



Caring for aboriginal peoples

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Tell me and I'll forget. Show me and I may not remember. Involve me and I'll understand.

Native American proverb

I immigrated to Canada from Manchester, England, at the age of 8 with my family. What little I knew about Canada came from watching a television program, "The Forest Rangers," which starred the great Canadian actor Gordon Pinsent. I naïvely and happily imagined a new life living in a wooden fort in the North, befriended by aboriginal kids who would introduce me to fishing, hunting, woodcraft, and a life of adventure in the outdoors, just like Chub and his friends on the television show. Instead, we landed in a thriving, modern city, Winnipeg, Man, not that different in many ways from the place that I had come from. There were aboriginal kids in the schools that I attended, but not many, and I knew little about them. Growing up in Winnipeg, a city, like many in Canada, with a substantial aboriginal population, I was exposed to many of the usual stereotypes that nonaboriginal Canadians have about our Native peoples. It was only when I got to university, and then medical school, that I began to learn more about the history of aboriginal people in Canada, and the connection between this history and their current health issues.

Making connections

This month's issue of *Canadian Family Physician* focuses on aboriginal health and features a Residents' Views article by Catherine Elliot and Sarah de Leeuw, 2 interesting, but very different, research studies, all woven together by a Commentary by Dr Ann Macaulay, a leader in family medicine research in Canada.

In "Our aboriginal relations. When family physicians and aboriginal patients meet" (page 443), Drs Elliott and de Leeuw start with a personal story about looking after a First Nations woman with pneumonia and some valuable lessons learned, and end with a challenge to us all to avoid the "pathologization" of aboriginal peoples by using our natural curiosity as physicians about the lives of individuals to deepen our understanding of them.¹

It is well known that there is an epidemic of diabetes among Canada's First Nations peoples.² In this issue Oster et al (page 386) add to the growing literature on the problem with a large descriptive study examining the state of diabetes care among First Nations people living on reserves in Alberta.³ Not surprisingly,

the authors found that diabetes care was suboptimal, with high rates of undiagnosed complications of diabetes, and diabetes-related problems substantially contributing to emergency department visits and hospital admissions. This study will provide the springboard for the SLICK (Screening for Limb, I-eye, Cardiovascular and Kidney complications of diabetes) project to make substantial improvements in diabetes care for Alberta's First Nations communities in the future.

Also featured in this issue (page 394) is a qualitative study by Dr Len Kelly and his colleagues from the Northern Ontario School of Medicine at Sioux Lookout, Ont, exploring the experiences of bereaved family members of First Nations patients who received palliative care at the local hospital.⁴ Among the many interesting findings in the study is that for First Nations people palliative care is a community and family experience in a way that is not usual in Western society.

Coming together

The importance of all 3 of these articles is touched upon and brought together in a deeply thoughtful Commentary by Dr Ann Macaulay entitled "Improving aboriginal health. How can health care professionals contribute?" (page 334).⁵ Dr Macaulay is a leading Canadian and international family medicine researcher, well known for her expertise in conducting participatory research among the Mohawk community of Kanahwake, QC. Dr Macaulay provides a broad overview of the history of Canada's aboriginal peoples and the effects of this history on the health problems and inequities that they currently face. She then offers a blueprint for health professionals to improve the health of Canada's aboriginal peoples that includes fundamental changes in the way we provide patient care, conduct research, and deliver medical education. The key message—aboriginal people must be fundamentally involved in all aspects of this process.

References

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2. First Nations Centre, National Aboriginal Health Organization. First Nations regional longitudinal health survey (RHS) 2002/03—results for adults, youth and children living in First Nations communities. Ottawa, ON: First Nations Centre, National Aboriginal Health Organization; 2005.
3. Oster RT, Virani S, Strong D, Shade S, Toth EL. Diabetes care and health status of First Nations individuals with type 2 diabetes in Alberta. *Can Fam Physician* 2009;55:386-93.
4. Kelly L, Linkewich B, Cromarty H, St Pierre-Hansen N, Antone I, Gilles C. Palliative care of First Nations people. A qualitative study of bereaved family members. *Can Fam Physician* 2009;55:394-5.e1-7.
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Cet article se trouve aussi en français à la page 333.