Chapter 1.3.4

INDIGENOUS CULTURES AND HEALTH IN CANADA: A PRIMER FOR RURAL PHYSICIANS AND HEALTH CARE PROFESSIONALS

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Introduction

Rural physicians are ideally positioned as clinicians and advocates in caring for Indigenous patients, families and communities, across Canada and globally. While significant challenges faced by Indigenous people are generally known, these are not always fully appreciated.

This chapter will briefly describe the cultures and the historical and social contexts of Indigenous peoples of Canada and the health and social issues that affect them. Various strategies that rural physicians[1] can integrate into their therapeutic interactions, clinical work and advocacy are outlined.

Profile of Indigenous peoples of Canada

There are three distinct groups of Indigenous peoples of Canada: First Nations, Inuit and Métis[2]. Comprising about 4,3% of the total population, they are the fastest-growing segment of the Canadian population, with high birth rates and a young

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1 A 'physician' here (in North America more broadly) is another term for 'doctor' or general practitioner, while in countries like South Africa and Australia, a 'physician' is a specialist in internal medicine.

2 Throughout this document, we refer to these groups as First Nations, Inuit and/or Métis individually or Indigenous peoples collectively. The term 'Aboriginal' is commonly used, 'Indigenous' is preferred. 'Aboriginal peoples' of Canada are defined in the *Constitution Act*, 1982, Section 35 (2) as including the Indian, Inuit and Métis peoples of Canada. (Retrieved 2013 09 01 from http://laws-lois.justice.gc.ca/eng/const/page-16.html). The term 'Indigenous' refers to those groups of people with unique traditions of social, cultural, economic and political characteristics that are distinct from those of the dominant societies in which they live, but historically inhabited this land prior to others'(of different culture or ethnicity) conquest, occupation or settlement of this land. (Retrieved 2013 09 01 from http://www.un.org/esa/socdev/unpfii/documents/5session_factsheet1.pdf).

population. The First Nations make up about 61% of the Indigenous population, while Inuit and Métis comprise about 4% and 33% respectively[3].

First Nations peoples live in over 600 reserves or settlements across Canada, while the Inuit live mainly in the far north where their communities are generally small and remote. The Métis, who have mixed heritage of mainly Cree, Scottish and French descent, live in settlements, rural and urban communities. While many First Nations, Inuit and Métis communities are situated in rural and remote locales, many Indigenous people now live in urban centres to pursue educational, career and social opportunities, but sometimes still struggle in poverty.

Many Indigenous languages and dialects are spoken in Canada. There are over 50 First Nations languages which are categorised into 11 linguistic groups (1). The Inuit speak several dialects of Inuktituk, while the Métis speak Michif, a mixed language with predominant elements of French and Cree.

Historical, social and political impacts on Indigenous health

While the Indigenous peoples have lived in what is now Canada for thousands of years, European settlers arrived only around five hundred years ago, establishing the fur trade. Various churches and governments began their campaigns to assimilate the Indigenous peoples, and the non-Indigenous population became the dominant society. Colonisation, dependency and marginalisation have become major factors in the transformations of Indigenous cultures, traditions, health and lifestyles across Canada.

A major tragedy which still profoundly affects Indigenous peoples was **the residential school experience**, instituted by government policies and legislation. Residential schools were operated by the federal government and churches for over 160 years. First Nations, Inuit and Métis children were removed from their families, put into these schools and forbidden to speak their languages and practice their traditions. Many children suffered, or witnessed, physical, emotional and sexual abuse and these experiences still echo in subsequent and current generations. A tragic chapter in Canada's history, similar initiatives have taken place in Australia and in countries in Africa.

[3] As not all First Nations communities participated or completed the 2011 census, these do not add up to 100%.

Virtually all Indigenous Canadian families and communities have been affected by residential school experiences and its sequelae remain profoundly and persistently evident. Consequently, depression, suicide, anxiety, substance abuse, violence and post-traumatic stress disorder, among other mental health issues, are common. Though many residential school survivors still struggle, there are success stories of resilience, coping and healing in some patients, families and communities.[4]

Social determinants of health

The social determinants of health have a significant and pervasive impact on Indigenous populations, influenced as they are by these historical, social and political factors. Poverty, crowded and substandard housing, lower incomes, gender and social issues such as widespread substance abuse, violence, and neglect - and even culture itself - have negatively affected Indigenous communities.

In addition there has been a dramatic decline in the intimate connection to the land and in access to and availability of traditional foods, such that Indigenous peoples have become more sedentary and consume more store-bought foods. Being of poorer quality and higher in carbohydrates, these foods affect their metabolisms, resulting in obesity, insulin resistance and diabetes in First Nations peoples. These are less evident in the Métis and are rarely an issue in Inuit populations, although this has recently been increasing.

Indigenous health status

Overall, the historical and political contexts and the social determinants of health have contributed to the current disparities seen in Indigenous health in Canada. Chronic conditions affecting First Nations adults include hypertension, arthritis, allergies, back pain and diabetes, while their children and youth are commonly afflicted by allergies, asthma, otitis media, dermatitis and learning disabilities (2). Inuit populations have high rates of certain conditions such as tuberculosis, injuries and cervical cancer, whereas Métis health issues may be less pronounced.

[4] For more information, please go to the Aboriginal Healing Foundation website: http://www.ahf.ca/publications/research-series.

Physical, sexual and emotional abuse, suicide and substance abuse are also significantly higher in First Nations, Inuit and Métis children and youth (3) – and their prevalence is probably underestimated. These young peoples' social situations are often difficult, so that they end up in foster care. In fact, there are now approximately three times more First Nations children and youth in foster care than at the height of the residential schools era in the 1940s (4).

In 2001, Smylie et al reviewed the cultures and demographics of First Nations, Inuit and Métis peoples, their history, social contexts, health status and the concept of cultural competency (5). This was updated in 2013 in an article by Wilson et al in which they included more specific information on Aboriginal women's health issues, such as the higher prevalence of cervical cancer, sexually transmitted infections and gestational diabetes (6).

While Indigenous peoples, cultures and traditions are resilient in the face of these challenges, the impacts of historical events and the current social determinants of health present a long and difficult healing journey for many Indigenous patients, families and communities.

Providing culturally safe care

In order to provide culturally competent and safe care, it is important that rural practitioners learn the history, political and social backgrounds of Indigenous communities, as well as the demographics and epidemiology of health and social issues.

Practitioners need to consider the concepts of health, balance, harmony, Indigenous values, beliefs and worldview. Along with, or instead of, Western medical care, Indigenous peoples may use traditional healing methods, such as ceremonies and medicines. While all three groups follow a holistic approach to their health and wellbeing, the First Nations and Métis peoples may use the Medicine Wheel as a paradigm of health and healing - physically, mentally, emotionally and spiritually - whereas the Inuit do not.

Ideally, practitioners should be able to explain diagnoses and treatments in ways that are tailored to the patients' language and levels of education. This enhances patients' understanding, decision-making and compliance, bearing in mind that Indigenous patients and their families may communicate and interact with others quite differently from mainstream society. It is important to engage Indigenous patients as active participants in their care, using a holistic approach that includes their family (7).

Health care practitioners are also important advocates for First Nations, Inuit and Métis health and well-being, particularly of children. They also offer primary care and public health initiatives with a view to improving the health status of these communities through education and activities (8). Indigenous patients who are knowledgeable about and coping well with their medical conditions, mental health or social issues, are likely to be more motivated and compliant in their own care.

Health care resources are dependent on Indigenous governance structures such as tribal councils, as well as on health organisations, and agreements with provincial, territorial and federal governments, including First Nations historic and modern day treaties, which vary across Canada. Recent changes in Métis and Inuit health care are evolving as a result of government agreements and changes in status. Medical practitioners should familiarise themselves with the health benefits specific to the community or region where they are working.

Illustrative anecdote

This story is based on an actual case in my training:

A 53-year old First Nations man arrived by ambulance at the Emergency Department of a small city hospital in Northern Ontario, yelling loudly, being unco-operative and agitated, with his wrists restrained to the bed rails. I went to see him while nurses attempted to calm him down and do his triage. After introducing myself as the physician who would assess him, he told me that he was a residential school survivor. I touched his shoulder, looked at him directly and said to him "I understand". As soon as I asked him to calm down so that we could remove the restraints, he complied.

As I began to take the man's medical history and examine him, he reported complaints of chest pain, palpitations and shortness of breath for the past two hours. His vital signs were T 37.4C, P 155, R 32, sat 89% on room air and he was diaphoretic, Glasgow Coma Scale 14, glucometer 6.8[5] and no alcohol or fruity odour on his breath. Chest sounds were crackles at bases bilaterally, normal heart sounds. ECG showed rapid atrial fibrillation. Nurses quickly gave him oxygen and intravenous access. Since he was unstable, we sedated him and successfully conducted electrical cardioversion, restoring normal rhythm and pulse rate. His vital signs quickly improved and his symptoms resolved.

He was admitted for monitoring and to rule out acute coronary syndrome, while his medical history and current issues were considered in closer detail. His alcohol use and newly diagnosed atrial fibrillation required prompt interventions by the health care team. While cardiac investigations were otherwise negative and his medications were adjusted, he learned about his medical conditions and the social worker counselled him. On discharge, he was referred for follow-up to a multidisciplinary clinic that serves the nearby First Nations community where his family lives.

This patient had been known to the Emergency Department staff over recent years, having been seen previously for alcohol intoxication and related symptoms. He could have easily been perceived as being 'drunk again', the serious cardiac diagnosis could have been missed and the emergent care delayed. Therefore, health care professionals should not make assumptions or be judgemental when treating Indigenous patients.

The attending physician and nurses later learned that his behaviour, physical and mental health problems and non-compliance with treatment were a result of his residential school experience, alcohol abuse and probable post-traumatic stress disorder. Considering this, supportive adjuncts, such as an addiction treatment programme, traditional healing, counselling and consistent clinical follow-up, can be prescribed and potentially lead to a positive outcome.

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[5] For non-medical readers: his vital signs indicated signs of cardio-vascular and respiratory instability.

Practice pearls

What to do

- Culture, traditions, norms and behaviours are intricately connected to the health of Indigenous patients, families and communities. Think about your own values, beliefs and attitudes compared to those of Indigenous peoples.
- Learn about the specific cultural group or community, its history and traditions, the geography and connection to the land, and especially the residential schools experience. Its pervasive deleterious impact on health status and social contexts will be reflected in the relevant epidemiology.
- Visit an Indigenous community, whether it is rural, remote or urban - explore and learn! Connect and interact with Elders and community members who will share their culture, traditions and resources, such as ceremonies, that your Indigenous patients may access.
- Learn the Indigenous concept of health and use its holistic approach, specific to the culture and community where you are working. .
- Reach out to Indigenous youth. Encourage positive self-esteem, peer support, appropriate coping skills and living a healthy lifestyle through engaging and empowering them.
- Network with local and regional health care providers who are knowledgeable about the health and social problems, resources.
- Educate your patients, families and communities on specific health issues in ways that are suitable; ask them what they think, what they can do to improve their own health.
- Enhance the therapeutic relationship: be more patient, attentive and listen well, allow for silence. Your Indigenous patient(s) will feel more comfortable and talk about their problem(s) more openly. Be flexible with your time.

What not to do

- Do not tolerate racist, prejudiced and judgmental attitudes. Indigenous peoples still face unacceptable views and remaining echoes of colonisation.
- Do not assume that all Indigenous patients are the same. As with other cultures globally, there is a kaleidoscope of Canadian Indigenous people - some of whom struggle with everyday life, some who function well in their community or elsewhere, and some who are accomplished.

- Do not work only with the patient. Involve their family as a source of information and support. Consider the community as an opportunity to teach, learn, educate and enjoy.

Conclusion

Rural physicians, medical students and residents, as well as other health care practitioners who work with Indigenous populations in Canada are encouraged to learn about the health and social issues through medical curricula clinical experiences and work opportunities. The historical, social and political contexts of Indigenous communities are important aspects that support the knowledge, skills and attitudes of health practitioners that are needed for this work. This must include Indigenous teachers, community engagement and collaboration as partners in education, research and health services.

As the health of Indigenous populations is poor and social problems are more prevalent, goals for improved health, services, resources and funding must be sought and established, through a culturally appropriate and holistic approach to care. The central tenet, culturally safe practice, is paramount in working towards reducing these disparities, and improving the health and quality of life of First Nations, Inuit and Métis peoples. (9)

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