MEDICAL COUNCIL OF CANADA | LE CONSEIL MÉDICAL DU CANADA

Providing anti-oppressive health care

(March 2023)

Rationale

Anti-oppressive health care recognizes health inequities and historical, generational, and current trauma. It is also committed to social justice, including responding to the calls to action from the Truth and Reconciliation Commission of Canada.

Anti-oppressive health care recognizes and addresses colonialism, racism, sexism, heterosexism, cissexism, classism, ableism, sizeism, and ageism, and other forms of oppression that have resulted in health and social inequities in Canada. Anti-oppressive health care recognizes that most people live in one or more intersecting dimensions of diversity, and it attempts to disrupt the effects of social inequities and power imbalances in our communities.

Key Objectives

- Provide inclusive health care and recognize the effects of stigmatization, discrimination, and other forms of oppression on people who have historically experienced and continue to experience health inequities based on race or ethnicity, country from which they emigrated or citizenship status, education or income, religion, disability, gender identity or expression, sexual orientation, weight, substance use, or other factors
- Reflect on one’s own intersectional identities, privileges, oppressions, assumptions, and biases (conscious and unconscious) and demonstrate an understanding of how they influence clinical practice
- Provide gender-affirming health care to people of diverse sexual orientations and gender identities
- Provide inclusive health care to people with disabilities (e.g., mobility, sensory, intellectual, developmental, psychiatric)
- Provide culturally safe and culturally responsive care

- Provide antiracist care, recognizing the impacts of anti-immigrant, anti-Black, anti-Indigenous, and anti-Asian racism; Islamophobia; antisemitism; and other forms of racism
- Apply a structural and intersectional approach to assessing and addressing the social determinants of health in clinical practice, recognizing that an individual can experience multiple interlocking forms of oppression

Enabling Objectives

- Gain Understanding
    a. Analyze and describe how some dimensions of identity confer power and privilege (e.g., white privilege, cisgender privilege, Christian privilege), whereas others may result in oppression
    b. Adopt a race-conscious approach and recognize how racism impacts access to health care, health processes, and health outcomes
    c. Recognize the effects of stigma on people with various identities and health conditions (e.g., mental health issues, substance use disorders) and contribute towards reducing this stigma (e.g., using nonstigmatizing language, taking a structural approach to the determinants of health)
    d. Recognize examples of weight bias and weight stigma in health care settings and society in general; describe the adverse consequences of weight stigma on the accessibility and quality of health services for patients
    e. Recognize that some people who experience social inequities are often criminalized through their circumstances and activities (e.g., homelessness, sex work, substance use, sexual practices) and criminalization can occur through disproportionate police attention (e.g., Indigenous status, race, sexual orientation)
    f. Demonstrate an understanding of the barriers to health care by people who have experienced or are experiencing incarceration and work towards reducing those barriers
    g. Understand the different forms of housing insecurity and follow clinical guidelines for individuals experiencing homelessness
- Provide Support
    a. Acknowledge and appreciate that individuals have different concepts of health and well-being and support diverse cultural practices related to health

    b. Support diverse cultural practices around medical treatments (e.g., cancer treatments, blood transfusions) and important life events (e.g., birth, death) and acknowledge the limitations of biomedical models of medicine

    c. Recognize and respect diverse family structures (e.g., blended families, polyamorous families, extended families, chosen families, children in foster care) and community supports when providing health care

- Practice

    a. Provide trauma-informed and violence-informed care to everyone, recognizing the pervasiveness of historical, intergenerational, and current trauma, including harms caused by or perpetuated by health care providers

    b. Assess and address the social and structural determinants of health with appropriate tools (e.g., the Poverty Tool, social prescribing), recognizing that an individual's ability to engage in their health care may be limited due to their social and health inequities and their resources

    c. Recognize the shortcomings in clinical algorithms, including those that are based on race, ethnicity, sex, and gender identity

    d. Demonstrate respect and responsiveness by adapting one's history taking, counselling, physical examination, investigations, and management and demonstrate sensitivity and respect to the patient's narrative, abilities, and body while being mindful of power dynamics and one's own privilege

    e. Assess and address biases in clinical reasoning resulting in underdiagnosing, over-diagnosing, and misdiagnosing (e.g., premature closure, diagnostic overshadowing)

    f. Follow available clinical guidelines for refugee and migrant health

- Communicate

    a. Recognize diverse languages and ways of communicating and adapt as required (e.g., drawing on communication aids [e.g., social stories, communication books, interpreters, American Sign Language])

    b. Recognize when there are other communication barriers and adapt as required (e.g., including health care navigators, including patient advocates)

- Collaborate

a. Engage the patient as an equal partner of the collaborative health care team to better address social inequities; include members of the interprofessional team and individuals that patients identify as members of their health care team

b. Understand and describe principles of community engagement (e.g., remuneration, equal partnership, addressing community priorities)

c. Recognize incidents of discrimination and microaggressions by faculty members, colleagues, patients, or their family members and know what options would be available to address these (e.g., speaking directly with the perpetrator, reporting the incident to appropriate authorities)

- Advocate
  a. Identify policies, protocols, procedures, processes, and structures in one's own practice environment that reinforce privilege and advocate for change

  b. Create and maintain a welcoming and affirming environment for 2SLGBTQQIA+ people, including using respectful and appropriate language with all 2SLGBTQQIA+ patients (e.g., using the name and/or pronouns that the patient shares, using gender-inclusive language on forms and during history taking) and advocating for structural changes that support 2SLGBTQQIA+ patients