Truth and Reconciliation: doing our part

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We respectfully acknowledge and give our thanks to the Mississaugas of the Credit on whose territory we are guests. The CFPC recognizes that the many historic injustices experienced by Canada's Indigenous peoples continue to impact health and well-being. The CFPC respects that Indigenous people in Canada have rich cultural and traditional practices that have been known to positively improve health outcomes. We commit ourselves to gaining knowledge, forging a new, culturally safe relationship, and contributing to reconciliation.

CFPC statement of acknowledgment of traditional land

Dear Colleagues,

In recent outreach activities, members have indicated their wish for the CFPC to appropriately do its part, in partnership with Indigenous communities, to improve health care for Indigenous peoples.* The CFPC board, with leadership and advice from the Indigenous Health Working Group (IHWG), is taking this feedback seriously.

The IHWG was created almost 9 years ago to help the CFPC begin to address systemic racism and colonialism in our educational standards and practices, and to begin to develop a relationship of trust between Indigenous family physicians and communities and the College, which has a diverse membership but few Indigenous family physicians. A practical guide to begin addressing issues of systemic racism at the practice and community levels was released in 2017.[1] The IHWG has worked very closely with our academic family medicine community to enhance CFPC's accreditation standards—the *Red Book*[2]—and the CanMEDS–Family Medicine roles to describe the expectations for all future family physicians in understanding our history and its effect on perpetuating systemic racism, enhancing our understanding of Indigenous culture and what it means to work with Indigenous patients, and practising in a culturally humble manner. We had the privilege of being witness to a Declaration of Commitment to Cultural Safety and Humility organized by the British Columbia College of Family Physicians during Family Medicine Forum 2019; College staff have participated in a KAIROS blanket exercise to enhance their appreciation of the injustices endured by Indigenous peoples; and we are exploring options at the continuing professional development level to better support practising family physicians in this journey.

I would like to share a few observations as we proceed. We must recognize and respect the principle of self-determination and critically examine our structures. The *United Nations Declaration on the Rights of Indigenous Peoples*[3] should guide us. Indigenous people know what they need to be well. We must ask our Indigenous colleagues how we can support their efforts. How do we embrace this principle in an authentic way?

We need to recognize, respect, and learn from the diversity of Indigenous peoples and their communities. Some Indigenous peoples are on reserve, others off reserve, and many live in cities, each with their culture, traditions, and history of oppression. It might not be possible, in the short term, to fully appreciate the nuances, but, at a minimum, we must try to understand. Given the history of oppression, how do we begin to foster trusting relationships? Can we learn from regional experiences that appear to show promise (eg, First Nations Health Authority in British Columbia)?[4]

We need to do what we can to increase the number of Indigenous health providers and learners and to better support them in their professional journey. We can learn from the experience of the Northern Ontario School of Medicine and other medical schools that have developed robust yet inclusive admission criteria, and welcome a cadre of students of Indigenous backgrounds. Indigenous learners might require different support than might be provided to others; we need to appreciate that many enter colonial institutions and learning environments that feel unsafe; and we need to explore mentoring opportunities. The Indigenous Physicians Association of Canada (IPAC) offers an opportunity for mentorship. I look forward to furthering this conversation and exploring how IPAC and the CFPC could collaborate in this regard. After all, two-thirds of IPAC members intend to specialize in family medicine. We also need to support Indigenous family physicians in practice, who might struggle with their belonging and commitment to their community, while at the same time pursuing their

Continued on page 223

Cet article se trouve aussi en français à la **page 222.**

**Aboriginal* is a constitutional term created by the Canadian government that collectively refers to 3 groups: Indians (now commonly referred to as *First Nations*), Inuit, and Métis. Here I use *Indigenous* as an inclusive term to describe First Peoples, or the people whose ancestors lived for millennia on lands now known as Canada before European colonization. Our use of this term allows for individuals and collectives to exercise self-determination in their identity based on their experiences, kin relations, and land ties.[1]

Suite de la page 222

établi des critères d'admission stricts, mais inclusifs, nous pouvons accueillir un noyau d'étudiants d'origine autochtone. Les apprenants autochtones pourraient nécessiter un soutien différent de celui accordé aux autres, car — et il est important de le reconnaître — beaucoup d'entre eux intègrent des institutions coloniales et des milieux d'apprentissage où ils ne se sentent pas en sécurité. Nous devons donc étudier des possibilités de mentorat. L'Association des Médecins indigènes du Canada (AMIC) offre une telle occasion. J'ai très hâte de poursuivre la conversation et d'explorer les façons dont l'AMIC et le CMFC pourraient collaborer à cet égard. Après tout, les deux tiers des membres de l'AMIC ont l'intention de se spécialiser en médecine de famille. Nous devons aussi soutenir les médecins de famille autochtones déjà en exercice, qui éprouvent peut-être des difficultés à maintenir leur appartenance et leur engagement envers leur communauté, tout en poursuivant leurs études, leur carrière et leur vie dans d'autres communautés. De nombreuses attentes pèsent sur ces médecins, tant celles de leur communauté que les nôtres. Il faut en prendre acte et les soutenir convenablement dans leurs décisions personnelles et professionnelles.

À l'échelle de l'organisation, nous devons examiner la notion d'agir en allié. Par quels moyens pouvons-nous, en tant qu'organisation, contribuer positivement au cheminement nécessaire ? Dans son récent article portant sur « les principes pour agir en allié contestataire », Stephanie Nixon décrit le fait de devenir un allié comme « un processus actif, constant et ardu de désapprentissage et de réévaluation par lequel une personne privilégiée cherche à se solidariser avec un groupe marginalisé[5]. » Pour adopter ce principe, il est essentiel de reconnaître d'abord l'existence de positions non méritées de privilège et de désavantage qui sont souvent perpétuées par un système d'inégalité. Être un allié est une façon d'agir, et non une identité. Pour améliorer la relation avec les peuples autochtones, il faudra que tous les fournisseurs de soins de santé prennent conscience de leur position de privilège et soient prêts à réorienter véritablement leur approche, ne cherchant plus à « sauver les malheureux » (imposer des mesures aux personnes vulnérables), mais plutôt à « s'engager solidairement dans des efforts concertés pour lutter contre les systèmes d'inégalité » (collaborer avec les personnes marginalisées pour construire un avenir meilleur)[5].

Même si un chemin éprouvant et des erreurs de parcours nous attendent, ce serait bien pire de ne pas s'engager sur cette voie. En partenariat avec d'autres intervenants et par solidarité avec la population et les fournisseurs de soins de santé autochtones, notre organisation a hâte de travailler ensemble, dans le respect, pour lutter convenablement contre les inégalités auxquelles les communautés autochtones font face.

Remerciement

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Continued from page 224

education, career, and life in other communities. A lot is expected of them—by their community and by us; this needs to be acknowledged, and Indigenous family physicians need to be appropriately supported in their personal and professional decisions.

We need to consider whether we should explore the concept of *allyship* at the organizational level. How do we, as an organization positively affect the journey? Stephanie Nixon, in a recent publication about "practicing critical allyship" describes allyship as an "active, consistent, and arduous practice of unlearning and re-evaluating in which a person of privilege seeks to operate in solidarity with a marginalized group of people."[5] Fundamental to this is a recognition of positions of unearned privilege, as well as unearned disadvantage, often perpetuated by systems of inequality—a recognition that allyship is not an identity, but a practice. Getting to a better place in our relationship with Indigenous peoples will require all health providers to acknowledge their position of privilege and a willingness to genuinely reorient their approach from "saving unfortunate people" (doing something *to* vulnerable people) to "working in solidarity and collective action on systems of inequality" (working *with* people to create a better future).[5]

This journey will be arduous, and missteps will happen. But not embarking on this journey would be worse. We look forward as an organization, in partnership with others and in solidarity with Indigenous health care providers and Indigenous people, to working together, in a respectful and appropriate manner, to address health inequalities faced by Indigenous communities.

Acknowledgment

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References

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