

Indigenous Cultural Safety, Cultural Humility, and Anti-Racism

In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care provides evidence of Indigenous-specific racism in the B.C. healthcare system. Indigenous-specific racism and discrimination negatively affects Indigenous patients' access to healthcare and health outcomes. These impacts include lower life expectancy, higher infant mortality, and the increased presence of chronic health conditions.³

The purpose of this Practice Standard is to set clear expectations for how licensees are to provide culturally safe and anti-racist care for Indigenous patients.

This Practice Standard is organized into six core concepts. Within these concepts are the principles to which healthcare professionals are held.

Acknowledgements

Eleven health profession regulatory colleges⁴ adopted this Indigenous Cultural Safety, Cultural Humility, and Anti-Racism Practice Standard for licensees. This collective work was guided by Siem Te'ta-in, Sound of Thunder, HDOL, Coast Salish Knowledge Keeper, Honorary Doctorate of Original Laws from Native Education College; and Joe Gallagher (k'wunəməŋ), Tla'amin Nation, Principal at Qoqoq Consulting Ltd.

This Practice Standard is adapted with permission from the [British Columbia College of Nurses and Midwives \(BCCNM\)](#) and the [College of Physicians and Surgeons of BC \(CPSBC\)](#), who collaboratively developed the Indigenous Cultural Safety, Cultural Humility, and Anti-Racism Practice Standard (January 2022). We gratefully and humbly acknowledge the contributions from Indigenous People and guidance from Indigenous leaders during the consultation process which informed the development of the BCCNM and CPSBC Standard.



*Eagle flies up so high it looks down and sees all of humanity as one, cannot see our various nations or small differences, Eagle just sees us as **one** people.*

When we hold a feather, we remind ourselves of that perspective, and can speak with respect and honesty to each other like the family that we all are.

– Aaron Nelson-Moody / Tawx'sin Yexwulla, Artist

³ Turpel-Lafond, M.E. (2021). In plain sight: addressing Indigenous-specific racism and discrimination in B.C. health care. Queen's Printer: Victoria, BC. pg. 37.

⁴ The Colleges that participated to this work were the College of Chiropractors of BC, the College of Dietitians of BC, the College of Naturopathic Physicians of BC, the College of Occupational Therapists of BC, the College of Opticians of BC, the College of Optometrists of BC, the College of Pharmacists of BC, the College of Physical Therapists of BC, the College of Psychologists of BC, the College of Speech and Hearing Health Professionals of BC and the College of Traditional Chinese Medicine Practitioners and Acupuncturists of BC.



Core concepts and principles

1. *Self-reflective practice (it starts with me)*

Cultural humility begins with a self-examination of the healthcare professional's values, assumptions, beliefs, and privileges embedded in their own knowledge and practice, and consideration of how this may impact the therapeutic relationship with Indigenous patients.

Cultural humility promotes relationships based on respect, open and effective dialogue, and mutual decision making.

A licensee must:

- 1.1. Reflect on, identify, and not act on any stereotypes or assumptions they may hold about Indigenous Peoples.
- 1.2. Reflect on how their privileges, biases, values, belief structures, behaviours, and positions of power may impact the therapeutic relationship with Indigenous patients.
- 1.3. Evaluate and seek feedback on their own behaviour towards Indigenous Peoples.

2. *Building knowledge through education*

Healthcare professionals continually seek to improve their ability to provide culturally safe care for Indigenous patients.

A licensee must:

- 2.1. Undertake ongoing education on Indigenous healthcare, determinants of health, cultural safety, cultural humility, and anti-racism.
- 2.2. Learn about the negative impact of Indigenous-specific racism on Indigenous patients accessing the healthcare system, and its disproportionate impact on Indigenous women and girls and two-spirit, queer, and trans Indigenous Peoples.
- 2.3. Learn about the historical and current impacts of colonialism on Indigenous Peoples and how this may impact their healthcare experiences.
- 2.4. Learn about the Indigenous communities located in the areas where they work, recognizing that languages, histories, heritage, cultural practices, and systems of knowledge may differ between Indigenous communities.

3. *Anti-racist practice (taking action)*

Healthcare professionals take active steps to identify, address, prevent, and eliminate Indigenous-specific racism.

A licensee must:

- 3.1. Take appropriate action when they observe others acting in a racist or discriminatory manner towards Indigenous Peoples by:



- 3.1.1. Helping colleagues to identify and eliminate racist attitudes, language, or behaviour.
- 3.1.2. Supporting patients, colleagues, and others who experience and/or report acts of racism.
- 3.1.3. Reporting acts of racism to leadership, relevant health regulatory colleges, and/or other safe options.^{5,6}

4. *Creating safe healthcare experiences*

Healthcare professionals facilitate safe healthcare experiences where Indigenous patients' physical, mental/emotional, spiritual, and cultural needs can be met.

A licensee must:

- 4.1. Treat patients with respect and empathy by:
 - 4.1.1. Acknowledging the patient's cultural identity.
 - 4.1.2. Listening to and seeking to understand the patient's lived experiences.
 - 4.1.3. Treating patients and their families with compassion.
 - 4.1.4. Being open to learning from the patient and others.
- 4.2. Care for a patient holistically, considering their physical, mental/emotional, spiritual, and cultural needs.
- 4.3. Acknowledge and incorporate into the plan of care Indigenous cultural rights, values, and practices, including ceremonies and protocols related to illness, birth, and death, where able.
- 4.4. Facilitate the involvement of the patient's family and others (e.g., community and Elders, Indigenous cultural navigators, and interpreters) as needed and requested.

5. *Person-led care (relational care)*

Healthcare professionals work collaboratively with Indigenous patients to meet the patient's health and wellness goals.

A licensee must:

- 5.1. Respectfully learn about the patient and the reasons the patient has sought health services.
- 5.2. Engage with patients and their identified supports to identify, understand, and address the patient's health and wellness goals.

⁵ Resilience BC. Anti-racism network. Report a Hate Incident. <https://www.resiliencebc.ca/report-support/report-a-hate-incident/>

⁶ BC Association of Aboriginal Friendship Centres. Safespace Networks. <https://bcaafc.com/help/safespace-sharing/>



5.3. Actively support the patient's right to decide on their course of care.

5.4. Communicate effectively with patients by:

5.4.1. Providing the patient with the necessary time and space to share their needs and goals.

5.4.2. Providing clear information about the healthcare options available, including information about what the patient may experience during the healthcare encounter.

5.4.3. Ensuring information is communicated in a way that the patient can understand.

6. *Strengths-based and trauma-informed practice (looking below the surface)*

Healthcare professionals have knowledge about different types of traumas and their impact on Indigenous patients, including how intergenerational and historical trauma affects many Indigenous Peoples during healthcare experiences. Healthcare professionals focus on the resilience and strength the patient brings to the healthcare encounter.

A licensee must:

6.1. Work with the patient to incorporate their personal strengths that will support the achievement of their health and wellness goals.

6.2. Recognize the potential for trauma (personal or intergenerational) in a patient's life and adapt their approach to be thoughtful and respectful of this, including seeking permission before engaging in assessments or treatments.

6.3. Recognize that colonialism and trauma may affect how patients view, access, and interact with the healthcare system.

6.4. Recognize that Indigenous women, girls, two-spirit, queer, and trans Indigenous Peoples are disproportionately impacted by Indigenous-specific racism in the healthcare system and consider the impact gender-specific trauma may have on the patient.