

19 March 2026

## First Nations healthcare is not just about health! It's about listening, working with community...and crucially, stamping out racism.

National Close the Gap Day  
Thursday 19 March 2026

The Rural Doctors Association of Australia (RDAA) says improving health outcomes for Aboriginal and Torres Strait Islander people means genuinely listening to First Nations communities on the healthcare models that work for them, and doing everything possible to stamp out racism in the health system.

**Speaking on National Close the Gap Day (Thursday 19 March), RDAA President, Dr Sarah Chalmers, said both blatant and unintended racism in the health system continues to discourage Aboriginal and Torres Strait Islander people from seeking out the healthcare they need and deserve.**

Dr Chalmers is an experienced doctor in First Nations healthcare, having worked in remote and very remote communities in East Arnhem Land, Central Australia and North Queensland.



“It’s important to recognise there are many healthcare settings across Australia that have worked very hard (and continue to work hard) to combat racism and ensure their facilities are welcoming to First Nations patients, but racism undeniably continues to exist in the healthcare sector, often at an individual level” **Dr Chalmers said.**

“While we tend to think of racism in its most blatant form, unintended racism in health settings can be just as damaging in discouraging First Nations people to seek healthcare.

“Unintended racism can present in many ways, but it can include impatience from health staff when a First Nations patient may not speak or understand much English or understand the medical jargon that we use; is unable to attend an appointment on time due to transport or family challenges; or is reluctant or unable to adhere to a certain medication or treatment regime.

“We recognise this can often come against the pressures of a busy workload for a health professional, but it nevertheless makes the health system so unwelcoming for First Nations people that they may avoid it altogether.

“We need to ramp up cultural safety training at all levels of healthcare – from the first week of university health courses through to ongoing continuing professional development for those who have worked in healthcare for decades. We should all be encouraged to understand that our own bias can impact our ability to be culturally safe and inclusive.

“Frontline health system support staff – like reception staff, cleaners, phlebotomists and others – also play a key role in making healthcare settings welcoming for First Nations patients, and should receive ongoing cultural safety training.”

**Dr Chalmers said more genuinely engaging First Nations patients and communities in their own healthcare will also unlock a much more effective approach in Closing the Gap in health outcomes.**

“We need to get beyond the mindset that Western healthcare simply ‘works’ for First Nations people, and they need to just receive that care without questioning it, or without having a say in what treatment they receive or how they receive it – it shouldn’t be that way” **she said.**

“Some health services – including Aboriginal Community Controlled Health Organisations and Aboriginal Medical Services – already have collaborative healthcare approaches in place with First Nations patients, but we need to make this approach consistent across all health settings.

“This means listening to and working with Aboriginal and Torres Strait Islander communities to design and develop healthcare approaches that encourage and support patients’ engagement in their healthcare and achieve positive health outcomes – the Birthing on Country initiative is an example of this.

“We also need to be doubling our efforts to build the health workforce of Aboriginal and Torres Strait Islander doctors, nurses, midwives, pharmacists, dentists, health workers and other allied health professionals – and ensure they themselves are not being subjected to overt or unintended racism, either during their training or once in the health workforce.

“First Nations health professionals can give such a great headstart to the care journey for Aboriginal and Torres Strait Islander patients, bringing a deeper understanding of culture and its connection to healthcare, including the expectations of the patient, their family and community in terms of healthcare and health outcomes.

“While the First Nations health workforce is growing, we cannot take the foot off the accelerator in facilitating this.

“I realised many years ago as a doctor working in First Nations health that I needed to be able to provide care in the way my patient wants to receive it – if they can’t or don’t take your advice on board, you won’t be very successful in caring for them. Railroading people doesn’t work.

“If you want to practice patient-centred care, you must take your patient’s own beliefs and healthcare preferences into account. You must also regularly check your own privilege and wonder – ‘What is it about me and my upbringing that makes me view a patient’s situation the way I do?’

“The more we take this approach to First Nations healthcare, the bigger steps we’ll take toward Closing the Gap on health outcomes.”

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Please [click here](#) for a downloadable photo of Dr Chalmers.

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