

EDITORIAL

Going beyond the Marryalyan

COSA (and certainly in this context, it's not necessary to define the acronym) has a great logo: the Marryalyan. None of the other professional societies, colleges or equivalent national bodies of which I'm aware have anything that approaches this logo in terms of its singularly Australian character. This logo was formally adopted in the 1970s, rather than being prompted by any more recent consciousness of Indigenous Australian culture. Most readers may be aware that the dreamtime story of the twin snakes, as told to us by the Warramirri people (see COSA website), is recounted at COSA dinners to overseas contributors to our Annual Scientific Meeting, who each receive a Marryalyan as a keepsake of their time with us. Good stuff. Works well.

All this is remote from the health problems of Indigenous Australians. Like me, I suspect that without exception, non-Indigenous Australian readers of this journal will be aware that the situation of Aboriginal and Torres Strait Islander people presents an appalling healthcare picture. They face a markedly shorter life expectancy than the rest of us. They suffer from a range of diseases, the onset of which can be traced to social, economic and other circumstances which are often tragically obvious. Like me, you might also have the impression that these health problems do not centre on cancer. Rather, in common with many communities in the developing world, critical health needs centre upon communicable disease and conditions related to poor nutrition, exemplified by diabetes. But occasionally there are indications that the poor health of Indigenous Australians does involve cancer. The matter had not been centre stage in a previous issue of *Cancer Forum*, prompting a commitment in respect of the first issue for 2005. Namely, the publication, as a Forum, of papers presented to a workshop on Indigenous cancer held in Darwin by The Cancer Council Australia in the latter part of 2004.

The Forums published over the last decade or more have established the character of *Cancer Forum* as a journal for cancer professionals. The Editorial Board invites investigators of national standing to develop and contribute to these Forums (a scenario which is not usually related to a conference). Usually, such invitations are accepted despite a recognised pile of professional commitments and all of us – members of COSA and other readers – are the beneficiaries. Again, it works well. The Editorial Board normally provides about nine months notice and, sometimes with the encouragement of 'reminders', individual contributors rarely let us down. When they do, various people pitch in and the 'gap' – say one paper among seven or eight – is not noticeable in the final product. At least we on the Editorial Board hope it isn't.

Less than three months prior to the publication deadline for this issue of *Cancer Forum*, we knew we were in trouble. The manuscripts from the Darwin conference were not going to arrive. And I felt guilty making the associations that I did. I

recalled a conference (not COSA) organising committee where an Aboriginal 'Welcome Ceremony' had been contemplated, then put aside on the basis on the risk that they 'just wouldn't turn up'. I remembered my local church attempting to involve local Indigenous representatives in a ceremony concerning traditional ownership: we never seemed able to have our invitation (and its commitments) accepted. I'm not aware whether our failure to obtain the anticipated manuscripts was actually related in any way to the Indigenous character of the conference. Even without such knowledge, the baggage I had on board was enough to influence my thinking. I was of a mind to put the matter of Indigenous cancer aside. It would be easier to find another Forum subject at short notice, and no reference need be made to the original intention.

I'm pleased that the Editorial Board did not opt for that course. Instead, we opted to address Indigenous cancer, but through a format different from that originally contemplated. In fact, we had some papers from the workshop plus an overview of proceedings. These articles follow. And through these papers, a bleak picture can be discerned. The bleakness is tempered by action in the best traditions of the profession. Beyond that, it's preferable to let the various contributions speak for themselves without offering some summation here. What can be said, however, is that my notion, of Indigenous healthcare not being specifically concerned with cancer, was and is wrong. What can also be said is that the need for cancer care in this context involves all in the team, rather than being predicated on the perception of cultural or personal matters being confined to one sector of the cancer professional community.

Everyone involved in cancer care is aware of concerns that require attention. Urgently. Whether it's decreasing the smoking rate, increasing participation in screening or trials, ensuring total support of the individual patient and his/her family, delivering care equitably across rural and urban communities, or something else. But the health of Indigenous Australians is an issue that runs across all these concerns and merits something more, if that's individually and communally possible. I'm writing this as television images of Australia Day flash past: funny that.

No clarion call is intended. To identify priorities and strategies is way beyond the scope of this Editorial. But I commend the articles that follow. And I hope, that as COSA continues to use the Marryalyan, that usage may be complemented in some way by action, through COSA members or COSA itself, that serves to improve cancer control amongst Indigenous Australians.

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