



Supporting Information

Supplementary material

**This appendix was part of the submitted manuscript and has been peer reviewed.
It is posted as supplied by the authors.**

Appendix to: Barns KJE, Peachey L. Seeking a voice: the inadequacy of the “four principles” and the need for care ethics in the provision of health care to vulnerable populations. *Med J Aust* 2024; doi: 10.5694/mja2.52349.

CONSIDER Statement

Guest Editors of the 2024 *Indigenous Health Special Issue* acknowledge the Indigenous expertise that informed the establishment of the CONSolidated critERtia for strengthening the reporting of health research involving Indigenous Peoples (CONSIDER) statement. Authors should indicate how they have supported ethical publishing and reporting practices by providing the details of the research practices aligned with this publication in accordance with the CONSIDER statement. The reporting should not exceed two pages. This reporting will be published as online supplementary information. Detailed items can be accessed in the publication:

<https://bmcmedresmethodol.biomedcentral.com/articles/10.1186/s12874-019-0815-8>

Governance
This ethics article is not a research project. There is no “research institution”, and so no partnership agreement with an Indigenous-governing organisation. We have not (knowingly) used Indigenous intellectual property, and do not anticipate that there will be tangible financial and intellectual benefits to any particular Indigenous community that will require formal protection.
Prioritization
The partnership between Dr Barns and Dr Peachey (Girrimay/Djirribal) developed organically whilst contributing to a College Forum, tackling thorny issues and questions in the lead up to the October 2023 Referendum. Integral to that partnership was always the understanding of the need for Indigenous Governance in the Indigenous Health space.
Relationships (Indigenous stakeholders/participants and Research Team)
<p>Dr Louis Peachey is a Girrimay and Djirribal man from the Djirribaligan language group (Rainforest People) of Far North Queensland. At the time he began his internship in 1990, he was one of four identified Indigenous Doctors in Australia. He was the Founding President of the Australian Indigenous Doctors Association, has throughout his career has been strongly involved with Cross-Cultural Medical Training. Dr Peachey was a member of the Project Steering Committee for the Royal Australian College of General Practitioners Aboriginal Health Curriculum, which was the first of its type used by any Australian Post-Graduate Academic College. Dr Peachey is a Rural Generalist Anaesthetist based at Atherton District Hospital, and provides a regular Primary Health Clinic at Lotus Glen Correctional Centre. He is a member of the Board of the Joint College Training Service, which oversees Indigenous Health Training in the two General Practice Colleges. He is also a Senior Fellow with James Cook University’s General Practice Training Unit, and a member of the Advisory Board to A Better Culture, which is focusing the culture of medical training in Australia. Dr Peachey received a Life Fellowship of the Australian College of Rural and Remote Medicine in 2021.</p> <p>Dr Kenneth Barns has predominantly worked as a Rural Generalist (Emergency) at the Beaudesert Hospital on Mununjali country but has also locumed in rural and remote</p>

settings, including in Aboriginal communities on Kamilaroi and Wunambal Country. He continues to be an active supervisor for the both the Remote Vocational Training Scheme and the University of Queensland Rural Clinical School. Dr Barns is currently completing a Bachelor of Arts at Macquarie University, majoring in Philosophy and Applied Ethics but including Indigenous Studies.

Although this was not a medical research project, nevertheless the work did follow the principle of “Nothing About Us, Without Us”.

Methodologies

This ethics paper did not have formal research methodologies. Formally, we actively searched the literature for information about Australian Indigenous engagement on healthcare ... and noticed the “silence” that most of this information was from non-Indigenous sources. Informally, we reflected on our personal experiences, and the anecdotes of Indigenous colleagues.

Participation

Given this paper is not research performed with participants, direct Indigenous participation was limited to that of Dr Peachey and the registrar involved in the case scenario. The registrar provided written consent to her story being shared in this paper.

Capacity

This paper promotes the involvement of Indigenous Voices in all levels of healthcare delivery. We believe that such Voices would be a mechanism for strongly promoting a distinctively Indigenous research capacity.

Analysis and interpretation

Given this paper is not a research paper, there is no formal analysis and interpretation of data.

That aside, our paper advocates for Indigenous Voices as a means for amplifying strength-based approaches, and offering alternatives to deficit discourses about Indigenous healthcare.

Dissemination

Although there is no plan to disseminate this paper to specific Indigenous audiences, it will be disseminated by the authors to medical training bodies intimately involved with Indigenous healthcare education (RVTS, RACGP, and ACRRM for GP training; and to the A Better Culture project, for use in cultural change efforts within the medical specialty colleges more generally). The aim is to provide Indigenous and non-Indigenous health educators with heuristic tools to help justify the importance of formal Indigenous Voices to a predominantly non-Indigenous audience (who are more familiar with the “four principles” framework).