



Standard of Practice Practicing Medicine to Eliminate Anti-Indigenous Racism

Initial Approval:

Effective Date:

DRAFT

Standards of Practice of Medicine set out the requirements related to specific aspects for the quality of the practice of medicine. Standards of Practice of Medicine provide more detailed information than contained in the *Regulated Health Professions Act*, Regulations, and Bylaws. All members must comply with Standards of Practice of Medicine, per section 86 of the *Regulated Health Professions Act*.

This Standard of Practice of Medicine is made under the authority of section 82 of the *Regulated Health Professions Act* and section 15 of the CPSM Standards of Practice Regulation.

This Standard of Practice will guide and inform Registrants on how to practice medicine in a manner that eliminates Anti-Indigenous racism and the harm that Indigenous patients experience from that racism.

PREAMBLE

It is an undeniable fact that racism exists in the provision of health care to Indigenous Peoples via personal interactions and systemic contexts. Racism against Indigenous Peoples in the health care system has been researched, reported, and acknowledged both regionally and nationally. (see Contextual Information and Resources Practicing Medicine to Eliminate Anti-Indigenous Racism).

Racism in health care causes harm that has both short and long-term impacts and, in the worst cases, results in patients' deaths.

In its Apology and Statement on Indigenous-Specific Racism, CPSM apologizes for its historical and current failure to regulate the medical profession in the public interest by failing to adequately address Indigenous-specific racism by medical practitioners, whether in their clinical practice or administrative roles.

CPSM's responsibility extends to the racist actions and inactions of physicians, residents, medical students, clinical assistants, and physician assistants against Indigenous persons. We accept this responsibility, and we apologize.

CPSM apologizes to First Nations, Métis and Inuit children, families, and Elders for the racism that has occurred in their medical care, whether it was in the care they received, or should have received but did not. We apologize for the intergenerational trauma, suffering, poor health outcomes, and death that this has caused.

Apologies are not enough, CPSM pledges to take action against Indigenous-specific racism and to support and guide Manitoba physicians, residents, students, clinical assistants, and physician assistants to recognize and call out acts of racism against Indigenous persons and medical practitioners.

CPSM will take this journey, knowing that it is difficult but necessary and fully aware that it takes more than a pledge to end racism. Recognizing racism in ourselves will neither be comfortable nor easy. However, with knowledge, awareness, and a positive obligation to *“consider first the well-being of the patient”*¹ Registrants can practice medicine to eliminate Anti-Indigenous racism and harm to their patients.

CONCEPTS THAT MUST BE UNDERSTOOD BY REGISTRANTS

The term **“Indigenous”** or **“Indigenous Peoples”** is used throughout the Standard of Care to reference First Nations, Inuit, and Métis people of Canada. It is understood that in Manitoba the Métis are referred to as Red River Métis and First Nations linguist groups include Anishinaabe, Cree, Anish-Ininew, Dene, and Dakota.

Racism has many definitions. It is simultaneously simple and complex to understand. At its core it results in harmful acts or omissions against an identifiable race of people. At a societal level it is the systems, policies, and practices that oppress, undervalue, and diminish a worldview, culture and spiritual practices based on race. At the individual level it is the prejudices and discrimination that treat people differentially because of their race. It is the impacts of these acts or omissions that need to be recognized and addressed, whether they were intended or not.

Indigenous-specific racism is the ongoing race-based discrimination, negative stereotyping and injustice experienced by Indigenous Peoples that perpetuates power imbalances, systemic discrimination and inequitable outcomes stemming from colonial policies and practices. Racism is a form of harm.

Systemic Racism in Health Care –When one is working as a registrant in Manitoba, despite one’s personal views, we are working within a racist system and that has consequences for

¹ Words appearing in italics in this Standard are direct quotes from the Canadian Medical Association Code of Ethics and Professionalism.

those we are serving. This type of racism is often found deeply entrenched in institutional policies and practices that were developed without consideration to the impact of Indigenous Peoples. We must work to identify, remove, prevent, and mitigate racially inequitable outcomes and power imbalances. We must work to change the structures that sustain inequities in our practices. It is upon the registrant to become culturally competent and reduce instances of anti-Indigenous racism in their practice. This means being aware of cultural values, micro aggressions and barriers Indigenous Peoples may face with medical compliance, medical trauma or being listened to by other providers when articulating their needs for care.

Anti-racism is more than just being “not racist”. It is an explicit stance, process and a systemic method of analysis requiring a proactive course of action for individuals, institutions, and societies to undertake change that prevents the perpetuation of racism. It is actively eliminating racism from our policies and institutions, understanding how the present exists upon colonial and racist foundations, and committing to educate oneself and take action to create conditions of greater inclusion, equality, and justice.

Privilege – It is important to acknowledge and understand registrants have a position of privilege in this context. Registrants have social, economic, and a power imbalance in their relationships with patients. Registrant’s acts or omissions have tremendous impacts upon their patients.

Unconscious Bias - Is when we make judgments or decisions based on our prior experience, our own personal deep-seated thought patterns, assumptions, or interpretations, and we are not aware that we are doing it. Unconscious biases prevent us from seeing fairly and accurately the information or the people in front of us.

THREE STEPS TO PRACTICING MEDICINE TO ELIMINATE ANTI-INDIGENOUS RACISM

RACISM NEGATIVELY IMPACTS HEALTH

The most extreme consequence of anti-Indigenous racism is death. Two public inquiries into the deaths of Indigenous patients are examples of Indigenous-specific racism in the health care system - Brian Sinclair (Manitoba) and Joyce Echaquan (Quebec) (see Contextual Information and Resources Practicing Medicine to Eliminate Anti-Indigenous racism). These are examples of situations where anti-Indigenous racism directly resulted in death; however, the health impacts of this racism are diverse and widespread.

The report *In Plain Sight: Addressing Indigenous-Specific Racism and Discrimination in B.C. Health Care* found extensive profiling and widespread stereotyping of Indigenous patients. They were described as less capable, less worthy; as drug seekers or alcoholics; as people who are non-compliant, are bad parents, and “get stuff for free.” The report reveals that an additional layer of discrimination against Indigenous women exists in health care settings, where Indigenous women, girls, Two-Spirit, and gender-diverse people are subject to misogynistic stereotyping, child apprehensions, and forced sterilization.

CPSM recognizes the collective role of the medical profession in providing medical care to Indigenous Peoples which is impacted by systemic colonial values, individual biases, and racist attitudes. These continue to result in inequitable access to health care and poor medical outcomes including a compounding affect over time and the suffering and deaths of a disproportionate number of Indigenous patients.

The mere exposure to racism causes psychological strain on the individual. Psychological strain can lead to stress, feelings of loss of control, insomnia, fatigue or exhaustion, sadness or tears, concentration or memory problems, irritability, or aggression. It can also lead to physical manifestations of increased blood pressure and a higher risk of heart disease, gastrointestinal problems, headaches, and back or neck pain. Despite this Indigenous Peoples demonstrate significant resilience by continuing to be vulnerable within the medical systems that often causes or retriggers trauma.

Denial of access to health care. Systemic racism sets up barriers limiting Indigenous Peoples access to health care ranging from racist institutional policies, geographic access to health care, and resource inequities including poverty, food insecurities, and lack of safe housing. In addition, the psychological strain resulting from racism received from other institutions and/or during medical treatment creates a deterrent to seeking health care when it is needed. CPSM recognizes current examples of Indigenous-specific racism in treating Indigenous Peoples which leads to substandard care including, but not limited to:

- Failing to respect traditional Indigenous health care practices as complementary to scientific medicine.
- Accepting or advancing stereotypical perceptions of alcohol and illicit drug consumption or socioeconomic status.
- Inadequate treatment of pain based upon racial profiling.
- Failing to demonstrate interest, respect, and humility to understand the context of patients’ Indigenous teachings, communications, lived experiences, and circumstances.
- Failing to adapt medical treatment plans to the reality of the person’s social circumstance. For example, advising care while knowing there may be a lack of access to that care in the community or refusing to provide care based on patients missed appointments which may be out of their control.

- Committing outright acts of racism, including derogatory comments to Indigenous Peoples.

UNDERSTAND AND IDENTIFY ACTS AND OMISSIONS OF ANTI-INDIGENOUS RACISM

To understand and identify an act or omission of anti-Indigenous racism the registrant must understand the impact of the act or omission on the patient. The intent of a particular act or omission may be *bona fide* but if the impact on the patient is racist, it is harmful. It is the harm that must be prevented.

Based on the Code of Ethics this section provides guidance on how registrants are to gain knowledge and understanding of anti-Indigenous acts and omissions.

Know Yourself / Self Reflection

The *Code of Ethics* lists humility as a virtue exemplified by an ethical physician.

Humility

A humble physician acknowledges and is cautious not to overstep the limits of their knowledge and skills or the limits of medicine, seeks advice and support from colleagues in challenging circumstances, and recognizes the patient's knowledge of their own circumstances.

Registrants must have a sound understanding of self, be aware of limits in their knowledge of Indigenous history and culture.

An important part of self-reflection will be recognizing racism in ourselves. This will neither be comfortable nor easy, but it is necessary for improvement.

Registrants must self-reflect on their interactions with Indigenous patients, including:

- possible barriers to patient-centered care and patient participation such as support to navigate unfamiliar systems, access to resources such as transportation, interpreters, escorts, family support etc.
- understanding the individual patient's expectations and needs from Medicine and recognize their need for traditional Indigenous health care and practices.
- Whether the patient feels safe in the health care facility.

(See Contextual Information and Resources Practicing Medicine to Eliminate Anti-Indigenous racism).

Know Your Patient

Knowing your patient is foundational to your *Code of Ethics*. The first Virtue of an Ethical Physician in the *Code of Ethics* is Compassion.

A compassionate physician recognizes suffering and vulnerability, seeks to understand the unique circumstances of each patient and to alleviate the patient's suffering, and accompanies the suffering and vulnerable patient.

The *Code of Ethics* specifically sets out a *commitment to the well-being of the patient*:

- *Consider first the well-being of the patient; always act to benefit the patient and promote the good of the patient.*
- *Provide appropriate care and management across the care continuum.*
- *Take all reasonable steps to prevent or minimize harm to the patient; disclose to the patient if there is a risk of harm or if harm has occurred.*

Registrants have a *commitment to respect for persons*:

- *Always treat the patient with dignity and respect the equal and intrinsic worth of all persons.*
- *Never participate in or support practices that violate basic human rights.*

Patients of differing race, ethnic or religious backgrounds will be impacted differently by a particular act or omission. In Manitoba there are 63 First Nations comprised of 5 distinct linguistic groups, Inuit, and Métis. These Indigenous Peoples are culturally distinct.

To meet your ethical obligations towards your Indigenous patients requires a Registrant to be aware of:

- Indigenous cultural values
- Indigenous history
- colonization
- impacts of trauma
- micro aggressions
- systemic racism
- unconscious bias
- barriers

Registrants will not know the culture and history of every Indigenous person. However, as a compassionate physician you seek to understand the unique circumstances of each patient and to alleviate their suffering. This means in a dignified and respectful manner seeking culturally important factors that impact your patient's individual care.

(See Contextual Information and Resources Practicing Medicine to Eliminate Anti-Indigenous racism).

Education

The *Code of Ethics* requires a *commitment to professional integrity and competence*, specifically:

- *Practise medicine competently, safely, and with integrity; avoid any influence that could undermine your professional integrity.*
- *Develop and advance your professional knowledge, skills, and competencies through lifelong learning.*

Registrants practicing in Manitoba must ensure an **ongoing** education, awareness, and understanding of Indigenous Peoples, culture, history including trauma informed care.

Continuous learning in this area is considered important and akin to the *Code of Ethics* in which Registrants are expected to regularly enhance their professional knowledge, skills, and competencies.

(See Contextual Information and Resources Practicing Medicine to Eliminate Anti-Indigenous racism).

TAKE ACTION TO ADDRESS ACTS OR OMISSIONS OF ANTI-INDIGENOUS RACISM

The *Code of Ethics* requires:

- *Commit to collaborative and respectful relationships with Indigenous patients and communities through efforts to understand and implement the recommendations relevant to health care made in the report of the Truth and Reconciliation Commission of Canada.*

The *Code of Ethics* also requires that registrants have a commitment to justice and society:

- *Never participate in or support practices that violate basic human rights.*
- *Promote the well-being of communities and populations by striving to improve health outcomes and access to care, reduce health inequities and disparities in care, and promote social accountability.*
- *Contribute, individually and in collaboration with others, to improving health care services and delivery to address systemic issues that affect the health of the patient and of populations, with particular attention to disadvantaged, vulnerable, or underserved communities.*

When an Indigenous person receives differential medical care because they are Indigenous their basic human rights are being violated. This is a serious failing in the provisions of good medical care and needs to be addressed. The most important perspective to consider is that of the patient and their health.

The acts or omissions of anti-Indigenous racism can be blatant, subtle, discrete events and/or systemic. They can take many different forms; most are either unintentional or done out of ignorance that can be corrected through proper education or direction.

Take Action

If you witness racist behaviour or become aware of systemic racism you are expected to take action to address it if you can. The action you take will depend upon the situation. If you are a registrant to whom an act or omission is brought to your attention, your duty of care is to your patient when determining appropriate response to address an issue. You also have a corresponding ethical duty to treat your colleague with dignity and as a person worthy of respect.

Your behavior when taking action, whether as someone who witnessed it or to whom the matter was raised to, is governed by the *Code of Ethics – Physicians and colleagues*:

- 31. Treat your colleagues with dignity and as persons worthy of respect. Colleagues include all learners, health care partners, and members of the health care team.*
- 32. Engage in respectful communications in all media.*
- 33. Take responsibility for promoting civility, and confronting incivility, within and beyond the profession. Avoid impugning the reputation of colleagues for personal motives; however, report to the appropriate authority any unprofessional conduct by colleagues.*
- 34. Assume responsibility for your personal actions and behaviours and espouse behaviours that contribute to a positive training and practice culture.*
- 35. Promote and enable formal and informal mentorship and leadership opportunities across all levels of training, practice, and health system delivery.*
- 36. Support interdisciplinary team-based practices; foster team collaboration and a shared accountability for patient care.*

Report

If you are unable to remediate it or feel uncomfortable doing so on your own, you are required to report the matter to the Restorative Practices Program. The Restorative Practices Program will report to the Quality Department as a specialized program to address matters of anti-Indigenous racism through restorative practices emphasizing education and improved medical practice for registrants.

As stated above, the most important perspective is that of the patient and their health. **Your duty to remediate and report applies to the racist behaviour or systemic racism regardless of whether the act or omission was caused by a registrant or someone else or some organization.** Report what you observe to the Restorative Practices Program they will determine how the matter is best addressed.

Advocate

Allyship has been described as the actions, behaviours, and practices that leaders take to support, amplify, and advocate with others, most especially with individuals who don't belong to the same social identities as themselves. As a privileged leader in the health care profession, you have a responsibility to advocate for your Indigenous patients to ensure that they receive good medical care.

Advocacy can take many forms.

- Empowering Indigenous patients with knowledge of their rights within the health care system, and their right to file a complaint (including the process for doing so).
- Assisting Indigenous patients when you observe racism/barriers which includes systemic racism.
- Inquiring of Indigenous patients if they are experiencing any racism/barriers and take positive action when advised of such events.
- Recognition to allow others (family, friends, or other health care providers) which could facilitate a sense of safety for Indigenous patients.
- Sharing with colleagues your experiences of anti-Indigenous racism and finding solutions to overcome it.
- Taking a leadership role on the health care team to promote the practice of medicine to eliminate anti-Indigenous racism.
- Educating and training learners to the profession on the importance of practicing medicine to eliminate anti-Indigenous racism.