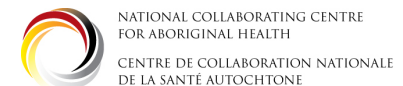


Health Humanities & Unsettling Colonial Medicine

Sarah de Leeuw, PhD, Associate Professor, Northern Medical Program, UBC Faculty of Medicine, Research Associate, National Collaborating Centre for Aboriginal Health

Dr. Terri Aldred, MD, Tl'Azt'En First Nation, Primary Care Physician with Carrier Sekani Family Services, Medical Director for Foundry Prince George, Site Director for the Indigenous Family Medicine Program, and Indigenous Lead for the Rural Co-Ordination Centre of BC.

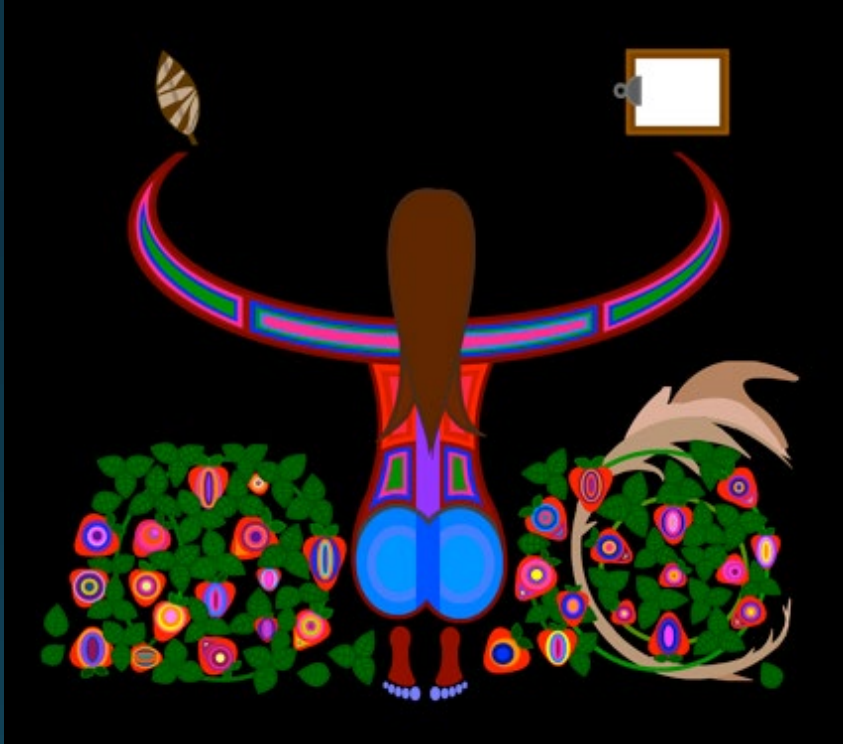
*MOST IMAGES BY LISA BOIVIN, Deninu Kue First Nation – see <https://indigenusbioethicist.wordpress.com/>



No commercial interests

No conflicts to declare

Outline of presentation

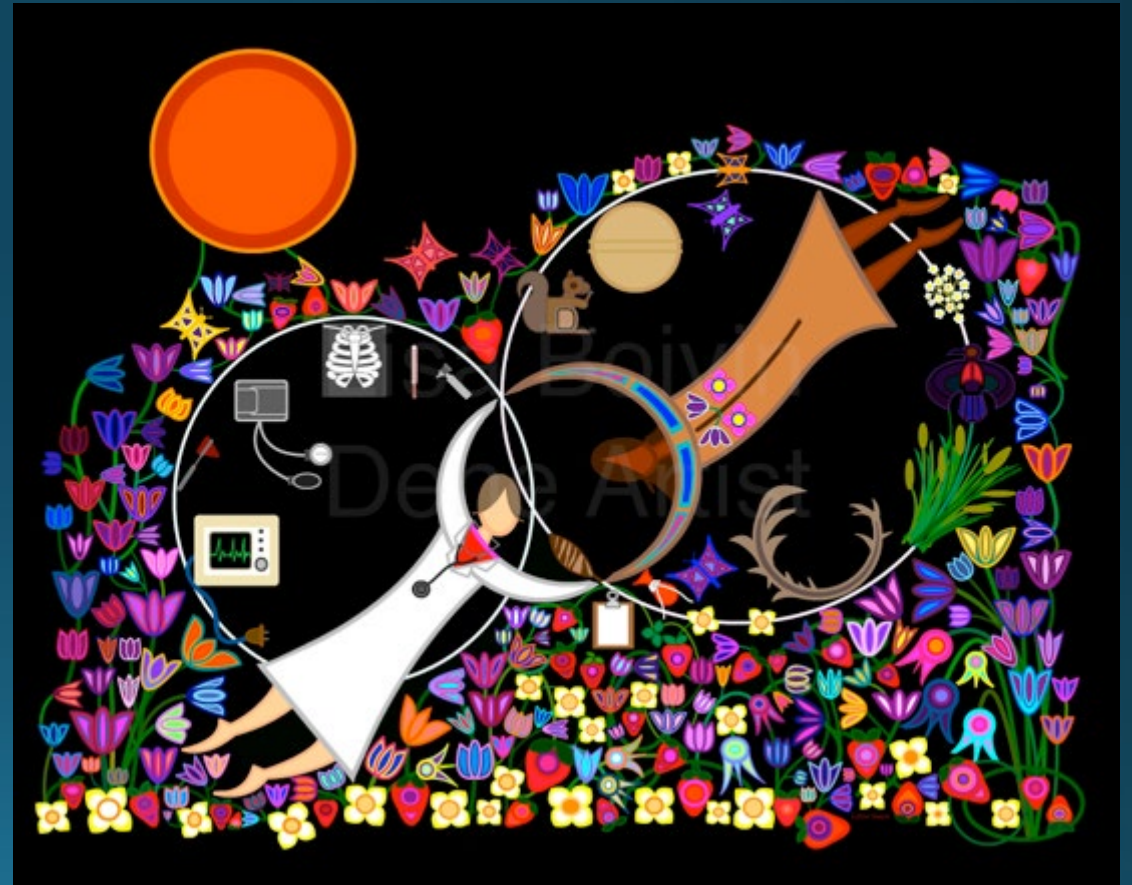


- Introductions, sharing stories (Terri and Sarah)
- Indigenousness in health environments – the stories (Terri)
- Existing anti-Indigenous racism in health environments – the research (Sarah)
- Openings provided by the TRC and new spaces to incorporate Indigenous knowledges into clinical health practices and teachings (Sarah)
- Quick exercise (Sarah and Terri)
- Stories of Indigenous clinical practice (Terri)
- The broad theoretical and contextual perimeters of health humanities, experiential learning, and clinical practices (Sarah)
- Suggestions and politics of including Indigenous knowledges into health and medical curriculum (Terri and Sarah)
- Examples of humanities and anticolonial training in practice (Terri and Sarah)
- Conclusions and questions

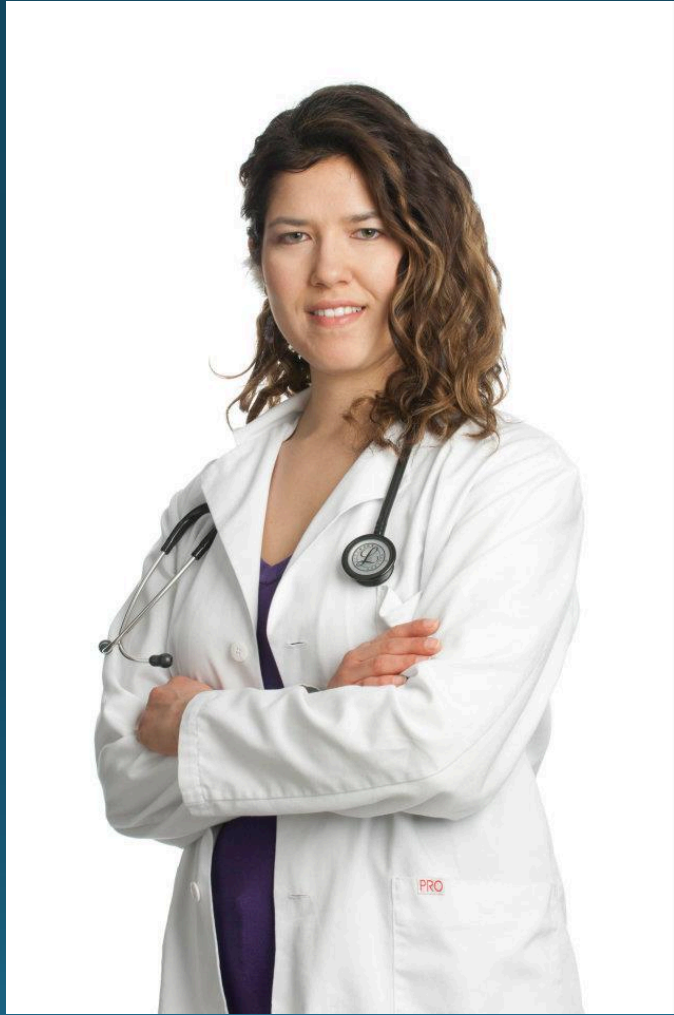


What we hope you'll leave with

- Inspiration about using arts and humanities in health practices and education
- Concrete ideas about ways to inspire interest about Indigenous well-being in your colleagues, students, your research agendas, policy networks, and clinical practices
- Understanding Indigenous stories about practicing medicine
- Resources and ideas



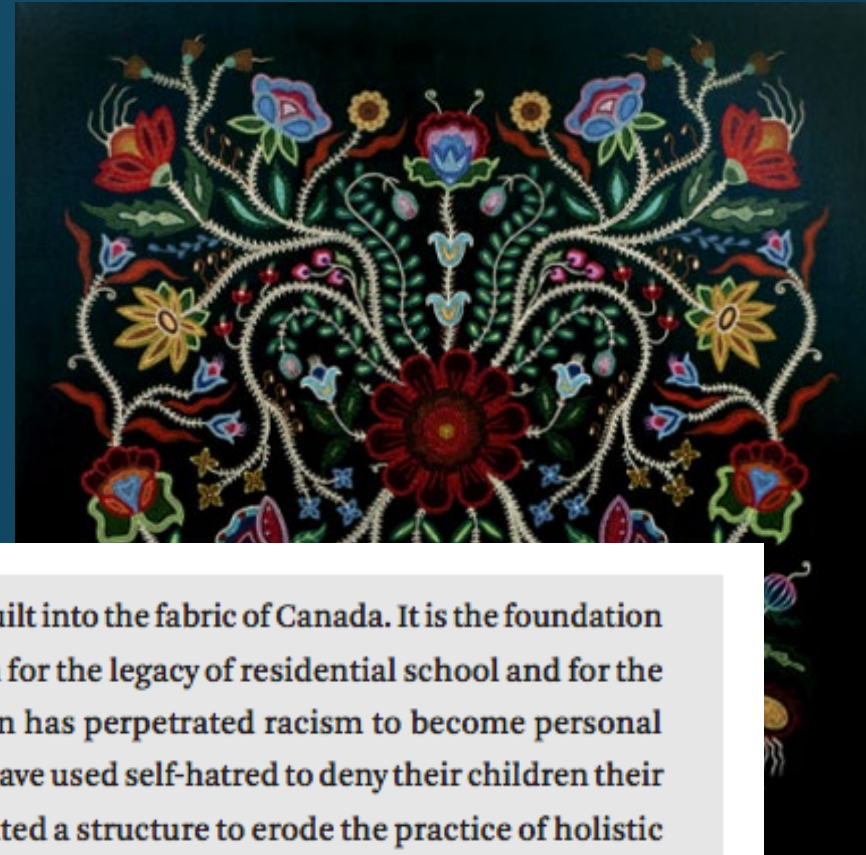
Indigenoussness in health
environments – the stories



Colonial attributes of medicine: Existing
anti-Indigenous racism in health environments
– the research

First Peoples, Second Class Treatment

The role of racism in the health and well-being of Indigenous peoples in Canada



“Racism, the oppression of Indigenous people, is built into the fabric of Canada. It is the foundation of the Indian Act and has become the justification for the legacy of residential school and for the theft of culture, lands and language. Colonization has perpetrated racism to become personal among Indigenous women, and as a result, some have used self-hatred to deny their children their cultural root. Colonial laws and policies have created a structure to erode the practice of holistic preventative well-being among Indigenous people across Canada. Indigenous women speak of the way in which the hurt of racism has led to the oppression of our children, and children’s health. The experience of racism then turns targets of oppression into perpetrators. Our once circle of balance has now become fragmented with a colonized burden of racism: post-traumatic stress, loss of language, alcohol abuse, parenting issues, and the lack of well-being. Today, the Elders/ wisdom keepers are sending out the message to reverse the circle and once again recall our voice as Indigenous women and renew our whole circle of life as it once was and can still be. Nia:wen.”

Grandmother Jan Kahehti:io Longboat, Well Living House Grandparents Counsel

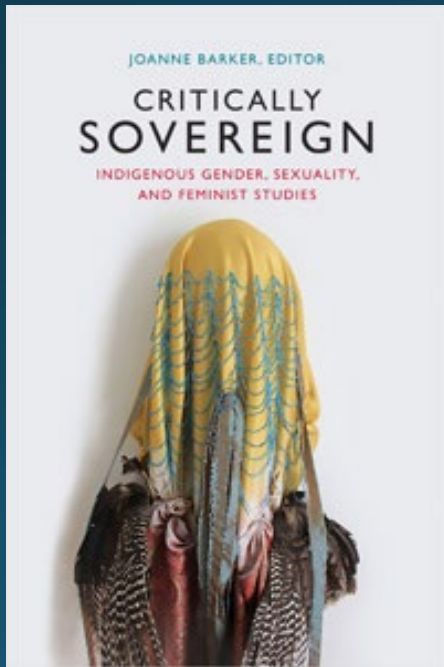
Discussion Paper

From the mouths of Family Practices Residents in British Columbia...

- Drug seeking
- Obesity
- Type-2 Diabetes
- Tobacco
- Reserves
- Adolescent Pregnancy
- Isolated
- Addiction



No “stone casting” here – we live in a “cultural climate” in which Indigenous peoples are – and have constantly been – (re)produced as marginal “pathologized” subjects bettered by well-intending settler subjects...



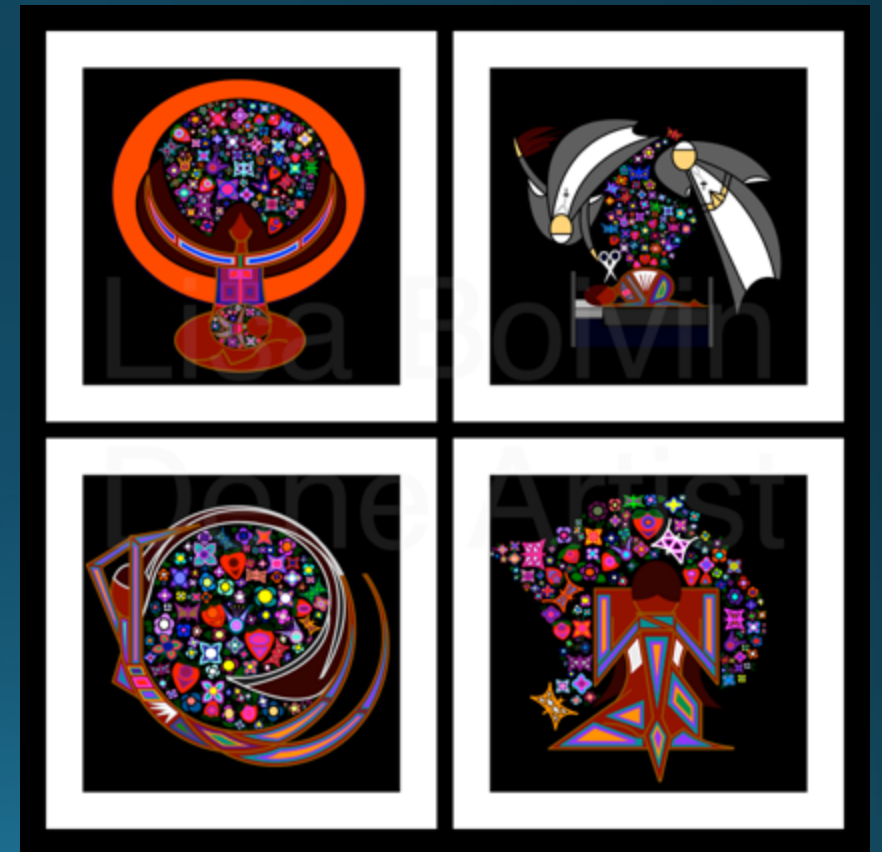
Thomas Moore before and after his entrance into the Regina Indian Residential School in Saskatchewan in 1874.

Library and Archives Canada / NL-022474

What can be done?

Truth and Reconciliation: An Opening, an Invitation to Health Professionals & Educators

- *TRC Calls to Action & Summary of the Final Report* defines reconciliation as “an ongoing process of establishing and maintaining respectful relationships” (2015a, 121)
- TRC Calls to Action #23 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.”



Please engage critically....

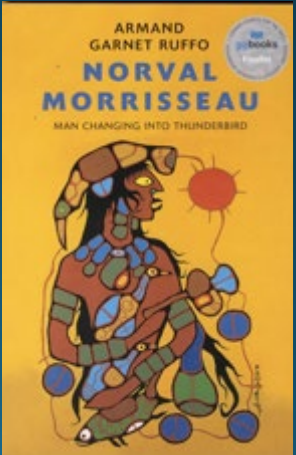
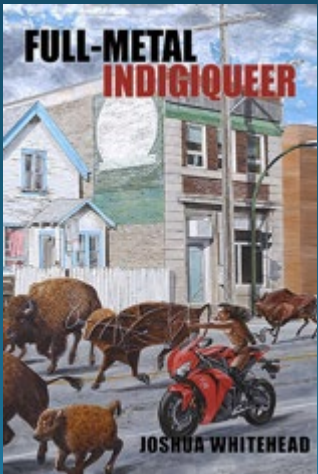
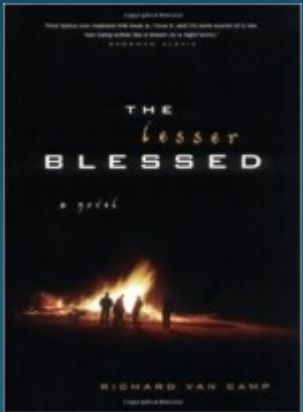
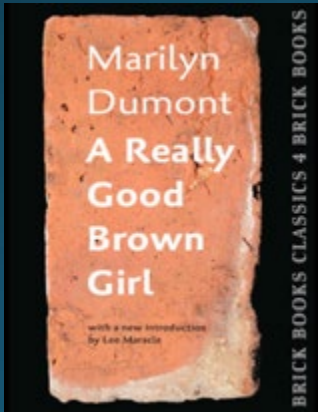
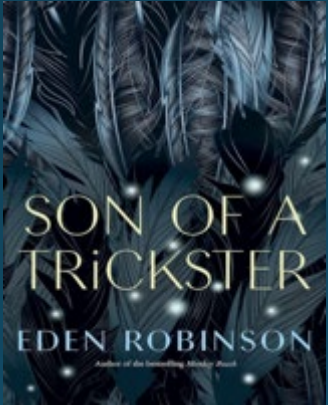
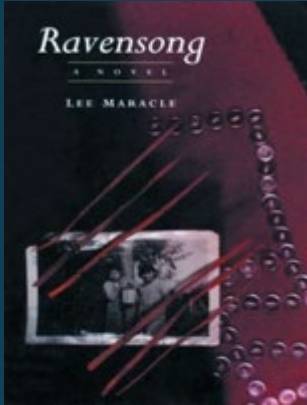
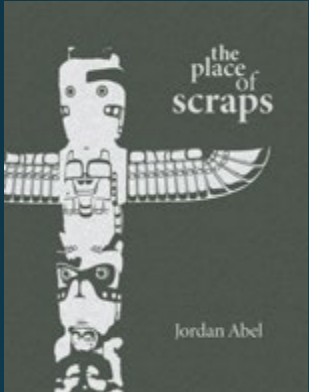
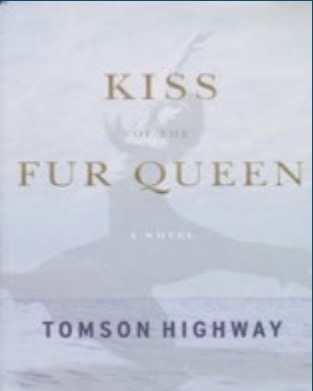
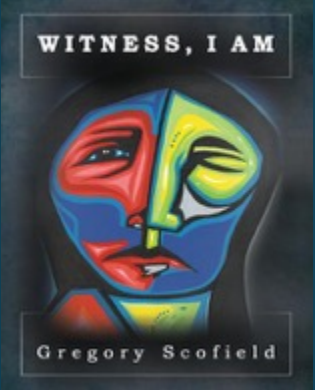
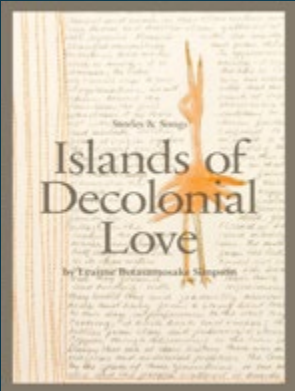
- Should non-Indigenous settler Canadians achieve “reconciliation” (O.E.D. n: *The restoration of friendly relations*)?

I deeply distrust this tool I work with – language.... I distrust its order, which hides disorder; its logic hiding illogic and its rationality, which is simultaneously irrational .So....the imperative for me [as a poet] was to move beyond representation...[which] would have meant ordering an experience which was disordered (and can never be ordered) irrational illogical and unpredictable; it would have meant doing a second violence, this time to the memory of an already violent experience.

(Philip 2008, 197)

Name an Indigenous artist, musician,
author, chef, designer, etc...

Eve Tuck's 'Citations Practice Challenge'





Jeff Thomas



Susan Point



Incorporating stories and creative practices in residency and practice

- Autoethnography – “I am” A Carrier Woman’s Journey in Western Medical Education
 - Narrative Medicine and Reflection Practice
- Ceremony (smudging and prayer, sweats, cedar brushing, and many more), art (drum making, poetry, blogging), singing and drumming, and Hula keep me grounded.
 - Story of Culture “Lighting the Way”
 - Story of the “Light House”



So? The humanities and me?



In 2010, the Association of Faculties of Medicine of Canada (AFMC) issued a report entitled *The Future of Medical Education in Canada*. It focused on medical education and teaching future physicians. The report stressed:

- Social accountability was an important mission for medical schools and “health care has become increasingly complex and faces enormous challenges in providing quality care to diverse populations.” The report recommended “address individual and community needs,” “promoting prevention and public health,” and “fostering medical leadership.”

The humanities explore what it means to be human: the words, ideas, narratives and the art and artifacts that help us make sense of our lives and the world we live in; how we have created it, and are created by it. The social sciences seek to explore, through observation and reflection, the processes that govern the behaviour of individuals and groups. Together, they help us to understand ourselves, our society and our place in the world.”

As we health care professionals and patients delve into the challenges and rewards of serious storytelling in illness, we see with new clarity deep aspects of the illness, the sick person, the situation of care, and the person who cares for the sick. We see, too, newly opening avenues toward the human affiliations that alone can ease suffering, those bonds that indeed unite us...with all who have been and who have suffered.

Canadian Family Physician, Aug. 2007. Rita Charon



NARRATIVE MEDICINE

Master of Science

Overview

Program Details

There are currently no Columbia University events scheduled for this program.

Past Events

Narrative Medicine Roundtable Conversation with Ruth W. Messinger

Date: May 03, 2017 - 5:00 PM

Location: Faculty Club of Columbia University Medical Center, Physicians & Surgeons Building, 630 W. 168th St., 4th Floor, New York, NY

Speaker(s): Ruth W. Messinger, President of American Jewish World Service (AJWS) from 1998 to July of 2016, is currently the organization's inaugural

Health humanities

From Wikipedia, the free encyclopedia

Health humanities refers to the application of the creative or *fine arts* (including *visual arts*, *music*, *performing arts*) and *humanities* disciplines (including *literary studies*, *languages*, *law*, *history*, *philosophy*, *religion*, etc.) to discourse about, express, and/or promote dimensions of *human health* and well being.^[1] This applied capacity of the humanities is not itself a novel idea; however, the construct of the health humanities has only recently begun to emerge over the first decade of the 21st Century. Historically, the roots informing the health humanities can be traced back to, and can now be considered to include, such multidisciplinary areas as the *medical humanities*^[2] and the *expressive therapies/creative arts therapies*.


In the health humanities, health (and the promotion of health) is understood according to the *constructivist* (and other *non-positivist*) principles indigenous to the humanities, as opposed to the *positivism* of *science*.^{[3][4]} The health humanities are rooted in dialogical (negotiated, intersubjective voices of multiple truths), versus monological (a singular, authoritative voice of "the" truth) perspectives on health. As such, evidence upon which health practices are based is generally considered *axiological* (based in meanings, values, and aesthetics), versus *epistemological* (based in factual knowledge), in orientation. The health humanities are not an alternative to the health sciences, but rather offer a contrasting paradigm and pragmatic approach with respect to health and its promotion, and can function in a manner that is complementary and simultaneous relative to the health sciences.

Some practical applications

Critical Creative Self-Reflection

Reflection...[includes reflecting on] the conditions we are in, including how we are perceived by others and what our position in the world might be...entails considering a number of factors – personal biography, social situation, political and cultural values, relationships and assumptions, and positions of authority or lack thereof. It can produce a much fuller and richer understanding of self, of others, and of the situations we are all in.

(from Matt Turner in *The Dictionary of Human Geography*. Blackwell Publishers)



Start with a single incident – **ANY INCIDENT that catches your attention:**

- A news story
- A post on Facebook
- A moment in your preceptor's office
- A dinner conversation with your roommates

Describe the incident:

- Where was it, when did it take place, what were the specifics of it, who was involved, why did it jump out at you...

Place yourself INSIDE the event:

- How did you react in the event, why did the event move you or catch your attention, what were you thinking about with reference to the event....

Critically UNPACK the event:

- What is the opposite perspective of the one you have?
- What might the views of others in the event be?

ANALYZE the event and draw conclusions

- What did you learn?
- How might you bring these lessons into your future career as a physician?
- Links to CanMED competencies?

Drawing on the humanities

Reflective Writing:

A Medical Student's Guide



 a place of mind
THE UNIVERSITY OF BRITISH COLUMBIA

It's also important to differentiate reflection from rumination. Both involve thinking about our past experiences. But while reflection involves looking for different ways to remember something by noticing assumptions we might have made and choices we might have missed, rumination involves repetitively re-experiencing something the same way, over and over. Unlike reflection, rumination is distinctly unhealthy, and can predispose to mood disorders.

Claire Sauv , Physician Health Program BC

Undergraduate Medical Students in Northern First Nations Communities

- Northern Health, the Northern Medical Program and the Health Arts Research Centre, the First Nations Health Authority
 - Since 2012, 25+ undergrad medical students have learned in Northern First Nations communities (Burns Lake, Old Masset, Nak'azdli, Gitlaxt'aamiks New Ayanich, Kispiox, Fort Babine to name a few!)
 - Since 2014 the work has been formally funded and supported by Northern Health, the Northern Medical Program, the First Nations Health Authority
 - We foresee this program leading the way in experiential community-based learning for medical students – who will hopefully be inspired to practice in with northern First Nations in the future!



First Nations Community Education Program:
Experiencing Indigenous Well-being in Northern B.C.

The First Nations Health Authority and the Northern Medical Program have teamed up to offer MD undergraduate students the opportunity to visit one of three northern First Nations communities for a weekend of cultural exchange and sharing of teachings on holistic health and wellness.

Goals:

- Enhance cultural competency and empathetic understanding of health and wellness in First Nations communities
- Genuine cultural exchange for students considering work with First Nations peoples in their future practice
- Improve First Nations' accessibility to high quality primary health care services

Dates: June 12-14, 19-21, 26-28

Locations: TBD

Questions? S.harrison@alumni.ubc.ca

Student Critical Reflective Writing



- “I feel my cheeks blush and realize that I [am] feeling embarrassed [about] how little I know about this part of British Columbia... I want to ask more about the health status of the community, but I struggle to find the words to phrase my question... My time in Fort Babine opened my eyes to the complexity of providing healthcare to individuals living in remote First Nations communities in northern BC. I am so much more aware of the way in which historical and current politics influence the local landscape. If we want to help support the health of communities, we need to listen very closely to what it is that communities need.” (F.M)

Student Critical Reflective Writing cont..

- “So I decided to start with five words that come to mind when I think about northern first nations communities. The first three are more positive and the last two have a bit of a negative connotation. *Mistreated*: I think this word has been the historical representation of the First Nations’ relationship with the Canadian government and although it isn’t necessarily as obvious in our culture today ...but I think it may be somewhat apparent in the standard of living on the reserve as well as in the lifestyle..... I feel like my experience in [community deleted] has given me a bit of a unique perspective and I am a lot more aware of previous stereotypes that I may have had and may still have. The fact that I was able to see a community at one of its proudest moments and talk to the people about how hard they are working to change things...”
(K.G.)



Our final evening in Hartley Bay. Staying at Cam's parents house (Cam's dad is the Eagle clan chief). Their house is beautiful and has one of the biggest TV's I have ever seen...certainly not what I expected when coming to a First Nations reserve. But why did I think this? Is it wrong or is this a biased and atypical lifestyle on a First Nations reserve? I think that we essentially stayed with a very well-off family in a very comfortable, stable First Nations community. It may not be representative of many other First Nations reserves but it certainly helped to abolish any pre-existing stereotypes I may have had.





The mountain behind is “Skiyodin” (I still haven’t found the written name). It overlooks the town and they spend a lot of time out hunting in the mountains, making another essential part of their life. We even got the chance to go out! Finally, the sun is over looking the town. It is happy, because it is a wonderful place, but also crying because so much of the culture has and is being lost. There is a lot of frustration experienced by many people in the community and a lot of longing for “the way things used to be.” It’s a little heartbreaking. Overall, this trip gave me an incredible glimpse into many complex issues. I am very thankful with everything I’ve learned and hope to take it with me into clinical practice and the rest of my life.

Closing thoughts:

- Two Canoe Story
- "I AM" an Indigenous Western Physician

Thank you!

Questions?

deleeuws@unbc.ca

terrialdred@gmail.com