

Indigenous health

(April 2021)

Rationale

Indigenous Peoples experience persistent and widening health gaps, as well as gaps in health care access, utilization, and quality. Physicians have a responsibility to respond to the Calls to Action of the Truth and Reconciliation Commission, the Calls for Justice of the National Inquiry into Missing and Murdered Indigenous Women and Girls, and other relevant commissions and inquiries. Physicians have an important role in contributing to Indigenous Peoples' equal right to the highest attainable standard of health and in providing health care that is free of racism.

Causal Conditions

(list not exhaustive)

- The current state of Indigenous health is the result of the history and legacy of ongoing colonialism and multi-level racism (i.e., structural, institutional, interpersonal, internalized).
- These structural drivers, namely the social determinants of health, underlie the conditions of daily life for Indigenous Peoples (e.g., food insecurity, inadequate housing, lower income, environmental conditions, differential access to education).

Key Objectives

Given an Indigenous patient, the candidate will demonstrate an awareness of the root causes of the inequitable health care and health outcomes experienced by Indigenous Peoples; understand the importance of and demonstrate anti-racist, culturally safe, trauma- and violence-informed care; articulate the inherent Indigenous and Treaty Rights (e.g., Medicine Chest Clause) relevant to the health of Indigenous Peoples; apply population health principles in understanding and advocating for Indigenous Peoples' health at the individual, community, institutional (e.g., hospitals), and societal levels.

Enabling Objectives

Given an Indigenous patient, the candidate will

- describe the connection between historical and current government policies and actions toward Indigenous Peoples (including but not limited to colonization, residential schools, treaties, and land claims) and the resulting intergenerational health outcomes;
- describe the relationship between the ongoing disruption of social, cultural and spiritual determinants of health due to colonization and the current state of Indigenous health (e.g., historical banning of traditional healing practices, loss of languages in the residential schools, loss of access to Traditional Territories);
- describe the various health services that are delivered to Indigenous Peoples and describe how multi-jurisdictional health care (federal, provincial, regional) can increase the risk of critical incidents, adverse events, medication errors, administrative barriers and/or interruptions in continuity of care;
- assess the role of racism in differential access to health care (e.g., access to primary and specialty care, medications, procedures and surgeries);
- define and demonstrate the following
 - a. anti-racist health care,
 - b. culturally safe health care,
 - c. cultural humility,
 - d. trauma- and violence-informed care;
- describe the four key themes of the United Nations Declaration on the Rights of Indigenous Peoples and how they link to health outcomes (right to self-determination; right to cultural identity; right to free, prior and informed consent; and the right to be free from discrimination);
- describe specifically the equal right to the highest attainable standard of health and the right to traditional medicines and health practices, as well as the right to access all social and health services without discrimination;
- demonstrate respectful discussion and collaboration regarding the use of traditional health practices;
- recognize and facilitate the involvement of cultural resources that may be used to improve patients' health (e.g., traditional activities, eating traditional foods, using medicines if they choose to do so, spiritual/cultural practices such as ceremonies);

- learn about Indigenous cultures to appreciate their traditions, worldviews, norms, values and beliefs;
- demonstrate awareness of the diversity of access to federal non-insured health services and benefits (NIHB) for First Nations (status and non-status), Métis, and Inuit;
- identify barriers to equitable health and health care for Indigenous Peoples and advocate for change at the systems level (e.g., organizational policy, healthy public policy);
- participate in the creation of safe clinical and learning environments through ensuring peer accountability;
- demonstrate an understanding of intersectionality as it relates to diverse Indigenous identities (e.g., 2SLGBTQQIA+, people who have disabilities, women).