The Welcoming Practice

Creating an Environment that Promotes Cultural Safety for Indigenous Patients

By Cheryl Barnabe, MD, FRCPC, MSc

It is a privilege of our specialty to have longitudinal engagement with the patients in our practice, and I suspect we are all adept at communication skills that nurture and maintain these relationships. The Canadian Rheumatology Association Indigenous Health Initiative sessions are devoted to discussing and practicing communication approaches specifically for our interactions with Indigenous community members. These approaches are needed to rebuild trust in Western health systems and healthcare providers, as Indigenous patients have historically experienced punishment for pursuing traditional health practices, suffered from harm in residential schools and Indian hospitals, and continue to face racism in health systems. Here are some suggestions we share during the sessions on how to establish a culturally safe clinical environment for Indigenous patient care. (If you have other ideas, please email me, and we will include these in our teaching materials.)

Personal and Staff Preparation: The sources of the inequities that Indigenous peoples face in society and their consequences are complex and take time to understand; engage in your personal learning and provide opportunities for your staff to do so as well. Be cognizant that misinformation and misrepresentation of facts is a strategy that has been used by colonial governments and societies to retain privilege, so choose learning resources wisely. Start using nonjudgmental questions in clinical interactions so that they become your default approach. As an example, rather than asking "Are you taking your medications regularly?" you could instead ask "Are there circumstances that have interfered with you taking your medications regularly?" Become knowledgeable about resources available to Indigenous community members that could support their rheumatic disease management, such as local allied health supports, or how to connect them to traditional healing practices if requested. Identify colleagues in other specialties with expertise in the care of Indigenous patients that you can preferentially refer to when indicated.

Appointment Scheduling and Notification: Have your staff gather multiple ways of contacting patients about appointments and also notify the primary care provider — due to resource limitations Indigenous patients may not have access to the communication methods that we take for granted. Appointment times and days may need to align with the patient's transportation arrangements rather than the rheumatologist's preferred scheduling. It is important to book an appropriate appointment length to allow for conversation and relationship building which leads to trust. You may offer telephone or virtual appointments to patients rather than relying only on in-person assessments; also consider providing a walk-in option for times when urgent concerns arise. Missed appointment fees should be waived, and patients should not be discharged from a practice for a missed appointment; these approaches will only discourage a patient from returning to your practice. Instead, take the extra step to connect with the primary care provider, who may be able to provide the reason for a missed appointment, and who could be the liaison for care until a new appointment is secured.

The Clinic Environment: Ensure comfort and space for the patient and any accompanying family members or friends. It is a cultural norm for family and friends to support those who are ill, and they will facilitate the visit by supplementing symptom review and helping make treatment decisions. Some participants from the CRA Indigenous Health Initiative have shared they have put up art work purchased from local Indigenous artists as a demonstration of their support for the community.

Your Approach: Be aware of authoritative body language and actions. It is best to not wear your white coat, and to ensure you are seated when speaking with the patient (and positioning your chair a little lower than the patient's seat). Accept if they decline to have a learner in the room. Be prepared to first visit with the patient and learn more about them, and to offer to share a little about yourself before proceeding to the reason for the visit. While we all have time pressures in our practices, these few minutes are critical to building trust for longitudinal care. At the time of the physical exam, explain first what you will be doing and why, and seek permission before proceeding. Follow through on promises made to connect the patient to resources.

If Something Does Not Go Well: Cultural humility goes beyond the simple understanding or knowledge of a culture or its norms; it includes elements of personal re-

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flection on our interactions with Indigenous patients, and longitudinal growth through learning from them. Be attentive to the patient's body language and, if you perceive tension or discomfort, then stop and inquire. Respectfully ask if you have done something to offend the person. Listen intently, apologize if needed and commit to learning from the interaction. This can be where personal discomfort arises in the learning process, but is an important step forward to providing better quality rheumatology care to Indigenous patients.

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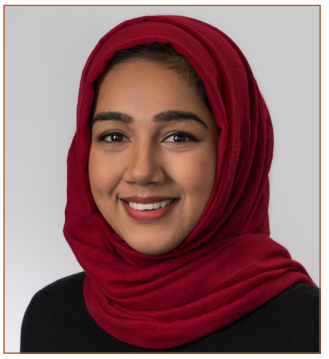
Leading the Way for Change

By Tooba Ali, MBBS, FRCPC



I am a visibly Muslim woman of colour. I have been an immigrant in this country for fewer than 10 years. I am a rheumatologist serving a predominantly rural community east of the Greater Toronto Area (GTA). My practice is not very diverse in terms of racial and ethnic background—fairly typical for rural Canada in my experience. My patients range from retired university professors to firefighters, registered nurses, farmers, beekeepers and small business owners.

Islam teaches universal equality and justice. Imam Ali AS said "A person is either your brother in faith, or your equal in humanity." My religion demands I demonstrate excellence in equity and inclusion every day. It preaches tolerance for alternative points of view. As a physician I have an obligation to treat everyone under my care with respect and dignity and to honour their autonomy.

In this age where differences in race, sexual orientation and religion continue to be focal points of strife in our communities, we can all choose to be agents of change. We can participate in active fashion by contributing to organizations, collective mobilization and demonstrations against injustice. Or we can act in passive yet important ways — learning more about what we don't know regarding an alternative point of view, and being the change that we would like to see in the world.

Often, as I step into an exam room to meet a patient for the first time, I wonder what they think of me when they see me — a visibly Muslim woman of colour. Sometimes I can spot the hastily covered-up expressions of surprise on their faces — I wonder if they were expecting a white male doctor instead. Some patients are bold enough to outright say so. However, invariably, once the conversation begins we are both reminded that despite the differences between what we look like or what we may believe of the world, the human-ness that connects us is deeper. My ability to listen respectfully, to offer sincere advice and demonstrate true concern can be a more powerful catalyst of changing stereotypes about people who look like me than any public relations (PR) campaigns.

While historically medicine was the work of the privileged few — the demographics of doctors have changed dramatically across Canada. I am avidly aware of my privileges every day. That a little girl born across the world in a society not keen on the education of young girls gets to be a rheumatologist in Canada within 30 years of life is no small privilege — given to me by God and the hard work of my parents. We each have a life of privilege in some way — we each have a responsibility to create a better, more just society for others. We have heard that diversity is a great strength of our country — let us demonstrate that by welcoming voices different than our own in conversations around us.

While some days I tire of the burden of always being identified as an ambassador of my faith, I remind myself of my duty to God, to be the change I wish to see in the world. I am a member of the Equity, Diversity and Inclusion (EDI) Task Force of the CRA, an organization run by enthusiastic physicians across Canada — working to improve the culture of the CRA and to dismantle systemic racism that may have crept into our organization. I am humbled to see the work and efforts put in by my colleagues on this task force as they each work to be the change they wish to see in the world.

I invite everyone to learn more about EDI and how it can affect those around them, and I invite everyone to participate in the EDI Task Force at the CRA — either by being a member, attending a workshop or just sending us your thoughts on the subject. Let us all work on being agents of change in our own capacity.

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