


# Towards Providing Culturally Safe Health Care for Aboriginal People

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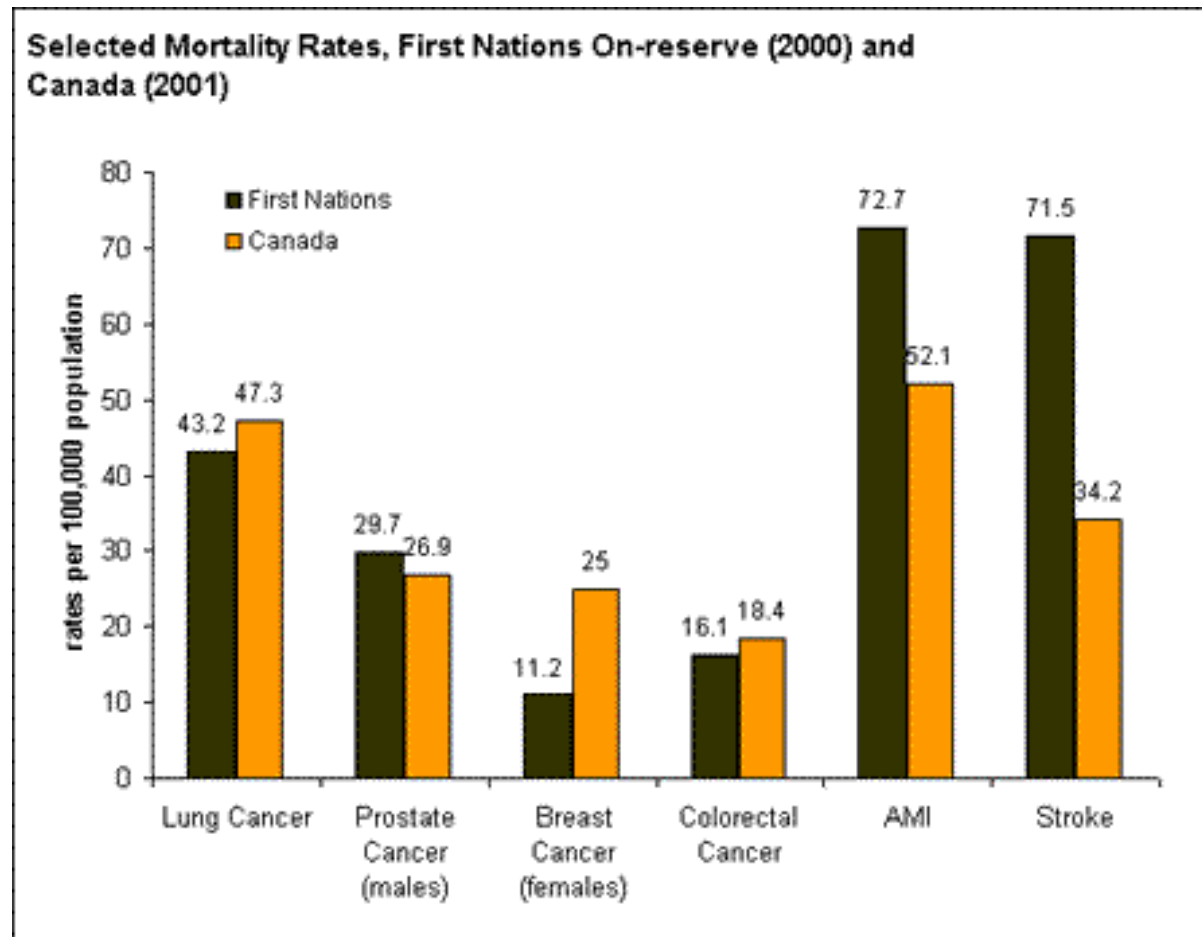
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[www.familymed.ubc.ca/aph](http://www.familymed.ubc.ca/aph)

# Who we are


- ▶ Aboriginal – First Nations, Inuit, Metis
  - ▶ Reserve/off-reserve
  - ▶ Status/Non-status
  - ▶ 200 bands in BC
  - ▶ Traditional – non-traditional
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# Comparison of Mortality Rates



**Source: Health Canada, First Nations and Inuit Health Branch in-house statistics; Statistics Canada**

# Cancer and Aboriginal People

- ▶ Survival is poorer; later stage diagnosis appears to be only part of the explanation.
  - ▶ Cigarette smoking is high so lung cancer incidence is expected to increase.
  - ▶ Pap test screening has been lower than in the general population
  - ▶ High prevalence of Type II diabetes may increase incidence of cancers of the breast, prostate and colorectum.
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- ▶ Cervical cancer is higher in the First Nations population than the B.C. population.
- ▶ Stage distribution at presentation appears similar for all cancers except for breast cancer, which is diagnosed at a later stage in First Nations women.

Cancer Care Ontario. First Nations Cancer Research and Surveillance Priorities for Canada: Report of a Workshop September 23-24, 2003, Ottawa, Ontario. Canada, 2004. [www.cancercare.on.ca](http://www.cancercare.on.ca)

# What is my role?

- ▶ How can I provide the best care possible for my Aboriginal clients?


# What is cultural safety?

- ▶ Cultural safety is the effective care of a person/family from another culture by a health care provider who has undertaken a process of reflection on their own cultural identity and recognizes the impact of the HCP's culture on their practice. Unsafe cultural practice is any action which diminishes, demeans or disempowers the cultural identity and well-being of an individual.


# A case – one way of seeing

- ▶ 43 y.o. Aboriginal female recently diagnosed with breast cancer, metastasis discovered to the bones. Presented to family physician with back pain, found to have bony mets. Ms. H. has now been sent to the BCCA.

# A case – one way of seeing (cont'd)

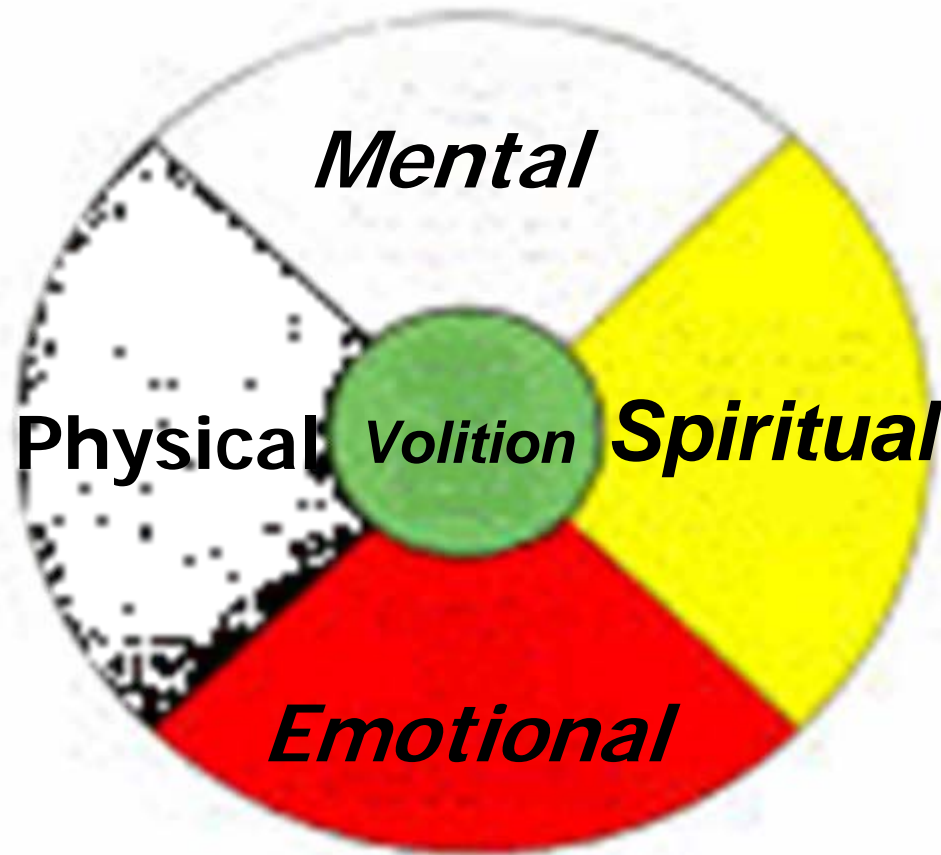
- ▶ Upon entering the room you begin by introducing yourself, and then taking a history. You carry on to the physical exam. During the process, you note that Ms. H. is quiet, answering your questions, but not offering any information. You feel as if you're having a hard time 'breaking through'.
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# A case – one way of seeing (cont'd)


- ▶ You have set up several appointments for Ms. H., and have offered many services such as counselling, the use of the library, relaxation class. However, Ms. H. has not made use of the resources available, and often does not show up for appointments, which is frustrating for all concerned.
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# The Medicine Wheel

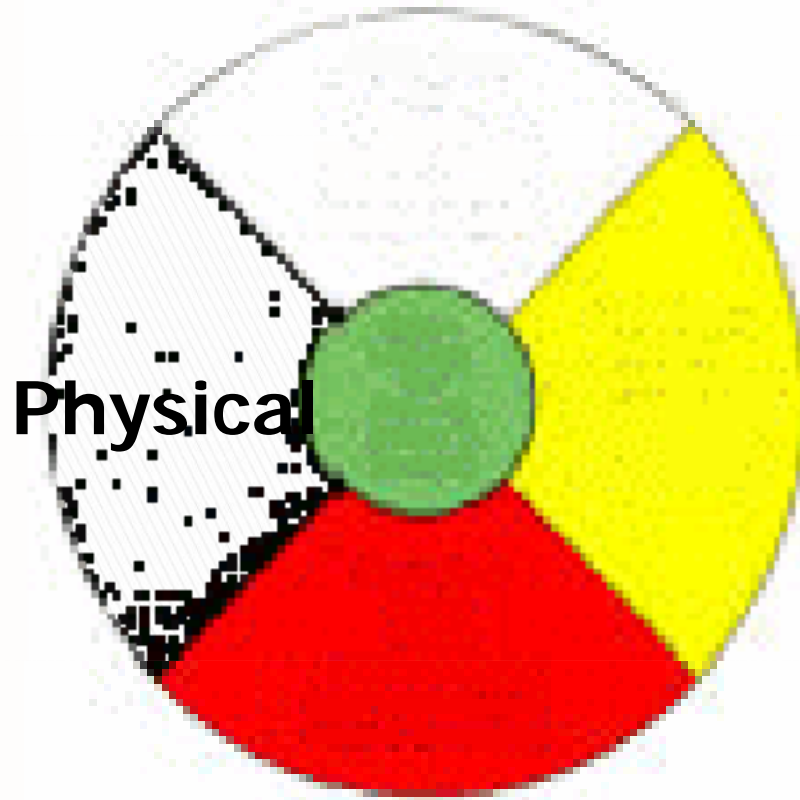
- ▶ Human Beings have four aspects to their natures:



# The Medicine Wheel Potential

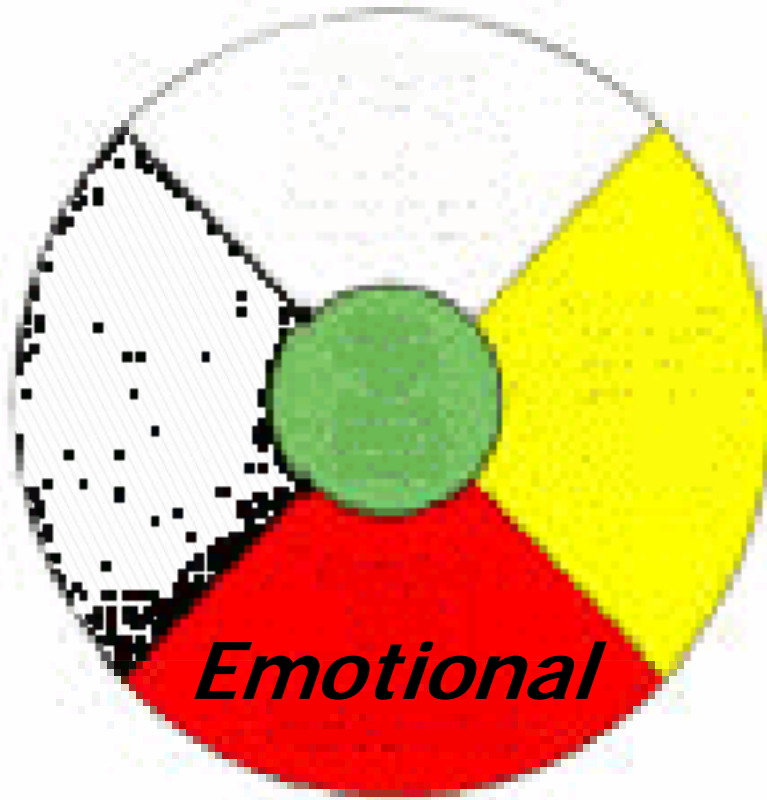
- ▶ These four aspects are like seeds – they have the potential to grow and develop
  - ▶ –Each of these areas will have stressors, or underdeveloped potential and strengths, gifts we can develop, obtain and use to grow into powerful beings
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# Physical Aspects – Stressors



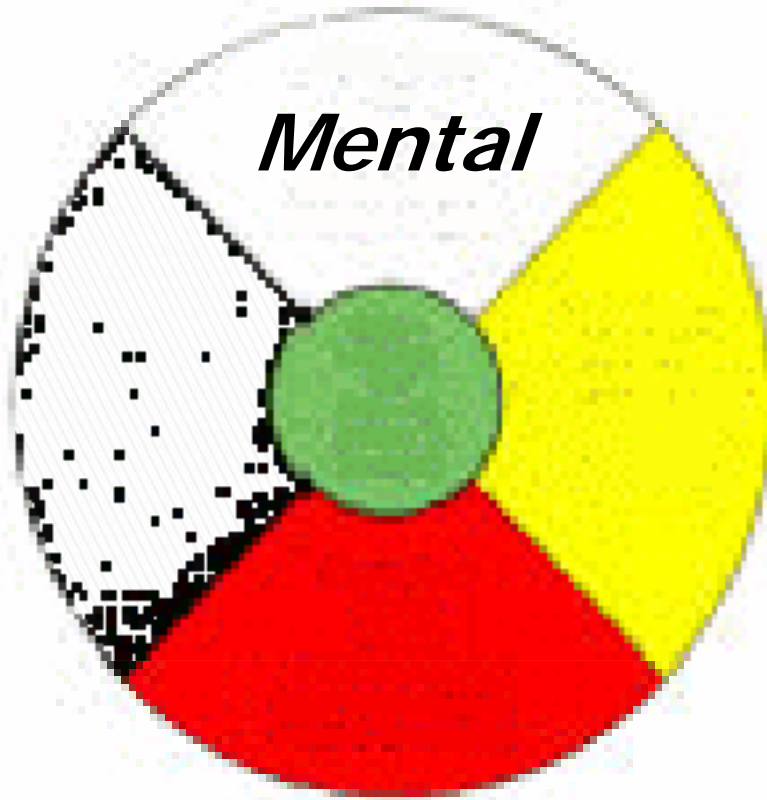
- ▶ –The physical features of the cancer, including pain, fatigue, etc.
- ▶ –Physical effect on family (sole provider, caregiver), community (active member)

# Emotional Aspects – Stressors



- ▶ Fear, anger, confusion, guilt, worry, anxiety, depression, etc.
- ▶ Occur in individual, family, community.
- ▶ Need to consider feelings of family – is there a sense of blame, empathy, trust for the medical system, etc.
- ▶ Community, which can be considered extended family.

# Mental Aspects – Stressors



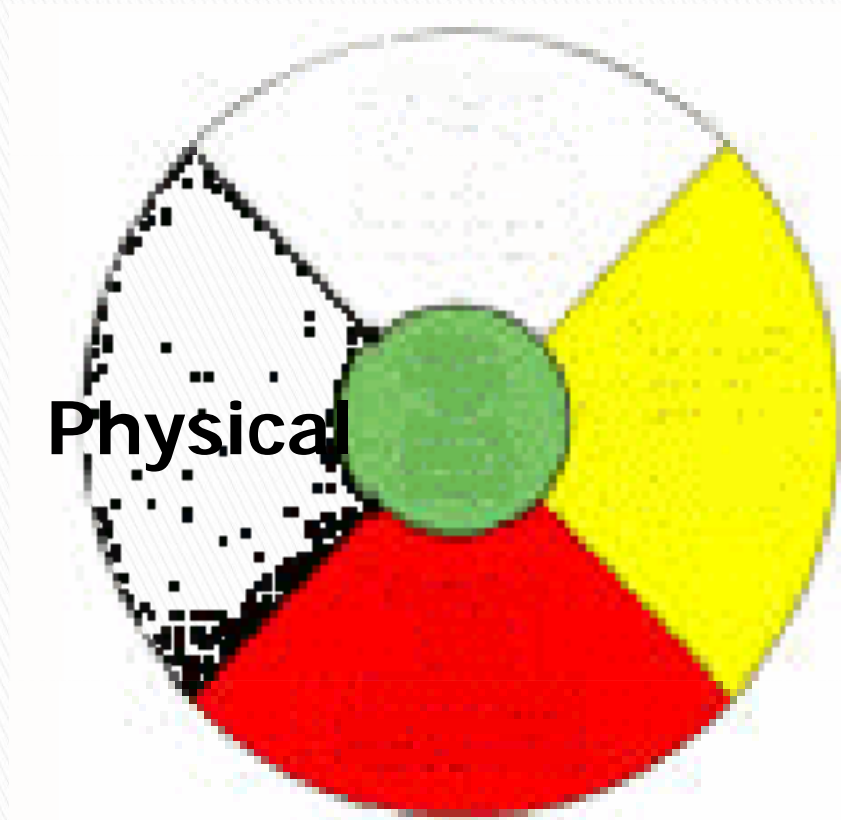
- ▶ Confusion, lots of information being provided at once at a time when learning is not optimal.
- ▶ Poor education levels
- ▶ Family/community members not able to travel with patient, therefore less intake of info.

# Spiritual Aspects – Stressors



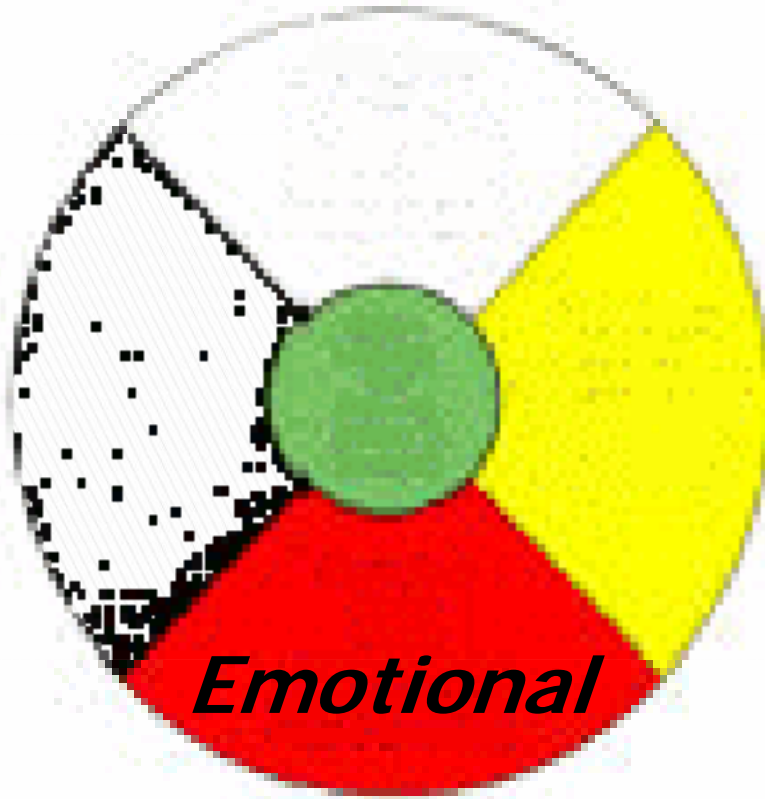
- ▶ Why me?, hopelessness, sense of being punished, loss of control
- ▶ Family – same feelings, loss of faith, may not have had opportunity to know spirituality
- ▶ Community – may not have a strong sense of Aboriginal culture, spirituality

# Physical Aspects – Strengths



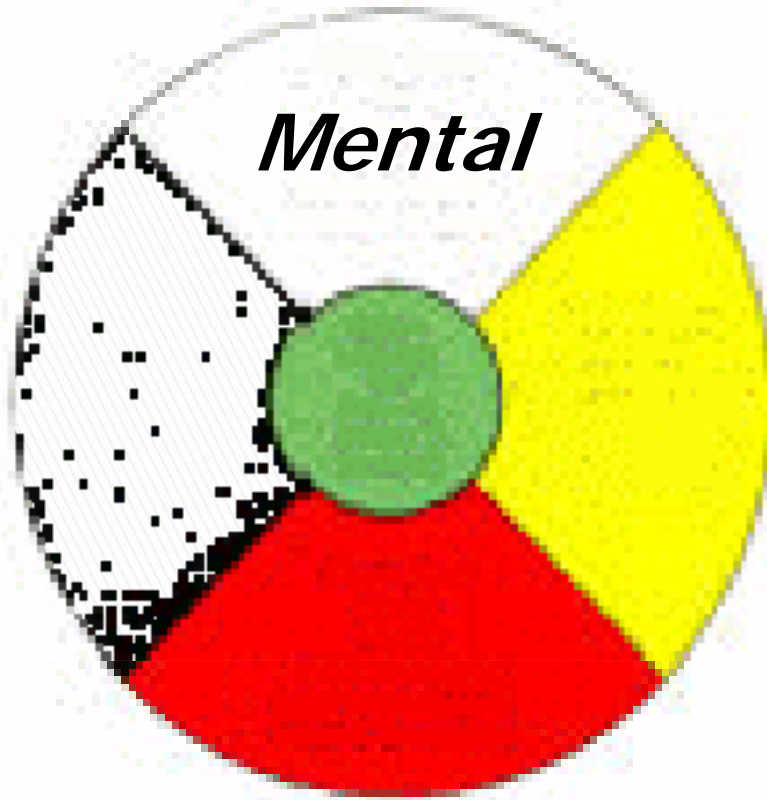
- ▶ Relatively young, no co-existing diseases
- ▶ Good medication/treatment is available to alleviate SX.

# Emotional Aspects – Strengths



- ▶ Has an inner strength that helps her cope with stressors – has helped her survive other tragedies in the past
- ▶ Support from family, community

# Mental Aspects – Strengths




- ▶ Interested in understanding
- ▶ Is intelligent, capable

# Spiritual Aspects – Strengths



- ▶ Sense of respect for Native Elders, culture
- ▶ Belief in Native Spirituality
- ▶ Connectedness with community, family
- ▶ No need to find meaning, it just is

# HRQL

- ▶ The impact of illness on quality life (HRQL) – def– The extent to which one’s usual or expected physical, emotional and social well-being are affected by a medical condition or its treatment.
  - ▶ Multidimensionality – physical well-being, functional well-being, emotional well-being, social functioning, treatment satisfaction, Tx satisfaction, sexuality/intimacy
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# What can I do?

- ▶ Become aware of my biases
- ▶ Question my assumptions – double loop thinking

# Towards culturally competent care

## Enabling prejudices

- willingness to provide assistance to those in need
- belief in equal rights to equal standards of care
- engaging with difference in order to extend one's understanding
- questioning one's own beliefs and expectations
- seeking permission
- being able to listen without interrupting
- imaginatively placing oneself in the position of another
- practicing holistically
- 'being with' and 'being present'
- Advocating for patients when required

# Towards culturally competent care

## Limiting prejudices

- Fearing or avoiding contact with difference.
- Belief in the superiority of Western medicine.
- Assuming understanding without checking its accuracy.
- Being too busy to listen.
- Focusing on 'self' rather than 'other'.
- Expecting others to comply with your beliefs and values.
- Doing what is minimally necessary.
- Prioritizing technical skill over interpersonal skill.

# Towards Culturally Competent Care

- ▶ Questions? Comments?

# Towards culturally competent care

- ▶ Thank you for your time and attention!



