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Don’t talk in class

You can’t be British working in Australia without wondering about differences. The history of Australia and the UK has been closely entwined since 1788, resulting in a shared language and shared legal and political institutions. Although the health services are different, the Royal Australian College of General Practice grew out of the UK royal college. The differences, for a British-trained GP like myself, can be hard to pick up.

One of the most obvious differences is the importance of rural and remote health. There are huge stretches of the country that are very sparsely populated, and it is difficult to provide decent health services in these areas. Health outcomes tend to be worse because of this.

In my own field of work in Aboriginal and Torres Strait Islander health, the difference in health outcomes between Indigenous and non-Indigenous Australians has been documented across a whole range of conditions. Targets have been set for improvement but with only limited progress so far.

Having said this, there’s something important missing in Australia. I was struck when I moved here that the sort of problems I was seeing in Aboriginal communities were similar to the problems I was seeing in deprived parts of Sheffield. Later I read the work of the Deep End GPs, describing the challenges of working in the most deprived communities in Scotland, and I felt they were describing my work on the other side of the world.

And yet, apart from a tiny number of enthusiasts, we don’t talk about deprivation as a cause of poor health in Australia. We pretty much only talk about rural and remote health and Aboriginal health. It means we get to conceive of the causes of poor health as being purely geographical or about being attached to a particular cultural group. It’s a small leap before we start to talk as if the pathology is the geography, or, worse, as if being Aboriginal is the problem to be corrected, rather than connection to culture being a protective factor in health.

‘If you get pain, get on a plane’ was a

well-known saying in some of the rural areas that I have worked, showing how wealth protects health. The incomes of people in rural areas are lower than those in the cities, but the national conversation concentrates on geography.

Similarly, Aboriginal and Torres Strait Islander peoples tend to have much lower incomes than non-Indigenous Australians, but this isn’t often thought of as a cause of poor health. Although it’s far from the only problem going on — the history of dispossession, colonisation, and racism resulting in a loss of control over their own lives plays a huge role — it’s also not irrelevant.

In the UK I remember people used to talk about class, but this is rarely mentioned here. Instead we talk about giving people ‘a fair go’ almost as if it’s an unofficial national motto. Being able to say the phrase, though, perhaps means we don’t have to put in the effort to do something about it.

There’s really no vocabulary to discuss class in Australia. It clearly exists, but we talk about it as geography and as Indigenous affairs, which leaves whole swathes of working-class metropolitan areas with no way of describing the causes of the health problems they experience, or the potential solutions.

So, although talking about class may be seen as old fashioned or even — God forbid — socialist, we should hang on to ways of talking about class. When we lose the vocabulary, that’s all we lose. The system it describes and its explanatory power don’t disappear with it.

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