Completing the Circle

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Self Reflection

- Think about customs or things that are unique to your family when someone approaches end of life.

- Are these things cultural?
Self Reflection

- What is my cultural background, how might it have influenced my values, beliefs, and ways of being, living, and working?

Self Reflection

- How might my own culture influence the way I feel about illness, death, and loss and how I express my feelings and thoughts about these important transitions?

Self Reflection

- How might my own cultural beliefs interfere with my ability to provide compassionate whole-person care to my Aboriginal patients and their families?

Health Statistics Among Aboriginal People

- One of the most culturally and linguistically diverse segments of the Canadian population

- This diverse population is made up of many distinct groups:
  - Métis
  - First Nations – non-status
  - First Nations – status
  - Inuit
Aboriginal People in Saskatchewan

- In Saskatchewan there are currently:
  - 74 First Nations
  - 10 Tribal Councils
  - Numerous Métis locals
  - Numerous unaffiliated First Nations

- Seven distinct language groups
  - Cree, Dene, Dakota, Lakota, Nakota Michif, Ojibway/Saulteux
Statistics

- Aboriginal population in Canada is 3.8% (an increase from 3.3% in 2001)
- Aboriginal population grew by 45% between 1996 and 2006 - almost 6 times faster than the general Canadian population
- The Aboriginal population is predominant in Ontario and the Western provinces where 8 in 10 Aboriginal people reside
- First Nations people continue to suffer from high rates of chronic and infectious disease and higher mortality and infant mortality rates compared to the general Canadian population
- CVD, Diabetes, Obesity, Cancer, Stroke, Suicide, Motor Vehicle Accidents and Homicide are major causes of death among Aboriginal populations
Statistics

• The life expectancy of First Nations peoples was estimated at 68.9 years for males and 76.6 years for females, reflecting differences of 7.4 and 5.2, respectively, from the Canadian population’s life expectancies.

• Preventable deaths due to circulatory diseases (23% of all deaths) and injury (22% of all deaths) account for a near staggering 50% of all deaths.

• For First Nations ages 1 to 44, the most common cause of death was injury and poisoning. The primary cause of death for children less than 10 years was classified as unintentional (accidents).

• Suicide rates for Aboriginal youth range from 5-7 times higher than the national average.

• The potential years of life lost from injury alone was more than all other causes of death and was almost 3.5 times that of the general Canadian population.

(Health Canada, 2008)
Cultural Safety

- Cultural safety takes us beyond cultural awareness and the acknowledgement of difference.
- It surpasses cultural sensitivity, which recognizes the importance of respecting difference.
- Cultural safety helps us to understand the limitations of cultural competence, which focuses on the skills, knowledge, and attitudes of practitioners.
- Cultural safety is predicted on understanding power differentials inherent in health service delivery and redressing these inequities through educational processes (Aboriginal Nurses Association of Canada, 2009).
- It is a patient-centered approach and encourages self-reflection among health care practitioners which is seen as an essential skill fundamental to the relationship between patient and physician (Indigenous Physician’s Association of Canada, 2009).
“Taking a cultural safety approach to dealing with inequities enables physicians and other care providers to improve health care access for patients, aggregates, and populations; acknowledge that we are all bearers of culture; expose the social, political, and historical context of health care; and interrupt unequal power relations.” (IPAC, 2009)
• A central tenet of cultural safety is that it is the patient who defines what “safe service” means to them. (IPAC, 2009)

• This opens up opportunities to learn about the unique histories, current challenges and successes of Aboriginal communities in achieving an equitable level of health and wellness as enjoyed by many non-Aboriginal citizens.

• Health care providers are encouraged to ask patients (family members and communities as appropriate) what matters most to them in their experience of illness and its treatment.

• When health care providers engage with patients in this way, it can present opportunities to become more Aboriginal patient-centred.

• In terms of End of Life Care with Aboriginal people, our Elders tell us that this can mean the difference between transitioning “in a good way” or “dying hard”.
End of Life Care Video and Cultural Safety

• Our Elders were very clear that culturally safe practice was key to helping their loved ones make the transition in a good way and also was important in helping the family heal.

• They shared many words of wisdom intended for health care practitioners. The following will help us to understand their view of cultural safety.
Family Constellation

- Based upon extended family rather than a nuclear family
  - Elders are integral and provide support and guidance to the family.
  - Kinship system where family ties are not limited to blood-lines.

It is common for a large extended family to gather when there is a health crisis

- Demonstration of respect and support for the ill/dying individual and also provides support for those most affected
Family Constellation

“The extended family of an Aboriginal patient can sit with them, sing with them, pray with them, feed them. Cooking a meal can act as a form of prayer.”

Elder Ken Goodwill
Family Constellation

Knowing who to approach regarding matters directly affecting the ill/dying person can be confusing.

- Suggestion: ask the family who they would like as a spokesperson to liaise between the family and health care providers
- Ask the family what’s important when making complex, important decisions.
Basis of Belief System

“First Nations people do not recognize death as an end. They do not welcome it by any means, but they accept it as both a normal and inevitable process. Death is not the end of anything, it is just a transition.”

Elder Ken Goodwill
Basis of Belief System

- All life is given equal respect and value
“Help us and listen to us as First Nations people as we talk from our heart rather than from our minds. And we may talk like simple, uneducated individuals but we’re not. We’re very articulate, deeply spiritual, intelligent people. But we don’t talk from here (our heads), we talk from our heart. Especially if there’s a loved one laying there dying.”

Elder Art Anderson
Spirituality

- Communicating with the Creator can be done any time, any place, any where

- Spirituality is a very personal, individualized journey
  - Diverse beliefs
  - Continuous, evolving process
  - It’s a journey – everyone walks their own path
Guiding Principles

- Natural laws provided by the Creator in order to maintain harmony and balance:
Traditional Healing and Ceremonies

Ceremonies and healing are special gifts given by the Creator

- Like languages – there are also many different healing methods used among Aboriginal peoples.

- Individuals who have special gifts of healing (e.g., Elders, healers, ministers, community members) may be requested by the family.
Traditional Healing and Ceremonies

- **Healing:**
  - **Healers, Medicine Men, and Medicine Women**
    - Facilitate communication between ill person and spirit world through ceremonies, prayer, etc.
  - **Sacred and Ceremonial Items**
    - Common healing sacred items include: feathers, tobacco, sweetgrass, cloth, special stones, medicines in the form of teas, etc.
Traditional Healing and Ceremonies

Sweetgrass
Traditional Healing and Ceremonies

- You may come into contact with medicines and spiritual items kept near the patient.

- Essential that these items be treated with respect.
  - If unfamiliar with an item it is worthwhile to discuss how it should be handled with the individual or their family.
Traditional Healing and Ceremonies

Moon time:

- Menstruation is a powerful time for women.
- It is viewed as a gift from the Creator that must be respected and protected.
- In many Aboriginal societies it is important that women who are menstruating not touch traditional medicines and spiritual items.
Mourning

“Don’t you cry at all because I’m going to a better place. If you cry, he said in Cree, you’re going to hold me back, you’re going to hold me back when I’m going.”

Elder Richard Poorman
Mourning

“When my dad died he had us there and my mother and we... he talked to us, you know, he talked. And he said, ‘Don’t cry, don’t cry’ he said, ‘I’m going back to where God is.’ And then that gives you a good feeling. You know, don’t cry I’m going to go to a better place. Okay? Don’t cry. And we know that... we don’t cry anyway. You know, we cry because we’re going to miss them and the old people prepared their children.”

Elder Isabel McNab
Summary of Recommendations

- Respect Aboriginal beliefs, values, traditional ceremonies, and customs.
  - Recognize the importance of respect, honour, courage, kindness, sharing, acceptance, and communication to Aboriginal peoples.
  - Accommodate requests for involvement of community members (e.g., Elders and healers) in the treatment and care of Aboriginal people.
Death is an Individual Journey

“Everyone would have their own journey. It’s not like taking the #1 to Regina, you know, and you’re going to see certain things along the way and encounter certain things along the way. Because the Creator made us so unique that even that way of going is unique. So there’s not one way of doing it. There’s not one answer but many.”

Elder Betty McKenna