Standard of Practice

Practicing Medicine to Eliminate Anti-Indigenous Racism

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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.

Anti-Indigenous racism in the practice of medicine is not tolerated. 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. Racism directed against Indigenous Peoples in the health care system has been researched, reported on, and acknowledged both regionally and nationally. (see Contextual Information and Resources Practicing Medicine to Eliminate Anti-Indigenous Racism). There is clear evidence of the correlation between anti-Indigenous racism and compromised health.

Anti-Indigenous racism has short and long-term impacts of varying degree. In the most egregious of cases, it has been shown to result in the death of patients. Indigenous-specific racism manifests across the health sector interpersonally through patient/health provider interactions, and organizationally through policies, procedures and the structures that support the provision of health care.

Excerpts from CPSM's Apology and Statement on Indigenous-Specific Racism state:

> "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."

Recognizing that apologies alone 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 Practice 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 at its core, results in harmful acts or omissions against an identifiable race of people. At a societal level, racism manifests in the systems, policies, and practices that oppress, undervalue, and diminish a worldview, culture or spiritual practice of people based on race. At the individual level, racism is evidenced in the prejudices and discrimination that see people treated differently because of their race. The impacts of these acts or omissions need to be recognized and addressed, whether they were intended or not.

Indigenous-specific racism (anti-Indigenous racism) is the ongoing race-based discrimination, negative stereotyping and injustice experienced by Indigenous People. This is a specific form of racism and discrimination that is rooted in Canada's colonial history, policies and practices that

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

perpetuates power imbalances, systemic discrimination and inequitable outcomes. Racism is both violent and harmful.

Systemic racism in health care – is often difficult to detect by those who don't experience or haven't been targeted by it. It is hardwired across sectors, organizations, and institutions and is deeply entrenched in institutional policies and practices. It manifests as barriers to accessing health care. In order to identify, remove, prevent, and mitigate racially inequitable outcomes and address power imbalances built in the health care system, registrants must actively work to develop awareness about, and identify changes to the structures that sustain inequities in our practices (see section 3.4 for examples of action to be taken)**.**

Anti-racism is more than a belief that one is "not racist". It is a commitment to and taking a personal responsibility for increasing our knowledge, enhancing self-awareness, and developing the skills necessary to stop racism and discrimination. Being anti-racist means taking action at both the interpersonal and systems-based levels to address the conditions that foster inequitable access to resources and services and that lead to discrimination.

Stereotyping is a specific belief or distorted assumption about a person based solely on their Indigenous identity. Indigenous-specific stereotyping occurs when generalized beliefs about Indigenous people are applied to individuals. The activation of Indigenous-specific stereotyping by healthcare providers often leads to discriminatory treatment (e.g. misdiagnosis, unsubstantiated assumptions about alcohol and substance use, withholding of pain medication, abuse, and curtailed access to necessary medical care) and other behaviours that create a hostile and racist healthcare environment.

Prejudice means to 'prejudge' and is defined by experts as a "disrespectful attitude or negative evaluative response toward groups or to individuals on the basis of their group memberships´ (Jackson, L. 2020). It is a complex concept related to a range of feelings, ideas, responses, and behaviours. These attitudes and reactions can manifest as unpleasant feelings towards Indigenous peoples such as discomfort, anxiety, and lack of respect. Importantly, prejudice can be a predicator of how people treat others. When prejudice is linked to racist stereotyping of Indigenous peoples, it can lead to discrimination and harm.

Racial Discrimination involves "actions, particularly behaviours, policies or practices that lead to inequitable outcomes for groups" (Jackson, L. 2020). In the healthcare context, racial discrimination is the differential treatment provided to/experienced by Indigenous peoples. An important distinction here is that it is not discriminatory to provide care that is *respectful of* cultural norms; rather, discrimination is the action or inaction that contributes to substandard healthcare.

Privilege – It is important for registrants to acknowledge the position of privilege they occupy. In addition to social and economic privilege, there is a power imbalance in their relationship with patients that impacts the autonomy of decision-making related to treatment

and health. As a counterbalance, registrants' behaviour must align with concepts of compassion, integrity and prudence as expressed in the Code of Ethics.

Bias – Whether unconscious or not 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. Biases are our 'gut reaction' to things. These gut reactions develop over time and are shaped by our exposure to media, education, and bias expressed by others. Some biases can cause harm in the form of prejudice, stereotypes, and discrimination. When a negative bias is applied to groups of people, such as Indigenous Peoples, it is called racism. Biases prevent us from seeing fairly and accurately the information or the people in front of us. Addressing biases requires self-reflection, self-monitoring and seeking feedback to become aware of these biases.

THREE STEPS TO PRACTICING MEDICINE TO ELIMINATE ANTI-INDIGENOUS RACISM

1. Understand and acknowledge that racism creates health inequity.
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.

1. UNDERSTAND AND ACKNOWLEDGE THAT RACISM CREATES HEALTH INEQUITY

1.1 The most extreme consequence of anti-Indigenous racism is death.

Two public inquiries into the deaths of Brian Sinclair (Manitoba) and Joyce Echaquan (Quebec) detailed the profound consequences of anti-Indigenous racism within the health care system. (see Contextual Information and Resources Practicing Medicine to Eliminate Anti-Indigenous racism)

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. Indigenous patients were described as being less capable, less worthy, drug seekers, alcoholics, non-compliant, bad parents or as individuals who "get stuff for free". The report also highlighted an additional layer of discrimination faced by Indigenous women, girls, Two-Spirit, and gender-diverse people who experience misogynistic stereotyping, child apprehensions, and instances of forced sterilization within healthcare settings.

CPSM recognizes how systemic colonial values, individuals' biases, and racist attitudes have informed the collective role of the medical profession in providing medical care to Indigenous Peoples. The persistence of these values, biases and attitudes continue to result in inequitable access to health care and poor medical outcomes. Compounded over time, they contribute to the suffering and deaths of a disproportionate number of Indigenous patients.

1.2 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, poor concentration and memory problems, irritability, and/or aggression. Because racism is often experienced as violence, it can trigger trauma responses by the person who is targeted. It can also manifest physiologically in the form of high blood pressure, heart disease, gastrointestinal problems, headaches, and back or neck pain.

1.3 Racism can trigger trauma responses by the person who is targeted.

To cope or manage racist experiences, individuals may develop adaptive and maladaptive strategies. These responses occur on a spectrum and can include everything from a reluctance to seek help until there is a crisis or leaving the emergency department without full assessment and treatment.

1.4 Systemic racism constrains and, at times prevents access to health care.

The systemic barriers experienced by Indigenous Peoples are diverse, ranging from racist institutional policies and geographic barriers to access, to resource inequities including poverty, food insecurities, and lack of safe housing. Further deterrents include the psychological strain resulting from racism received from other institutions and/or during medical treatment. CPSM recognizes ongoing examples of Indigenous-specific racism which leads to substandard care including, but not limited to:

- Failing to respect traditional medicine and/or acknowledge Indigenous health care practices as complementary to conventional medicine.
- Accepting or advancing stereotypical perceptions of Indigenous Peoples vis-à-vis alcohol, illicit drug consumption, or socioeconomic status.
- Inadequate treatment of pain based on racial profiling.
- Failing to demonstrate interest, respect, or humility understanding the context of patients' Indigenous teachings, communications, lived experiences, and circumstances.
- Failing to take into account the reality of an Indigenous person's social circumstance and adapt medical treatment plans accordingly. For example,

advising care when knowing there may be a lack of access to that care in the patient's community or refusing to provide care based on patient's missed appointments which may be beyond the control of the patient.

- Committing outright acts of racism such as uttering derogatory comments about or to Indigenous Peoples.

2. UNDERSTAND AND IDENTIFY ACTS AND OMISSIONS OF ANTI-INDIGENOUS RACISM IN THE HEALTH CARE SYSTEM AND THE PRACTICE OF MEDICINE

2.1. Racism is viewed from the patient's perspective

To understand and identify an act or omission of anti-Indigenous racism, registrants must recognize the impact on the patient. The registrant's conduct may be well intended, 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 can gain knowledge and understanding of acts and omissions that result in the patient experiencing anti-Indigenous racism.

2.2. Know Yourself / Self-Reflection

Humility is identified in the *Code of Ethics* as one of the *Virtues Exemplified by an Ethical Physician*.

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.

2.2.1. To work effectively and with humility, registrants must have a sound understanding of the values and beliefs that inform their practice. An important component of self-reflection will be recognizing unconscious biases and the ways it informs practice.

This will be neither comfortable nor easy, but it is necessary for improvement.

Registrants must also recognize and acknowledge the limits of their knowledge and understanding of Indigenous patients and take active steps

to educate themselves (e.g. learning about Canada's colonial history and its impact on Indigenous cultures, languages, and traditions).

2.2.2. Registrants must self-reflect on their interactions with Indigenous patients, within the healthcare systems and their role in contributing to the experiences. Considerations include:

- Barriers to patient-centered care and patient participation such as support to navigate unfamiliar systems and access to resources (e.g. transportation, interpreters, escorts, family support etc.).
- Limitations in understanding of the patient's expectations, care needs, and their wishes to pursue traditional Indigenous health care and practices.
- The degree to which Indigenous patients feel safe within the health care facility.

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

2.3. Know Your Patient

Compassion is identified as the first of the *Virtues Exemplified by the Ethical Physician* in the *Code of Ethics*.

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.*

The *Code of Ethics* further specifies registrants are to 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.

2.3.1. To make informed ethical decision-making with their Indigenous patients, registrants are required to be aware of:

- The history of colonization and its relationship to Indigenous-specific racism.
- Indigenous history, especially in the context of land, and the diversity of Indigenous cultures and values across Manitoba.
- Anti-Indigenous stereotyping, prejudice and discrimination and the ways in which they intersect.
- Impacts of historical and race-based trauma.
- Micro-aggressions and the ways in which they manifest in health care interactions.
- Unconscious bias and how it influences attitudes towards and the treatment of Indigenous Peoples.
- Barriers to care: systemic racism and its influence over access to care and resources.

2.3.2. As a compassionate physician, registrants must seek to understand the unique circumstances of each patient and to alleviate their suffering. Although registrants will not know the culture and history of every Indigenous patient or community, they are expected to seek out, in a dignified and respectful manner, culturally important factors that may impact the patient's care.

2.3.3. Seeking to understand the unique circumstance of each patient to alleviate their suffering includes asking in a dignified and respectful manner what are the barriers to care they may experience.

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

2.4. Education

A commitment to professional integrity and competence is also identified in the *Code of Ethics*. Specifically, registrants are expected to:

- *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.*

2.4.1 Registrants practicing in Manitoba must commit to and adhere to **ongoing** education, awareness, and understanding of Indigenous Peoples, culture, history including the importance of trauma informed care. **Continuous learning** in this area is considered important and akin to the requirements of 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).

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

The *Code of Ethics* requires registrants to:

- *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 commit to justice and society. To that end, registrants are expected to:

- *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.*

3.1 When an Indigenous person receives inadequate 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 must 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.

3.2 Take Action

3.2.1. A registrant who witnesses racist behaviour or is made aware of systemic racism is required to take action to address it. The action taken will depend upon the situation. Some matters can be addressed by the individual and other matters may be beyond their power and control to remediate; however, in all situations positive action needs to be taken.

3.2.2. Various Take Action Options include:

- Disrupting the racist behaviour to stop the harm
- Directly addressing racism and discrimination by:
  - Discussing the matter with your colleague
  - Discussing the matter with your supervisor
  - Seeking assistance from the Restorative Practices Program (see section 3.3.1)
- Discuss the matter with the patient and their support people (see section 3.4)

A registrant's primary concern is the duty of care to the patient. This entails addressing the harm that has been perpetrated. Appropriate responses may be a combination of any or all of the above options. Failure to act when the patient is harmed is not an option.

3.2.3. When a registrant addresses concerns with colleagues, both parties have an ethical duty to treat each other with dignity and as persons worthy of respect. Registrants are governed by the *Code of Ethics* – Physicians and colleagues and are expected to:

> *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.

3.3 Report

3.3.1. If you are unable to remediate an incident of racism or discrimination or feel uncomfortable doing so on your own, refer the matter to the Restorative Practices Program for support and guidance. The Restorative Practices Program is a non-disciplinary program, in the CPSM Quality Department, specializing in restorative practices and emphasizing education and improved medical practice for registrants.

On the continuum of preventing anti-Indigenous racism, the first step is understanding racism and the harm it causes. The second step is recognizing how racism manifests. The third step is taking action. The Restorative Practices Program is responsible for helping registrants do something about racist behaviour or systemic racism that they have witnessed or may have participated in.

The mandate of the Restorative Practices Program is to help registrants improve their delivery of medical care to Indigenous patients. Registrants engage in discussions in a safe environment, without fear of judgment or discipline, about Indigenous-specific racism in the practice of medicine. Through discussion and listening, they explore how to shift their practice to eliminate anti-Indigenous racism. Only when remedial efforts fail, or where the behaviour is egregious, will the registrant be referred to discipline.

3.4 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 do not 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:

- Ensuring Indigenous patients are informed of their rights within the health care system (e.g. their right to file a complaint and the process for filing and pursuing a complaint).
- Actively promoting the elimination of anti-Indigenous racism within the workplace.
- Identifying racism/barriers within the health care system and addressing them.
- Assisting Indigenous patients who encounter systemic racism, individual racism, and barriers to health care access receive good medical care.
- Encouraging Indigenous patients to report experiences of racism or barriers to health care and taking timely and positive action when advised of such events.
- Enabling support people (family, friends, or other health care providers) to attend meetings which could facilitate a sense of safety for Indigenous patients.
- Engaging in discussions of Indigenous-specific racism with colleagues and actively pursing solutions to overcome it.
- Taking a leadership role on the healthcare team to promote the elimination of anti-Indigenous racism in the practice of medicine.
- Educating and training learners on the importance of eliminating anti-Indigenous racism from the practice of medicine.