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Flexing Your Core: the Palliative Workout ECHO

Domain 2: Cultural Safety & Humility

Nov 26th, 2024

AGENDA ITEM	NOTES
Introductions, Objectives	<p>Session Facilitator: Leanne Drumheller, MSW</p> <p>Learning objectives:</p> <ol style="list-style-type: none"> 1. Identify that each person, family and community is unique. 2. Self-reflect to begin to understand personal and systemic biases. 3. Recognize speaking up as uncovering inequities in our culture.
Session Key Points and discussion	<ul style="list-style-type: none"> • The session touched on privilege, oppression and the significance of honoring cultural diversity in healthcare, particularly in palliative and end-of-life care. <p><u>Privilege and Oppression in Health Care</u></p> <ul style="list-style-type: none"> • Privilege often operates unconsciously making it essential to examine our assumptions about “normative” practices in healthcare. For example, standardized approaches to end-of-life care in Eurocentric systems often overlook the diverse cultural, spiritual and communal needs of Indigenous and other marginalized groups. • The relationship between privilege and oppression is key—privilege leads to oppression. • Examples of Oppression: <ul style="list-style-type: none"> ○ Historical and ongoing systemic racism such as the legacy of residential schools, deeply impacts indigenous peoples’ trust in healthcare systems. ○ Structural barriers such as geographic isolation or limited culturally safe care, exacerbate inequities in accessing timely cancer diagnosis and treatment. • Unacknowledged privilege can lead to assumptions being imposed on others. • Personal vs. Systemic Inequalities: Personal inequalities are learned over time or grow with us while Systemic inequalities are rooted in broader cultural and societal systems, including healthcare. <p><u>Video of Elva (Elder's Perspective) link:</u> Elva’s insights on end-of-life care from her cultural perspective are shared to highlight the importance of understanding diverse views.</p> <ul style="list-style-type: none"> • Cultural Beliefs on Family Care:



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- Belief in taking care of family members directly, not relying on institutions like daycare, old age homes, or hospitals with an emphasis on keeping elderly family members at home, even during end-of-life care, if possible.
- **Community and Family Support:**
 - At home, there is more freedom for family and community to gather, share experiences, and offer support (e.g., laughter, singing, drumming).
- **Holistic Care:**
 - Family members are responsible for ensuring their loved ones have everything they need (e.g., medicine, songs, support).
- **Cultural Role in End-of-Life:**
 - The responsibility is to care for the person as they approach the end of life and once the person passes, the responsibility transitions to the other side, indicating a spiritual or cultural belief in the afterlife.

Discussion: Experience with Indigenous Patients in Hospice

- One of the participants' shared experiences highlighted the importance of community involvement and a learning avenue to appreciate the cultural approach to death and dying.

Challenges in Healthcare for Indigenous Communities:

- Residential schools and historical oppression have impacted Indigenous peoples' willingness to seek healthcare.
- Statistically, Indigenous men and women live significantly shorter lives than their non-Indigenous counterparts.
- Palliative care sees the consequences of late diagnoses and lack of access to healthcare in Indigenous populations.

Creating Room for Cultural Practices in Healthcare:

- The importance of clinicians creating space for cultural traditions, even in clinical settings, was emphasized.
- There's a need to broaden awareness and create more inclusive environments in emergency rooms and other healthcare settings, particularly in the face of systemic barriers.

What's in your Knapsack?

- Peggy McIntosh, an activist and writer, introduced the idea of "unpacking the knapsack of privilege". The concept explores how privilege influences our worldview and interactions with others.
- Unpacking privilege can begin by exploring how one's race class, gender or other identities influence access to care and interactions within healthcare systems.
- It is powerful to bring these conversations into clinical settings because they challenge assumptions and encourage deeper empathy and understanding.

Being an Ally:

- The importance of being aware of how societal systems may benefit us or others due to unearned advantages.



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- Recognizing that some people have benefits that others don't, and this awareness is crucial in becoming an ally.

Understanding Equity, Equality, and Justice:

- Three key concepts in addressing cultural competence and privilege in healthcare:
 - **Equity:** Ensuring individuals receive what they need based on their specific circumstances (e.g., different-sized ladders to reach an apple).
 - **Justice:** Moving beyond equity to address systemic issues, providing both support and structural changes to the system.
 - **Equality:** Distributing resources equally, regardless of individual needs (e.g., everyone gets the same-sized ladder).

The Goal in Healthcare:

- The ultimate goal is **justice**, not just equity or equality.
- Healthcare workers need to focus on systemic change, not just ensuring individual access to resources.

Addressing Systemic Issues:

- Acknowledging that healthcare systems have been built on colonialist principles and continue to perpetuate inequality.
- Emphasis on changing the system to be more inclusive and equitable, beyond addressing individual needs.

Small Group – Scenario 1

How would you respond to this comment by a colleague?

I'm tired of this whole thing about pronouns. I can't remember to call this patient "they". I keep messing it up and it's so confusing. It sounds like I'm talking about more than one person.

I'm just going to say "she" - that's her biological gender.

Enough is enough.

What if the person saying this is your boss?

What if a colleague who uses 'they' pronouns was overhearing this conversation?

- When thinking about responses in challenging moments, the difference between calling in and calling out is essential. Calling in may take more patience and emotional labor but can create room for growth and change. Calling out, on the other hand is sometimes necessary when harm is immediate or when an individual refuses to reflect on their behavior.
- For healthcare teams, these discussions can also become a practice of modeling inclusive behavior.
- If you overhear the dismissive comment about pronouns, acknowledging it openly in a non-confrontational way could help set the tone. For example, saying, "I understand this might feel unfamiliar but using someone's pronouns is an important way to affirm their identity and create a safe space."
- If the colleague who uses "they" overhears, directly addressing the comment by affirming their identity – it's important that we honor how people get identified- helps show solidarity.



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Privilege and Its Role:

- The conversation reveals unexamined privilege—the ability to refuse learning about pronouns because one’s own gender identity aligns with societal expectations.
- In these moments, healthcare workers are encouraged to reflect on how privilege operates and the importance of creating a supportive and inclusive environment for all patients and colleagues.

Encouraging Awareness and Change:

- Discussing these moments within clinical teams can help open up broader conversations on issues of identity, privilege, and inclusion.
- Sharing personal experiences, like in the example of the "Queer Dying" group, helps raise awareness around LGBTQ+ issues in healthcare, especially at end of life.
- The goal is to ensure that healthcare settings respect and honor all forms of identity, including sexual orientation and gender identity.

Actionable Takeaways:

- Engage in regular discussions with colleagues to foster a culture of learning and respect.
- Consider the impact of language and how it might affect colleagues or patients, especially those from marginalized communities.
- Reflect on how privilege shapes our interactions and continue to challenge systems that exclude or marginalize others.

Small Group – Scenario 2

An Indigenous man presents to the Emergency room with lower back pain.

After a physical examination and clean Xray the attending physician tells the nurse looking after this patient;

'I am not comfortable prescribing pain relievers as I am concerned this man is drug seeking'.

What might you say in response?

Would you say something differently if this man was Caucasian and wearing a business suit? Do you think the attending physician would respond with the same comment in that case?

- Ask, "What is it about how he presents that makes you concerned he's drug-seeking?" This invites reflection on the physician's potential bias.
- Emphasize that pain is subjective, and it’s difficult to assess based on appearance alone. Make the point that a patient’s presentation shouldn't automatically lead to assumptions about drug-seeking behavior.



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Cultural and Societal Biases:

- **Assumptions Based on Appearance:** The physician's response may differ based on the patient's race, socioeconomic status, or clothing. For example, an Indigenous man may be more likely to be assumed as drug-seeking than a Caucasian man in a business suit.
- **Impact of Systemic Bias:** Acknowledge the systemic biases that may influence decisions. In some regions, such as Alberta, Indigenous populations have been disproportionately impacted by the opioid crisis, which can lead to generalizations or stereotyping by healthcare providers.

Privilege in Healthcare:

- **Self-Advocacy and Privilege:** A story is shared about a patient (a biologist) who advocated for herself and successfully insisted on a biopsy, which changed her diagnosis from terminal to curable. This highlights the privilege of being educated, confident, and able to navigate the healthcare system effectively.
- **Not Everyone Has Equal Access:** Many patients, especially those from marginalized groups, lack the same advocacy skills, resources, or confidence to challenge healthcare professionals.

Recognizing and Addressing Bias:

- **Personal Bias:** It's important for healthcare workers to recognize their own biases, which are shaped by societal factors, upbringing, and personal experiences. Understanding this can lead to more equitable patient care.
- **Speaking Up:** Being an ally means speaking up when you see biased or unfair treatment, even when it's risky. This includes calling out discriminatory behavior or offering a different perspective when necessary.

The Role of Systemic Change:

- **Systemic Change Takes Time:** Achieving equity and justice in healthcare requires ongoing efforts to change systems that have historically marginalized certain groups. Real change, like women gaining the right to vote, takes time but is essential for long-term progress.
- **Promoting Cultural Safety and Humility:** Beyond individual actions, systemic change involves promoting cultural safety and humility within healthcare institutions. This can be achieved through education, policy change, and fostering a more inclusive environment.

Practical Approaches to Cultural Safety:

- **Community Support:** Encourage community support and involvement, such as in-service trainings or discussions about oppression, racism, and cultural differences in healthcare.
- **Continuous Learning:** Healthcare professionals are encouraged to continuously engage in self-reflection, learn about the social determinants of health, and challenge their biases to create a more inclusive and just system for all patients.

Resources:

- [Journey home](#)



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	<ul style="list-style-type: none">• Peggy McIntosh's Concept of Privilege
Next session info	Other upcoming ECHO sessions listed here