CONTEXTUAL INFORMATION & RESOURCES

For use with the

Standard of Practice

Practicing Medicine to Eliminate

Anti-Indigenous Racism

Developed by:
The College of Physicians and Surgeons of Manitoba
and members of the
CPSM Truth and Reconciliation Advisory Circle.

CPSM Land Acknowledgment

We acknowledge we are gathered on Treaty 1 Territory and that CPSM regulates the practice of Western medicine on the Treaty Territories of Treaty 1, Treaty 2, Treaty 3, Treaty 4, Treaty 5, and Treaty 5-Adhesion. We recognize these are the ancestral lands of the Anishinaabeg, Anishininewuk, Cree, Oji-Cree, Dakota Oyate, Denesuline and Nehethowuk Nations, and the National Homeland of the Red River Métis.

We acknowledge that northern Manitoba includes lands that were and are the ancestral lands of the Inuit.

CPSM acknowledges and apologizes for its role contributing to the disproportionate health inequities that exist amongst the Indigenous communities in Manitoba. These failures include inadequately addressing Indigenous-specific racism by medical practitioners. We respect and celebrate the resilience and strength Manitoba's Indigenous Peoples have displayed in the face of genocide displacement of their communities.

It is a privilege to regulate the practice of medicine on these lands and CPSM pledges to improve. The first step to improvement is continual acknowledgment of our respect for the spirit and intent of Treaties and remaining committed to working in partnership with First Nations, Inuit, and Métis people in the spirit of truth, reconciliation, and collaboration.

About this document

This document was developed to accompany the Standard of Practice – Practicing Medicine to Eliminate Anti-Indigenous Racism. While it is a helpful resource on its own, it was developed to provide additional information and answer questions that may arise from the Standard.

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Introduction

There is a disconnect between the principles of the *Code of Ethics and Professionalism* and the medical care received by many Indigenous Peoples. The purpose of the Standard of Practice – Practicing Medicine to Eliminate Anti-Indigenous racism is to examine and arrest that disconnect. The assumption behind the Standard of Practice is that if you are an ethical registrant, you will take good-faith steps to heal this disconnect.

It is important to understand, this Standard of Practice is about eliminating harm to Indigenous patients; it is not about judging you. As you progress on this learning journey you will have questions. This document is structured to answer frequently asked questions. CPSM is also learning as it goes through this process with you and will continually update this document as we learn.

Q. Who are the Indigenous Peoples of Manitoba?

In Canada, there are three distinct Indigenous groups under Section 35 of the Constitution Act, 1982: **First Nations, Inuit and Métis**. Collectively, they are known as Indigenous Peoples. "Indigenous" or "Indigenous Peoples" is used throughout the Standard of Practice to reference First Nations, Inuit, and Métis People of Canada. There is significant diversity between and within Indigenous groups in Manitoba and there are unique cultural, linguistic, and historical factors that shaped their interactions with health systems. There are 63 First Nations in Manitoba, including 6 of the 20 largest bands in Canada. There are 5 linguistic groups including Cree, Ojibway, Dakota, Ojibway-Cree and Dene.

First Nations is a term widely used by Indigenous Peoples. Other terms related to this include '*Status*' and '*Non-Status*". Designation of '*Status'* means that an individual has a specific legal standing under the Indian Act and is registered as a '*Status Indian*.' *Non-Status* commonly refers to people who may identify as Indigenous but are not entitled to be or choose not to be registered under the Indian Act. In Manitoba, there are approximately 165,000 people registered as Status Indians. Of this number, 93,840 people, or 57.1%, live on a reserve.

The Manitoba Métis Federation defines Métis as "a person who self-identifies as Métis, is of historic Métis Nation Ancestry, is distinct from other Aboriginal Peoples and is accepted by the Métis Nation." The term "Métis" should only be used where individuals self-identify, and when communities use the term "Métis". It is understood that in Manitoba, the Métis are often referred to as Red River Métis. Of the Aboriginal population in Manitoba, approximately 47,910 (6.5%) are Métis people.

Inuit refers to specific groups of Indigenous people generally living in the far north of Canada, and who are not considered "Indian" under Canadian law. The word Inuit refers to "people" in the Inuktitut language. The singular of Inuit is Inuk. Of the Aboriginal population in Manitoba, approximately 455 (.1%) are Inuit.

Q. Why is this Standard of Practice necessary?

This Standard is long overdue.

CPSM is committed to Reconciliation, and we understand that meaningful change will only come about through acknowledging the past and present harms experienced by Indigenous Peoples, by taking remedial action to rectify wrongs, and by working to disrupt practices and systems that are racist and discriminatory.

This work is a priority, and each registrant plays a role in fostering a medical community in Manitoba that models and champions positive change. Indigenous-specific racism is an entrenched issue that is clearly having significant impacts on Indigenous Peoples. A Standard specific to the racism and discrimination they have and continue to experience is required.

This Standard of Practice is a set of specified actions, driven by the Code of Ethics and Professionalism, that registrants must utilize to ensure that the medical profession is not perpetuating racism against Indigenous Peoples. Registrants are important leaders in the healthcare system, upholding the Standard and Code of Ethics and Professionalism safeguards professional reputation and public trust.

The medical profession is a self-regulating profession. CPSM's role is to protect the public as consumers of medical care and promote the safe and ethical delivery of quality medical care by physicians. As a profession, we have failed to do so with respect to the Indigenous Peoples of Manitoba. We have apologized for this failure. Now it is time to act to ensure that medicine is practiced to prevent and disrupt Indigenous-specific racism.

In the 2021 Census, 18.1 per cent of the population in Manitoba self-identified as Indigenous. In Winnipeg, 12 per cent of the population is Indigenous. Based on these demographics, it is likely that registrants have treated or continue to treat Indigenous patients. It is well documented in the literature that Indigenous Peoples have not received the care required by the *Code of Ethics and Professionalism.* Indigenous-specific racism is a legacy of Canada's colonial history and is responsible for the long-standing health inequities experienced by Indigenous Peoples.

Q. What has CPSM done about Truth and Reconciliation?

In June 2021, CPSM Council made addressing Indigenous-specific racism in the practice of medicine a strategic organizational priority. From the beginning, we engaged Indigenous physicians, Elders, and other community leaders in forming a CPSM Truth and Reconciliation Advisory Circle, which meets regularly and provides advice to reflect on our processes to help us guide the profession.

In January 2023, CPSM met with Chiefs from Anishinaabeg, Anishininewuk, Dakota Oyate, Denesuline, and Nehethowuk First Nations at the Assembly of Manitoba Chiefs to issue a statement and apology "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." In February 2023, we delivered a statement and apology to Inuit leaders from the Manitoba Inuit Association.

CPSM has committed to seven recommended actions recommended by the CPSM Truth and Reconciliation Advisory Circle following the delivery of our apologies.

Indigenous-specific racism continues to exist in the medical profession, resulting in great harm. CPSM recognizes that an apology is only the beginning of the important work towards establishing Truth and Reconciliation between the regulator of the medical profession, the medical profession, and Indigenous Peoples in Manitoba.

Q. How will I know if I play a role in any racist behaviour?

The Standard is not just about addressing overt racism; it is also about acknowledging and understanding that everyone has been affected by a range of sociopolitical factors that continue to shape interactions between Indigenous and non-Indigenous people. Indigenous-specific racism functions at multiple levels, including through interpersonal contact as well as through the complex web of organizational and systemic policies, programs, and processes. All Canadians, including medical professionals, have been exposed to, and socialized into the racist stereotyping that targets Indigenous Peoples. This is then taken up through attitudes and behaviours that are harmful and often leads to discriminatory care.

Indigenous-specific racism is expressed in multiple ways and may be intentional or unintentional and attitudes and behaviours may be inside or outside of one's awareness. Interactions are influenced by Indigenous-specific bias, prejudice, stereotyping, microaggressions, and can lead to discrimination and substandard care.

The preamble to the Standard of Practice states that it is an undeniable fact that racism exists in the provision of healthcare to Indigenous Peoples via personal interactions and systemic contexts. It also states that this has been researched, reported, and acknowledged both regionally and nationally.

Q. What is the evidence to support racism exists in the provision of healthcare to Indigenous Peoples?

Several federal and provincial commissions/inquests have identified the need to address anti-Indigenous racism that exists in the healthcare system. This list is not exhaustive.

Manitoba

Brian Sinclair - One of the first such inquests related to the death of Brian Sinclair, an Indigenous person, who died in a Winnipeg hospital awaiting care.

Out of Sight – A summary of the events leading up to Brian Sinclair's death, the inquest that examined it, and the Interim Recommendations of the Brian Sinclair Working Group. It was produced by the Brian Sinclair Working Group September 2017.

> "We recommend that all stakeholders in the healthcare system (including the federal government, the provincial government, Regional Health Authorities, unions, professional organizations, and postsecondary institutions involved in the delivery of professional programs) adopt anti-racist policies and implementation strategies that include committing resources to providing anti-racist training and supporting independent investigations when complaints are filed."

The Southern Chiefs' Organization – *Survey on Experiences of Racism in the Manitoba Health Care System 2021* SCO-Racism-Report.

"It provides examples of experiences that First Nation people have had when facing racism in health care and the range of effects that racism in health care has had on First Nation people."

Quebec

Joyce's Principle - In Quebec, an inquiry into the death of Joyce Echaquan resulted in the creation of Joyce's Principles.

Joyce's Principle aims to guarantee to all Indigenous Peoples the right of equitable access, without any discrimination, to all social and health services, as well as the right to enjoy the best possible physical, mental, emotional, and spiritual health.

Joyce's Principle requires recognizing and respecting Indigenous Peoples' traditional and living knowledge in all aspects of health.

Alberta

A recent study published in the Canadian Medical Association Journal in April 2024 found that in Alberta, emergency department visits by First Nations patients were more likely to end with them leaving without being seen or against medical advice than those by non–First Nations patients because of past mistreatment resulting in mistrust. Leaving without care may delay needed care or interfere with continuity of care, potentially increasing health gaps.

British Columbia

In British Columbia a review was conducted into Indigenous-specific racism in the provincial healthcare system. The report summarizes the findings of an internal review completed based on complaints of racism experienced by Indigenous Peoples in the health care system in the province of British Columbia. There are significant parallels to the Indigenous Peoples in Manitoba.

In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care

Canada

The Truth and Reconciliation Commission of Canada (TRC)

The Truth and Reconciliation Commission identified not just discrimination but acts of cultural genocide perpetrated against Indigenous Peoples in Canada. To move forward on a path towards reconciliation the Commission made 94 Calls to Action, some directly address healthcare.

Truth and Reconciliation: Calls to Action

> #22. We call upon those who can effect change within the Canadian health care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and elders, where requested by Aboriginal patients.
>
> #24. We call upon medical and nursing schools in Canada to require all students to take a course dealing with Aboriginal health issues, including the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, and Indigenous teachings and practices. This will require skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism.

Human Rights

As noted in recommendation #24, the Truth and Reconciliation Commission speaks to learning about the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP). The Parliament of Canada enacted the *United Nations Declaration on the Rights of Indigenous Peoples Act* for the stated purpose to "affirm the Declaration as a universal international human rights instrument with application in Canadian law."

United Nations Declaration on the Rights of Indigenous Peoples

Article 24 of UNDRIP states:

1. Indigenous Peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals. Indigenous individuals also have the right to access, without any discrimination, to all social and health services.

2. Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realization of this right.

In addition to the UNDRIP legislation enacted above, the federal government has taken steps to consult with Indigenous Peoples regarding Visions for Distinctions-based Indigenous Health Legislation.

Manitoba Human Rights Code

In Manitoba, *The Human Rights Code* is the provincial law that protects individuals and groups from discrimination. There are human rights laws in every province and territory across Canada, as well as a federal human rights law. These laws all promote the principle that all people are entitled to be treated based on our individual merit and should not be subjected to prejudice or stereotypes. These laws are intended to ensure that equality of opportunity and freedom from discrimination, principles found in the Universal Declaration of Human Rights and the Charter of Rights and Freedoms.

Manitoba Human Rights Code

Q. Colonization in the context of Indigenous-specific racism.

I hear the word "colonization" used in the context of Indigenous-specific racism; what does it mean, and why is something that happened hundreds of years ago relevant today?

There is a saying – "You need to know your past to understand your present."

Colonization is an ideology rooted in beliefs of racial superiority and inferiority. This belief justified colonizers to steal land, exterminate peoples, and impose laws, religions, and actions that are designed to control and oppress Indigenous Peoples.

Several policies and actions were introduced that perpetuated the colonization of Indigenous Peoples. The creation of the Indian Act, and the regulation of identity; the establishment of the Reserve system; the Residential School System, and Indian Hospitals, were key features of colonial actions designed to dominate and oppress Indigenous Peoples. All of these actions contributed to cultural genocide and are intended to extinguish Indigenous Peoples as distinct legal, social, cultural, religious, and racial entities in Canada.

The impact of colonization is embedded in today's healthcare system. As we are beginning to become aware of the trauma and violence caused by colonization there is an urgent need to critically assess not

only the ongoing impacts of colonization on Indigenous Peoples in the healthcare system, but also the ways that healthcare providers participate in the perpetuation of colonial violence.

Q. What is the racism that Indigenous Peoples have experienced within the healthcare system?

Q. How is it different from what non-Indigenous people experience when they need healthcare?

The evidence that Indigenous Peoples experience differential care is well documented and information about this is widely available. It is a fact that Indigenous Peoples experience healthcare that is often substandard, and informed by racist stereotyping, microaggressions, and discrimination. The consequences of this mistreatment are also well documented.

There are numerous examples of the racism Indigenous Peoples have experienced in the healthcare system across Canada. However, several resources identified in this document provide additional context to personal experiences. We would be remiss not to bring your attention:

- Forced sterilizations of Indigenous Women in Saskatchewan (see: The Scars That We Carry: Forced and Coerced Sterilization of Persons in Canada
- Treatment of Joyce Echaquan in Quebec (See: Investigation Report concerning the death of Joyce Echaquan)
- Lack of treatment of Brian Sinclair in Winnipeg (See: Inquest into the Death of Brian Sinclair)
- Nutritional experiments performed on Indigenous children in Residential Schools (See: Administering Colonial Science: Nutrition Research and Human Biomedical Experimentation in Aboriginal Communities and Residential Schools, 1942-1952)
- Use of Indian Hospitals and Sanitoriums

The effects of racist experiences place a heavy burden on individuals, families, and communities. The impacts of racism are far reaching and range from minor negative experiences to death. These experiences may also trigger adaptive and maladaptive behaviours by Indigenous Peoples. In response to differential and racist treatment, Indigenous Peoples may develop a distrust and suspicion of healthcare providers and systems, they may hesitate to seek healthcare when needed or they may only use the health system as a last resort.

Q. How does trauma from Indigenous-specific racism harm Indigenous Peoples?

Trauma is a response to highly distressing situations, such as abuse and natural disasters that negatively affect how a person thinks and behaves over the long term. When trauma affects future generations who didn't experience it directly, it is known as intergenerational trauma. This kind of trauma has been documented in children of parents who have survived war, genocide, and other forms of violence and abuse. The consequences of such trauma can be devastating to subsequent generations. For Indigenous Peoples, there are many factors that have uniquely led to intergenerational trauma including the adoption and implementation of the Indian Residential School system where many children endured both physical, religious, cultural and sexual abuse. While most of these harmful policies are no longer

practised, multiple generations of Indigenous communities continue to live with the consequences of this colonial violence.

While it is a core competency for healthcare providers to understand the basic socio-political context of all their patients, it is equally important to avoid generalizing and pathologizing communities of peoples based on these experiences. For example, a healthcare provider may understand that the history of Residential Schools has impacted most Indigenous communities in profound and negative ways. However, a colonial trauma-informed healthcare worker will avoid generalizing Indigenous Peoples, while being responsive to the unique ways that individuals respond to their experiences and the persistent racism that continues today.

Q. Will CPSM determine I am violating the Standard of Practice and conclude I have not met my ethical obligations to my Indigenous patients if I am not aware of the way Indigenous-specific racism manifests through attitudes and behaviours such as microaggressions, systemic racism, bias, activation of stereotyping and racial discrimination?

The requirement is for you to be aware of these concepts when treating Indigenous patients. The greater your critical awareness, the better you can deliver good medical care.

You have taken an oath to provide good medical care to patients. Your oath creates a professional obligation to become culturally aware and reduce instances of anti-Indigenous racism in your practice that perpetuates the harms caused to Indigenous Peoples and communities.

We recognize that obtaining these competencies will not occur instantaneously. See the next FAQ on how to eliminate anti-Indigenous racism in your practice.

Q. What is expected of me to eliminate anti-Indigenous racism in my practice?

Indigenous anti-racism is applicable to all areas of a registrant's practice. You are expected to build and develop Indigenous anti-racism skills required to provide safe care for all patients and often includes ongoing professional development in several areas. Increasing your knowledge and understanding of Indigenous anti-racism includes an ability to disrupt racism. This practice is a vital skill required to do NO HARM in practicing medicine.

Registrants Expectations:

1. **Self-Reflection (It Starts with Me)** – Registrants must have a sound understanding of themselves and be able to reflect on their own behaviours and actions to recognize the impact you can have on a patient and their relationship with the health care system. Understand your responsibility to disrupt Indigenous specific racism including understanding how your privilege, power, biases, may show up in practicing medicine.

2. **Education and Awareness**– Ongoing professional development is a requirement of all registrants. Registrants have a duty to ensure they have the necessary Indigenous anti-racism

competencies to practice medicine in Manitoba. Continually seek to improve your ability to provide Indigenous anti-racist care for patients.

3. **Duty to Report** – There is an expectation that if you witness racist behaviour and/or become aware of systemic racism that you cannot remediate alone, you have a duty to report it. See the Standard of Practice – Duty to Report Self, Colleagues, and Patients for details. This expectation is extended to registrants, other health care providers, and entrenched practices and systems.

4. **Know Your Patient** – Registrants are expected to have a good understanding of their patients. This knowledge will assist in better understanding the Indigenous world view and how that impacts an individual's health and relationship to health care. Acknowledge Indigenous patients, listen to understand, show compassion, and offer a culturally safe environment.

5. **Advocate** – Allyship is an important concept in which a registrant takes responsibility and leadership for actions, behaviours, and practices to support individuals/groups that have been historically marginalized.

Q. What resources does CPSM have to help me eliminate anti-Indigenous racism in my practice?

The University of Manitoba Rady Faculty of Health Sciences has created a ten-module program on Indigenous Cultural Safety developed specifically for health care professionals in Manitoba.
Giga Mino Ganawenimaag Anishinaabeg ("We will take good care of the people") is the name of the program that was produced by University of Manitoba, Ongomiizwin-Indigenous Institute of Health and Healing. Details can be found in the link below.

Giga Mino Ganawenimaag Anishinaabeg ("We will take good care of the people")

This brief but powerful and visual exercise can be used as a beginning point to understand your privilege. Look at the wheel at the link; the closer you are to the centre, the more privilege you have.

Wheel of Privilege and Power

As is noted in the answer to the question – "Who are the Indigenous Peoples of Manitoba?" there are distinct groups of Indigenous Peoples. It is important to understand that distinct groups may have distinct health issues. The Manitoba Métis Federation Health & Wellness Department provided these four documents related to health issues facing the Métis:

- Riel and Resilient: the impact of climate change on Red River Métis health
- The Red River Métis Cancer Journey in Manitoba
- "There's a little bit of mistrust": Red River Métis experiences of the H1N1 and Covid-19 pandemics
- We're here too: child health information seeking experiences and preferences of Red River Métis families – a qualitative study

The Canadian Medical Association, on September 18, 2024, apologized for harms to Indigenous Peoples. The following are links to various resources associated with the apology:

- An apology for harms to Indigenous Peoples | CMA
- CMA apology to Indigenous Peoples: Historical and ethical review report - CMA Digital Library - Canadian Medical Association
- Wellness and healing resource guide for Indigenous physicians and learners - CMA Digital Library - Canadian Medical Association
- Health-related harms to Indigenous Peoples: Selected resources - CMA Digital Library - Canadian Medical Association

Q. Self-reflection (it starts with me) sounds vague, how do I approach it?

Start with the *Code of Ethics and Professionalism,* which states one of the *Virtues Exemplified by the Ethical Physician* is:

> *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.*

It is right to acknowledge that you may not know the issues facing Indigenous Peoples seeking medical care. It is right to acknowledge that you may have to look for your unknown biases. You know you want your family, friends, and yourself to be treated with respect when receiving medical care. It is right to acknowledge that persons of a different culture than you may view respectful treatment differently.

Q. What is the purpose and benefit of self-reflection?

Because racism exists in provision of health care to Indigenous patients, we must ask ourselves hard uncomfortable questions about our role and responsibilities. The purpose of asking these hard and uncomfortable questions is not to create negative self-judgment or self-criticism, but to increase self-awareness so we can make better decisions and make improvements.

The toughest question to answer is – "what racist acts or omissions have I done that caused my Indigenous patients harm?" None of us want to admit that we have harmed Indigenous patients but by acknowledging this has happened allows us to make changes.

Because we may not know about Indigenous cultural values and history, or impacts of trauma, micro aggressions, systemic racism and unconscious biases we may be unaware that our acts or omissions are causing harm. We need to recognize that we have deficiencies in our knowledge, and we must learn about these topics so that we can better assess our actions and areas for improvement.

The *Code of Ethics* provide an excellent measuring stick to help us assess where we are and where we want to be.

Q. What are the key concepts I need to understand and where can I get further information on them?

Indigenous-specific racism - 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, practices, systems, and structure. Racism is a form of harm.

Eliminating anti-Indigenous racism – CPSM's Standard of Practice was designed to inform and guide registrants on the harms that Indigenous patients experience from racism and how to practice medicine in a manner that eliminates anti-Indigenous racism. Three steps explicit in the Standard of Practice are:

1. Understand and acknowledge that racism exists and results in negative health impacts.
2. Understand and identify acts and omissions of anti-Indigenous racism in the health care system and the practice of medicine.
3. Take action to address acts and omissions of anti-Indigenous racism.

Self-awareness - The acknowledgment of difference. It is the first step in understanding cultural differences and involves observing those differences. Cultural awareness focuses on the 'other' and the 'other culture.' Cultural awareness does not consider political or socio-economic influences on cultural difference, nor does it require an individual to reflect on his/her own cultural perspectives. *Source: National Collaborating Centre for Indigenous Health. "Cultural Safety in First Nations, Inuit and Métis Public Health"*

Registrants must assess and respect the values, attitudes and beliefs of persons from other cultures and respond appropriately in planning, implementing, and evaluating a plan of care that incorporates health-related beliefs and cultural values, knowledge of disease incidence and prevalence, and treatment efficacy. *Source: Canadian Nurses Association (2018). "Promoting Cultural Competence in Nursing*

Patient Safety - an outcome based on respectful engagement with patients that recognizes and strives to address power imbalances inherent in the healthcare system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care.

Microaggressions - are the everyday slights, insults, putdowns, invalidations, and offensive behaviours that people experience in daily interactions with generally well-intentioned individuals who may be unaware that they have engaged in demeaning ways.

Restorative Justice - refers to an approach to justice that seeks to repair harm by providing an opportunity for those harmed and those who take responsibility for the harm to communicate about and address their needs in the aftermath of wrongdoing.

Traditional Indigenous Medical Practices - can include ceremonies, plant-based medicines, Elders' prayers and counselling and other techniques to promote an individual's physical, mental, emotional, and spiritual health and well-being.

Q. Are these extra learning requirements just more administrative burdens?

Registrants will undoubtedly be required to spend time learning how to eliminate anti-Indigenous racism in the practice of medicine. Learning how to apply the Code of Ethics and Professionalism in the context of medicine is not an administrative burden; learning how to provide improved medical care is a professional responsibility.

First, start by acknowledging there is a problem in the way healthcare is provided to Indigenous Peoples in this province.

Second, remember your ethical duty to ensure patients receive good medical care, and self-evaluate how you can improve the medical care you provide.

Third, it is hard to acknowledge that you may not have provided the best care possible, but doing so is the first step to providing that care. It is a learning journey that CPSM acknowledges should have begun a long time ago.

Q. What are the consequences of a complaint of racism?

Complaints of anti-Indigenous racism in all forms are taken seriously and will be addressed. The goal of this Standard of Practice is to ensure Indigenous patients receive good medical care and are not harmed by racism. The nature and extent of possible acts or omissions of racism can vary greatly and are best viewed as being on a continuum. How complaints and concerns are addressed will depend upon where the matter is on the continuum.

CPSM believes restorative approach principles will be important to addressing complaints and concerns; however, restorative approach principles may not be appropriate for matters that are at the ends of the continuum. Some matters may be of a very minor nature and can be properly addressed through an informal quick process. Other matters may be of such a serious nature that the appropriate resolution is a suspension or loss of the registrant's ability to practice medicine. These matters would require a more formalized discipline process.

Providing a forum for registrants to learn and harmed patients to heal is what CPSM is attempting to achieve. However, when a registrant has acted in contravention of the Standard of Practice positive change is mandatory, continual contravention is not acceptable.