Pre-amble to Indigenous Patient-Led CPD Project

ubccpd.ca/rural/indigenous-patient-led-cpd

“Indigenous peoples in BC have an extensive history of traditional medicines and health care. As experts, our perspectives are integral to the development of cultural safety and humility protocols and resources.”

-Elder Cheryl Schweizer, IPL CPD

The above quote speaks to a minimum standard of collaborative engagement with Indigenous communities in any design of work addressing their healthcare. The work of the Indigenous Patient-led Continuing Professional Development (IPL CPD) project is to do just that and more.

We are an Elder-led group that includes both Indigenous and non-Indigenous members working together to increase Cultural Safety and Humility in rural BC by building relationships with and between Indigenous communities and physician groups.

In doing this sort of work we are asked “isn’t cultural safety in healthcare settings for everyone?”. In our understanding, it certainly is. We hope that every patient seeing a doctor in any setting leaves the appointment feeling respected, honored, and understood for who they are, despite their heritage and identity.

However, for Indigenous Peoples and communities there is a history of hardship in the forms of devastating epidemics, forced cultural assimilation, Indian residential schools, Indian Hospitals, The Sixties Scoop, confinement via the Indian Reserve system and forced removal from holistic relationship with land and Spirituality. Sadly, this history carries an intergenerational detrimental legacy and in many cases are not just a legacy but are the present-day realities for Indigenous Peoples here in BC. Comparative health statistics across the board reflect unacceptable health disparities between Indigenous and non-Indigenous populations in Canada.

The goal of our project is to improve these health statistics by increasing access to culturally safe care for Indigenous Peoples and communities in BC rural settings. When
Indigenous Peoples feel safe and trust their healthcare setting, they are more likely to access health services.

Protocols are important to most Indigenous Communities. Protocols are much more than simply tradition and cultural customs. There is a reason for them. Our teachings remind us that as people, we represent our community and not just ourselves. We represent our ancestors and those to come.

Protocols are done because they remind us of our relationship to the living world around us, of our responsibility to walk with integrity and accountability in this world based on the teachings of our culture, to respect each other and ourselves, to be generous and compassionate and to connect our hearts with our knowledge. They remind us of our commitments and responsibilities to our ancestors, the land, our community, to guests, and to entities beyond the physical world. Protocols activate and remind us of that which holds us together.

There is a similar non-indigenous concept of protocol. The Latin root for this word is “First Glue”. Protocols give a frame to our collaboration and help us develop a shared understanding of ways in which we come together.

This project does not follow a linear western-styled plan. It is shaped by the protocols, values, principles and teachings provided by our Elders, cultural practices, and patterns. The project expresses the experience and wisdom of each member, the relationships we have and those that we are creating in our interactions across the province. This project is like a living document. One that is ready to adapt, and flex based on what ever we encounter on this journey of working together with Indigenous and physician communities to increase cultural safety and humility in rural BC.