

# Speaking with Care: Culturally Safe Language in Medicine

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Dr. Terri-Leigh Aldred, Tl'Azt'En, She/Her, MD CCFP BHSc



The Ceremony of Introductions:

# Objectives:

Describe the core principles of cultural safety and addressing anti-Indigenous racism in medicine and the commitments we have as Canadians and clinicians.

Recognize how language can reinforce power imbalances, bias, and harm in clinical encounters.

Identify common practices that can be applied in medicine to support culturally safe care.

Reflect on personal assumptions and language choices to support more respectful, relational, and patient-centered care for Indigenous patients.

# Definitions:

**Cultural Humility** a process of self-reflection and the impact personal culture identity has on professional practice.

- Te Kaunihera Tapuhi O Aotearoa/ Nursing Council of New Zealand, 2009

**Cultural Safety** is an outcome, defined by the patient, based on respectful engagement that recognizes and strives to address power imbalances inherent in the health care system.

- HSO Cultural Safety & Humility Practice Standard

**Cultural Competence** Is the set of behaviors, attitudes, and policies that come together to enable a system, agency, or professionals to work effectively in cross-cultural situations

- Downing et al. 2011

# Continued:

**Anti-Racism** consists of taking action to create conditions of greater inclusion, equality, and justice.

**Indigenous Specific Racism** is the unique and ongoing race-based discrimination, negative stereotyping and injustice experienced by Indigenous peoples that perpetuates power imbalances, systemic discrimination, and inequitable outcomes stemming from the colonial policies and practices

- In Plain Sight, 2020a

**Colonialism** is the policy or practice of acquiring full or partial political control over another nation, occupying it with settlers, and exploiting it economically.

**Neocolonialism** is the use of economic, political, cultural, or other pressures to control or influence other nations, especially former dependencies.

# Core Principles in CSH & ISAR:

## 1. Indigeneity is a PROTECTIVE factor & Racism & Colonialism are the RISK factors

*“Learn about Indigenous brilliance and success as much as you learn about Indigenous suffering and trauma.” ~ Len Pierre*

## 2. ACEs and the impacts of chronic toxic stress is the engine behind intergenerational impacts of colonialism

## 3. Racism is a social political construct and not a moral failing

## 4. We all have implicit biases:

*“If I believe that only bad people are racist, I will feel hurt, offended, and shamed when an unaware racist assumption of mine is pointed out. If I instead believe that having racist assumptions is inevitable (but possible to change), I will feel gratitude when an unaware racist assumption is pointed out; now I am aware of and can change that assumption.”*

— Robin DiAngelo, [White Fragility: Why It’s So Hard for White People to Talk About Racism](#)

## 5. We need to develop shame resilience to ensure we are not choosing our own comfort over having crucial conversations about race, gender, sexual orientation, and intersectionality.

*“If you put shame in a petri dish, it needs three ingredients to grow exponentially: secrecy, silence, and judgement. If you put the same amount of shame in the petri dish and douse it with empathy, it can't survive.” Brene Brown*

# Timeline of Important Reports & Commitments to CSH & ISAR in Canada:

**2007** - UNDRIP signed and signed into law in 2019

**2008** - Brian Sinclair died

**2015** - Truth and Reconciliation Commissions (TRC) Report published  
- First Peoples, Second Class Treatment report was published

**2020** - In Plain Sight published  
- Joyce Echaquan died

**2022** - HSO BC Cultural Safety Standard published  
- CPSBC Cultural Safety and Humility practice standard

**2026** - Health Professions and Occupation Act (HPOA)

# Indigenous people in Canada:

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**Indigenous** is an umbrella term for the original inhabitants of Canada, including First Nations, Inuit, and Métis.

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**First Nation** in what is now known as British Columbia (B.C.) are sovereign Indigenous Nations and peoples and inherent, human, and Aboriginal title and rights holders with their own laws, governance systems, and jurisdictions that pre-exist and continue regardless of Crown assertions of authority;

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**Métis** refers to a distinct Indigenous people with their own history, culture, language, and nationhood, rooted in historic Métis communities such as the Red River region. Members of the Métis Nation are citizens who have ancestral ties to historic Métis communities and who are recognized according to Métis Nation governance processes.

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**Inuit** is an Inuktitut term meaning “the people.” Inuit are Indigenous peoples who live primarily in the Inuvialuit Settlement Region (Northwest Territories), Nunavut, Nunavik (Northern Quebec), and Nunatsiavut (Northern Labrador). Inuit share cultural traditions, values, and languages rooted in the Arctic, while maintaining distinct regional identities.



# BC Context

Unceded Lands

Status and Non-Status

In British Columbia

**60 Nations**

**206 Bands**

**53 languages**

*Numerous more dialects*

Matriarchal people whose  
spiritual beliefs tie us to our land

# Land Acknowledgement

Traditionally we would always ask permission before we entered another's territory.

Recognizing that this land was occupied before settlers arrived.

<https://native-land.ca/>



# Best Practices when writing or speaking about Indigenous People:

WHAT TO AVOID		WHAT TO DO INSTEAD
Speaking in a <i>passive</i> tense	→	Speak in <i>present</i> tense
Using passive verbs	→	Using present verbs
Framing Indigenous people as belonging to a place or space (i.e., possessive terms)	→	Indigenous people who reside in or within (insert place or space)
Deficit-based language	→	Strength-based language
“Us” and “Them” framing	→	Emphasize shared commitments

# Charting on Indigenous Patients

1. Trusting patients and avoiding communicating disbelief
  - Comments or quotes that imply a disbelief or skepticism
  - Judgment or discrediting words that suggest doubt such as: claims, insists, or reportedly
2. Being mindful when using direct quotes
  - Avoid quotes that perpetuate bias, undermine credibility, blame patients, or that could be perceived as disrespectful
3. Focusing on positive themes and humanizing details
  - Show approval, humanize patients & families by adding personalizing notes, using patient-first language
4. Learning to recognize and avoid stigmatizing language
5. Avoid adding details that frame the patient as “difficult” or that the writer is annoyed or disapproves of the patient.
6. Frame management plans in a way that demonstrates shared decision making over directive messaging



# Reflective Practice:

1. What examples of stigmatizing or blaming language have you seen in chart notes?
2. When reading chart notes from other providers, what judgments have you made, if any?
3. How would a patient feel to read charts notes that you wrote?

- Core bias driving Anti-Indigenous discrimination in health care:
  - **Indigenous people are inherently sick and inferior and therefore less deserving of care.**
- Epidemiology
  - Identifying risk factors and determinants of illness
  - Listing Indigeneity as a risk factor reinforces the above bias
- No evidence that being Indigenous increases risk when all other social determinants of Health are accounted for.
- Why are Indigenous people disproportionately affected?

Reinforcing Anti-Indigenous Bias with  
“Social Determinants of Health”

## IN PLAIN SIGHT FINDINGS:

Found systemic and widespread evidence of anti-Indigenous racism in BC's healthcare system.

The negative stereotypes, biases, and discrimination results in significant harms including death.

Indigenous women and LGBTQIA2S+ were particularly impacted by this discrimination.

Creates a cycle where Indigenous people experience racism when accessing care, this leads to them not accessing services, resulting in poor outcomes.

Biases include: Less worthy of care, drinkers, drug-seekers, bad parents, frequent flyers, irresponsible/non-compliant, less capable, unfairly advantaged.

## COLONIZATION:

- Indian Act 1876
- Residential School 1820 to 1996
  - 150 000 children attended
- The 60's scoop 1960-1980
  - ~11131 children apprehended
  - "Millenium Scoop" – Statistics Canada
- Indian Hospitals 1945-1981
  - 29 racially segregated hospitals
- Forced & Coerced Sterilization
- Institutional Racism
  - First Peoples, Second Class Treatment



Indigeneity is a PROTECTIVE factor  
Racism & Colonialism are RISK factors

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SOCIAL SUPPORT NETWORKS

HEALING

MENTAL

- Cultural Knowledge
- Calming and Clarity
- Positive Thinking and Confidence

PHYSICAL

- Food
- Voice
- Energy and Movement
- Synchronicity and Entrainment
- Relaxation and Pain Relief
- Disease Prevention and Addiction Treatment

CULTURE

- Identity
- Pride
- Practice Teachings/ Language
- Passing on Teachings/ Language

SPIRITUAL

- Connection
- Awareness
- Filling a Void
- Help and Guidance
- Contentment/At Peace
- Growth and Celebration of Life

EMOTIONAL

- Being Moved
- Coping and Expressing Feelings
- Comfort
- Humour and Fun
- Happiness and Enjoyment

RENEWAL AND STRENGTH

CHOICE AND EMPOWERMENT

Anishnaabe Kweg/Women Togetherness

Family Bonding/Extended Family

Helping Others/Helping Self

Safe and Stable

Sharing/Listening

FINDING VOICE

Sense of Community/Belonging

# Questions, comments, reflections



“TO BUILD COURAGE IN TEAMS AND ORGANIZATIONS, WE HAVE TO CULTIVATE A CULTURE IN WHICH BRAVE WORK, TOUGH CONVERSATIONS, AND WHOLE HEARTS ARE THE EXPECTATION, AND

*armor is not necessary or rewarded.”*

**Brené Brown**

*Dare to Lead*