Key Principles for Working with Aboriginal and Torres Strait Islander Cultural Medicines

(for ACCHOs / ACCHSs)

Throughout these principles, Aboriginal and Torres Strait Islander Cultural Medicines (Cultural Medicines) includes what some services and communities call traditional medicines, bush medicines, cultural healing, ceremony and other cultural practices.

Below is a single, integrated set of key principles for ACCHO/ACCHS staff, grounded in two sets of data from our national survey:

- what health service staff said they need/see/do, and
- what Aboriginal and Torres Strait Islander people (patients/clients/communities) said matters to them about Cultural Medicines.

1. Sovereignty and Cultural Governance

Cultural Medicines are sovereign knowledge systems.
They belong to and are governed by Aboriginal and Torres Strait Islander peoples. Elders, Traditional healers, knowledge holders and local communities set the rules for how medicines, healing practices and related knowledge are used, shared, recorded and protected.

In practice, this means:

- ACCHOs/ACCHSs follow local cultural governance (Elders, TOs, Boards, PBCs) for anything to do with Cultural Medicines.
- Non-Indigenous staff and systems should never claim ownership or control over Cultural Medicines.

2. Country, Culture, Ceremony and Relationship *are* Medicines

Cultural Medicines are more than products.
For Aboriginal and Torres Strait Islander peoples, medicine includes more than just products. It includes, for example, Country, ceremony, kinship, spirituality, language, art, story, songlines, birthing on Country, Sorry Business and the relationships that hold all of this together.

In practice:

- Care plans can include going/returning to Country, ceremony, cultural camps, art, story, language groups, hunting/fishing, community events.
- Staff understand that when Country is harmed or inaccessible, health is also harmed.

3. Self-Determination and the Right to Use (or Not Use) Cultural Medicines

Aboriginal and Torres Strait Islander peoples have the right to decide how they care for their bodies, spirits and communities.
Using Cultural Medicines is a matter of sovereignty, human rights and self-determination – and so is choosing not to use them.

In practice:

- Staff support people who want to use Cultural Medicines, and also respect people who do not want to, for spiritual, religious or personal reasons.
- No-one is coerced into or out of Cultural Medicines, even if health staff do not initially know about the risks/safety of specific cultural medicines.
- Knowledge about Cultural Medicines is layered – some is open, some is closed. Closed/sacred knowledge must stay in community.

4. Two-Way Care and Shared Decision Making: Cultural Medicines and Biomedicine Together

We aim for genuine "two-way" (both-ways) care.
For many people, the best care combines Cultural Medicines and Biomedical treatments in ways that are safe, respectful and led by Aboriginal and Torres Strait Isalder priorities.

In practice:

- Staff routinely ask about all medicines, including cultural medicines, and explore how they sit alongside western treatments.
- Clinical decisions are made through shared decision-making with the person, Aboriginal staff and, where appropriate and available, Traditional healers – not by western protocols alone.
- Culturally safe shared decision-making models are used to create a safer environment to discuss use of cultural medicines.

5. Cultural Safety, Anti-Racism and Trust

Cultural safety and anti-racism are non-negotiable foundations.
Aboriginal and Torres Strait Islander people will only talk openly about their medicines when they feel safe from judgement, racism and ridicule.

In practice:

- Staff never describe cultural medicines as “not real”, “woo woo”, “superstition” or “unscientific”.
- Services actively challenge racism and disrespect towards cultural medicines and First Peoples, and take responsibility when harm is caused.
- Building trust is prioritised over “getting through a checklist”.

6. Indigenous Leadership, Roles and Scope of Practice

Cultural Medicines work must be led by Aboriginal and Torres Strait Islander people.
Traditional healers, Elders, Aboriginal and Torres Strait Islander Health Workers (AHWs) and other Aboriginal and Torres Strait Islander staff are clinical and cultural leaders in this space.

In practice:

- ACCHOs/ACCHSs may begin discussing and investing in roles and pathways for Traditional healers, Elders, Rangers, or other cultural practitioners within the ACCHS Model of Care.
- Non-Indigenous staff know their limitations: they support access, safety and documentation, but do not act as healers or cultural authorities.

7. Safety and Evidence Across Knowledge Systems

Safety matters – and so does Indigenous knowledges (evidence).
Thousands of years of safe use, community experience and oral histories are real forms of evidence. Western clinical data (when it exists) can complement, but not override, Indigenous knowledges.

In practice:

- Staff consider safety and potential interactions in a way that respects Cultural Medicines and does not automatically shut them down.
- ACCHOs/ACCHSs support Indigenous-led research and evidence-building about Cultural Medicines (including qualitative, practice-based and community evidence), with strong governance and protections from underdeveloped national or state/territory frameworks
- “We don’t know yet” becomes a starting point for careful, collaborative planning, not a reason to dismiss Cultural Medicines.

8. Protection of Knowledge, Intellectual and Cultural Property, and Country

Cultural Medicines knowledge is precious and must be protected from exploitation.

There is a long history of biopiracy, theft and misappropriation of Indigenous Peoples' knowledges, plants and stories, globally; Australia is no different.

In practice:

- ACCHOs/ACCHSs adopt and uphold Indigenous Cultural and Intellectual Property (ICIP) and Indigenous Data Sovereignty principles.
- No research, publication, product development, teaching resource or commercial partnership involving Cultural Medicines proceeds without community-led agreements and fair benefit-sharing.
- Protecting Country – species, places, access – is seen as essential to protecting Cultural Medicines and health.

9. Community-Led Access and Models of Care

Cultural Medicines live in community, and ACCHOs/ACCHSs walk alongside that.
Cultural Medicines are often made, shared and governed by families, Elders, Rangers and community groups.

In practice:

- Services can start to develop local models of care and referral pathways that connect people to their own healers, Elders, families, Country and Cultural Medicines options– rather than centralising control in the clinic.
- ACCHOs/ACCHSs actively support and advocate for community-led initiatives such as bush medicine programs, community gardens, cultural camps, on-Country programs.

10. System-Level Responsibility and Ongoing Learning

Integrating Cultural Medicines is a systems job, not just an individual clinician task.
Racism, unsafe laws, funding gaps, environmental damage and rigid biomedical systems all impact whether Cultural Medicines can be used safely and freely.

In practice:

- ACCHOs/ACCHSs advocate for policy, legislative and funding changes that support Cultural Medicines (e.g. recognition of healers, access to Country, protection of species, and reform of harmful regulations).

Staff at all levels commit to cultural safety, anti-racism and decolonising practice – as an ongoing journey, not a one-off training. And, once available, to Indigenous designed and led learning/education about Cultural Medicines.