others wanting his involvement and advice.

Given all this—and the impact of what some researchers call "institutional racism"—it would not be surprising if anger and frustration dominated Dr Wenitong's conversation.

And you do get a sense of this at times, especially when he talks of the difficulty of attracting non-indigenous doctors to work in the area.

But far more evident is the gentleness and good humour. Dr Wenitong's patients may be troubled, but he often laughs with them. He is as conscious of their resilience as of their suffering.

He attributes his own resilience to the spirit of his ancestors, his religious faith—and his guitar. Indeed, he often gives the impression that deep down he is as much musician as doctor.

Music helped fund his medical studies back in the early 1990s when he was one of the first Aboriginal medical students at the University of Newcastle in New South Wales. As a mature student with four children to support, he played in a reggae and hip hop band to pay the rent and university fees.

He grew up in an old house, which had hessian bags for windows, on the outskirts of the coastal Queensland town of Gladstone, the youngest in a family of six. His father was violent, an alcoholic, and often in jail. His mother, Lorna, was one of Queensland's first Aboriginal health workers.

He was the only one of his siblings to finish high school, and he's still not really sure how he got to university. Maybe, he adds, it's to do with his mother being a "really full-on Christian who brought us all up with a belief in God."

He decided to become a doctor after his 11 years as a pathology laboratory technician made him acutely aware of the high infection rates in his community and more interested in Aboriginal issues. Having learnt the same school lessons as the rest of his generation—from history books that talked of "treacherous blacks"—he began to read widely about Australian history.

His personal experiences of the health system also made him aware of the need for change. He suffered terribly from migraines as a young adult, and would present at the local hospital with nausea and vomiting. Inevitably, he was accused of being drunk. Whenever he denied this, he was called a liar, and he left without help.

"I had the worst experiences of my life there," he says quietly, but then adds with a laugh: "I thought, 'this is a good thing to try and change from the inside.'"

When he graduated, Dr Wenitong was interviewed by a television crew, who stuck a microphone in front of him and demanded, "How are you going to solve the Aboriginal health problem?" Asked how he replied, Dr Wenitong laughs: "I was an intern. I was just trying not to kill anybody."

After medical school, he worked for World Vision in Central Australia, training health workers. He enjoyed learning from traditional elders, an opportunity he had not had when he was growing up—at a time when Queensland Aborigines were not allowed to practise their culture or speak their own language. He gained a new insight into traditional healing. "It's pretty powerful medicine," he says. "It's been around for 40 000 years, which is a little more than my experience of five years at medical school. The Aboriginal side of me believes there is a spiritual side of healing, and we probably don't utilise that enough in Western medicine."

Dr Wenitong relies greatly for support on colleagues in the Australian Indigenous Doctors Association, established only five years ago. But they face the same pressures of burnout. One friend, associate professor Ian Anderson, for example, finds the demands so great that he sometimes wishes he hadn't studied medicine.

Professor Anderson, director of the University of Melbourne's Centre for the Study of Health and Society, believes the only way to reduce such pressures is for more graduate Aboriginal health professionals and so build leadership skills and capacity.

Meanwhile, Dr Louis Peachey is looking forward to relinquishing his presidency of the Australian Indigenous Doctors Association because he feels so worn down by the "constant cycle of grief." One of his least favourite tasks has been the writing of "sorry business" letters, like the one sent recently to the family of an Aboriginal doctor who died unexpectedly in his 30s of a sudden illness. "The big reason we need more indigenous doctors is hope," says Dr Peachey. "We shouldn't fantasise that Aboriginal doctors are going to be Mr Magic for indigenous people. But they can teach children about possibility—that they are not necessarily a member of a permanent underclass."

Dr Wenitong says involvement in policy making helps him cope with the frustrations of clinical work because he feels he can make a difference. And then there's the sustenance from music, a gift which must be in the genes. Daughter Naomi sings in the successful pop group Shakaya, soon to tour the United Kingdom and United States.

"It's so nice, just going and playing," he says, "and you don't think too much about Aboriginal health, or anything." □