



Journey of reconciliation

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The road we travel is equal in importance to the destination we seek. There are no shortcuts. When it comes to truth and reconciliation, we are all forced to go the distance.

Honourable Murray Sinclair¹

January is a time when I reflect on the year that has just ended and consider the possibilities of the one ahead. This year I have focused on my journey of reconciliation with the Indigenous peoples of Canada. I started by attending a compassionate leadership training program in March, led by speakers and activists Shawn and Heather Atleo. I recall feeling overwhelmed by fear at the first meeting, worried I would say or do the wrong thing (I have since learned that apprehension prevents us from engaging in the work of reconciliation), but they created a safe space and helped me navigate the discomfort felt from reflecting on Canada's history of colonization. This allowed me to move further along on my path of learning.

In May, I attended the College of Family Physicians of Canada (CFPC) Leaders' Forum in Toronto, Ont, where the focus was on equity, diversity, and inclusion. There, the CFPC committed to establishing an anti-racism task force. This task force shares the same mandate as the CFPC's journey with reconciliation.²

In July I was invited to the Pacific Region Indigenous Doctors Conference in Vancouver, BC. I learned about innovations in Indigenous education and culturally centred Indigenous health and wellness practices occurring in the region. However, I sat uncomfortably through sessions on pervasive anti-Indigenous racism in medical schools, residency programs, and health care. Why, in spite of all the recommendations, practice and education guidelines, and calls to action,³⁻⁸ have we been unable to effect systemic change? Academics have described anti-Indigenous racism within the Canadian medical system as a "wicked problem," because treating it as such is the only way to see sustainable change.⁹

While I agree this is a complex problem at the system level, we must do the work at the individual level, too.¹⁰ Applying a complex system lens does not free any of us from accountability. Tools such as the *CanMEDS-Family Medicine Indigenous Health Supplement*¹¹ have helped me provide culturally appropriate care to Indigenous patients.

At Family Medicine Forum in Toronto, Ont, in November, CFPC Executive Director and Chief Executive

Officer Dr Lawrence C. Loh, representatives from the Indigenous Physicians Association of Canada, and I signed a declaration of commitment,¹² wherein the CFPC and the Indigenous Physicians Association of Canada promised to work together to establish cultural safety and humility as a framework to improve health care for Indigenous peoples and to encourage, support, and enhance cultural safety and humility among family physicians in Canada. I am personally determined to advance this commitment with members and with other leaders in the larger health care system.

In 2023 I will continue working to recognize and address the injustices that affect Indigenous people in their daily lives and in health care systems fraught with power imbalances and lack of cultural safety.⁹ I will also continue to practise cultural humility, which is a lifelong process of self-reflection and self-critique. In the words of David Brooks, "Humility is the awareness that there's a lot you don't know and that a lot of what you think you know is distorted or wrong."^{13,14}

I am proud of the work the CFPC is doing to recognize and address the persistent injustices that Indigenous peoples endure. I am committed to championing reconciliation efforts. I believe that together, and with guidance, we will continue to move forward and build an equitable system that supports health and wellness for all. 🌿

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Can Fam Physician 2023;69:69 (Eng), 70 (Fr). DOI: 10.46747/cfp.690169