**A Social Problem in Australian Healthcare**

**Question One**

The social problem that the article addressed is the exclusion of Aboriginals Australians from cancer care services. Over the years, novel medical issues such as cancer have been on the rise for native Australians (Treloar et al., 2012). Hence, with time, there has been an increased need to explore the experiences encountered by the Aboriginals. Unfortunately, research so far depicts that regardless of the overall enhancements in cancer end results for Australians, the indigenous people continue to encounter poorer health outcomes.

The level of engagement among the natives in the cancer care system is lower than that of the non-Aboriginals across all phases as from screening, early cancer detection, adherence to continued care and the 5-year survival rates. For instance, approximately 36% of Aboriginal women are bound to uptake breast cancer screening compared to 55% of non-Aboriginal females (Treloar et al., 2012). Further, the cancer mortality rate among natives between the ages of 35-64 years is higher than non-Aboriginals. According to the statistics provided by Treloar et al (2012), the healthcare state in Australia is alarming and for this reason, the researchers set out to explore reasons related to the social exclusion of the natives from the cancer care system.

Based on the aim of the investigators, it is apparent that the study entailed two main questions. One of which included "what are some of the reasons responsible for the exclusion of Aboriginals from cancer care services?" whereas the other entailed "how can social inclusion among natives be enhanced?" The social problem and the research questions are linked in the sense that the latter provides a direction that the authors should follow. The research questions structured the study into relevant parts which entailed exploring the current state as well as possible remedies and this guided the researchers on how to attain the objective of the study.

**Question Two**

The article by Treloar et al (2012) adopted the interpretive paradigm. The constructivism paradigm enables investigators to perceive the world through the viewpoints and encounters of the respondents (Thanh & Thanh, 2015). Thus, the reality of the world is jointly constructed through multiple but consistent understandings within the society. Treloar et al. (2012) drew upon the concept of interpretive description to surpass their focus beyond the aspect of qualitative explanation. The authors extended to a level where they had to gather information and interpret different meanings based on some abstract patterns. The scholars attempted to derive their constructs through profound investigation as they evidently put in the efforts of training both Aboriginals and non-Aboriginals who would examine patients, carers and healthcare workers. The article navigates through various social and lifestyle aspects connected to social inclusion some of which included poor access to health services and poverty.

The examiners were able to align complexities of the experiences into a logical argument that can inform policies within the field of healthcare. Treloar et al (2012) moved beyond a situational comprehension of matters regarding social exclusion to interact with processes that could encourage inclusive practices for indigenous Australians in need of cancer care. Circumstantial dimensions revolving around the inclusion of natives from the medical system were recognized and some included financial factors and isolation. The scholars then identified three essential patterns connected to the process of social inclusion. The article portrayed that the reality of the society was that trust, poverty and lack of knowledge substantially contributed to the exclusion of indigenous Australians from the cancer treatment system.

**Question Three**

One of the ethical principle researchers should observe is that of beneficence. Scholars should ensure that the study benefits the respondents, and do not harm them (American Psychological Association, 2002). According to Treloar et al. (2012), the researchers proceeded with the project after seeking approval from various ethical committees. Conducting the study after permission had been granted by relevant authorities minimized the risk of harm to any of the participants. Furthermore, Treloar et al. (2012) compensated the participants. Patients and caregivers were offered $60 whereas the healthcare staffs were provided with gift vouchers worth $30. The project was also of benefit to the respondents in the sense that the study findings would emphasize the need to enhance the healthcare system, especially among the Aboriginals.

Another principle that should be observed is that of integrity. According to the American Psychological Association (2002), investigators should always examine the accuracy and truthfulness of the available information. In the case of Treloar et al. (2012), the scholars assigned a project advisor the duty to comment and clarify on the native language and terms exploited. Smith (2003) asserts that researchers should also respect people's rights and dignity. Scholars should devise various ways through which they can safeguard the welfare, confidentiality and the privacy of the respondents. Treloar et al (2012) transcribed the interview data to eliminate the identity of the informants and apply pseudonyms. Additionally, the principle of fidelity and responsibility requires that scholars establish trust with the study respondents. Thus, Treloar et al. (2012) ensured that only Aboriginal interviewers probed native patients and carers to create a sense of togetherness. The article ensured that the respondents felt that the researchers had the best interests to enhance the health system among the indigenous people.

**Question Four**

The population that was investigated included three groups of respondents located in different societies across New South Wale (NSW) between the year 2008 and 2011 (Treloar et al., 2012). The first class of participants comprised 22 Aboriginals suffering from cancer while the second category included 18 respondents who were caregivers. The last group encompassed 16 people who were healthcare providers Treloar et al (2012). The sample was obtained through diverse ways. Flyers used to advertise the research project were positioned in Aboriginal Medical Services (AMSs) and were issued to oncology workers in clinical facilities to provide prospects with the telephone number to reach out for participation. Besides, participants were recruited from AMSs, palliative care settings as well as medical oncology services. Additionally, referrals from the respondents and the community played a substantial part in the recruitment process.

Interviews were the primary tools of data collection. Treloar et al (2012), conducted interviews in locations where participants considered convenient. The Aboriginals were interviewed for around 1hour 30 minutes to 2 hours. Well-trained interviewers who were Aboriginals examined fellow natives who were either cancer patients or carers whereas non-Aboriginals probed health care workers.

Different communities share distinct beliefs and values. Thus involving participants from various societies across NSW increased the relevance and validity of the study findings. The sample involved Aboriginal carers and patients and this enabled researchers to attain first-hand experiences of the individuals under study. Involving medical care providers provided the study with professional viewpoints. Through the interviews, scholars were able to determine accounts responsible for the exclusion of natives from cancer care services and ways through which the circumstance can be enhanced.

**Question Five**

The scholars conclude that three factors, primarily act as obstacles to social inclusion of indigenous Australians in cancer care. First, socioeconomic status plays a profound part in regards to seeking medical care (Treloar et al., 2012). Most Aboriginals are financially unstable because a significant number of them are either unemployed or beneficiaries of social security. Hence the treatment cost of cancer tends to pose a massive burden to the natives. Based on the recommendations made by the respondents, the healthcare system should increase the number of indigenous medical personnel to subsequently raise the cost and logistic treatment support patients receive. The system should direct natives to immediate assistance instead of reimbursing costs.

The second factor that was considered as a barrier to inclusion of Aboriginals was trust. A prolonged experience of racism and discrimination has resulted in Aboriginals not trusting entities of the mainstream community such as medical facilities. Hence, most Indigenous Australians have chosen to disengage from various institutions because they fear the negative treatment. Treloar et al. (2012) suggest that innovations in the healthcare should now encourage health equality through addressing the trust issue present in the mainstream medical system. Genuine collaborations with the Indigenous society should be established to enhance the cancer services offered to the community.

The last element relates to the Aboriginal's challenges in knowing the cancer treatment (Treloar et al., 2012). Most native people do not apprehend the complex cancer care system and ways in which the treatment is organized. Practical programs such as the patient navigator schemes should be developed to particularly support individuals from low-income groups facing numerous barriers. The researchers have answered the research questions posed. Treloar et al (2012) highlighted and discussed various accounts attributed to the current state of healthcare where a substantial number of Aboriginals are excluded from the cancer treatment services. Moreover, in each one of the discussed factors, the scholars put forward possible strategies that could be implemented as solutions. The scholars depict accounts for the social exclusion of Aboriginals as well as probable remedies that the health system can incorporate.

**References**

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