

## PRACTICE STANDARD

# Indigenous Cultural Safety, Cultural Humility and Anti-racism

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**Related topic(s):** [Access to Medical Care Without Discrimination](#); [Indigenous Cultural Safety, Cultural Humility and Anti-racism Learning Resources](#); [Indigenous Cultural Safety, Cultural Humility and Anti-racism FAQs](#)

A **practice standard** reflects the minimum standard of professional behaviour and ethical conduct on a specific topic or issue expected by CPSBC of its licensees (all physicians and surgeons who practise medicine in British Columbia). Standards also reflect relevant legal requirements and are enforceable under the *Health Professions and Occupations Act, SBC 2022, c.43 (HPOA)* and the CPSBC Bylaws under the *HPOA*.

## Preamble

This document is a practice standard of the Board of the College of Physicians and Surgeons of British Columbia (CPSBC). In Canada, and for the purposes of this standard, the term “Indigenous” refers to all people who identify as First Nations, Métis, or Inuit.

CPSBC has developed an [Indigenous Cultural Safety, Cultural Humility and Anti-racism Learning Resources](#) document which provides definitions of key terms as well as a list of readings, webinars, and courses. Licensees can also review the answers to frequently asked questions related to the standard in the [Indigenous Cultural Safety, Cultural Humility and Anti-racism FAQs](#) document.

## Background

[In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care](#) provides evidence of Indigenous-specific racism in the BC health-care system.

Indigenous-specific racism and discrimination negatively affects Indigenous patients’ access to health care and health outcomes. These impacts include lower life expectancy, higher infant mortality, and the increased presence of chronic health conditions.<sup>1</sup>

The purpose of this practice standard is to set out clear expectations for how licensees are to provide culturally safe and anti-racist care for Indigenous patients. CPSBC also has a practice standard, titled [Access to Medical Care Without Discrimination](#), which speaks to racism and discrimination on a broader level, including its impact on other minority groups.

**CPSBC has zero tolerance for racism and discrimination.** Allegations of racism and/or discrimination are carefully investigated on a case-by-case basis, and action may be taken by CPSBC even if the licensee’s behaviour was not intentional.

This practice standard is organized into six core concepts. Within these concepts are the principles to which licensees are held.

## Core concepts and principles

### Self-reflective practice (it starts with me)

Licensees demonstrate cultural humility, which begins with a self-examination of the licensee’s values, assumptions, beliefs, and privileges embedded in their own knowledge and practice, and consideration of how this may impact the therapeutic relationship with Indigenous patients. Cultural humility promotes relationships based on respect, open and effective dialogue, and mutual decision-making.

Licensees must:

- 1.1 Reflect on, identify, and do not act on any stereotypes or assumptions they may hold about Indigenous Peoples.
- 1.2 Reflect on how their privileges, biases, values, belief structures, behaviours and positions of power may impact the therapeutic relationship with Indigenous patients.

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<sup>1</sup> Turpel-Lafond, M.E. (2021). In plain sight: addressing Indigenous-specific racism and discrimination in B.C. health care. Queen’s Printer: Victoria, BC. pg. 37.

1.3 Evaluate and seek feedback on their own behaviour towards Indigenous Peoples.

### **Building knowledge through education**

Licensees continually seek to improve their ability to provide culturally safe care for Indigenous patients.

Licensees must:

- 2.1 Undertake ongoing education on Indigenous health care, determinants of health, cultural safety, cultural humility, and anti-racism.
- 2.2 Learn about the negative impact of Indigenous-specific racism on Indigenous patients accessing the health-care system, and its disproportionate impact on Indigenous women, girls, Two-Spirit, non-binary and other-gendered Indigenous Peoples.<sup>2</sup>
- 2.3 Learn about the historical and current impacts of colonialism on Indigenous Peoples and how this may impact their health-care experiences.
- 2.4 Learn about the Indigenous communities located in the areas where they work, recognizing that languages, histories, heritage, cultural practices, and systems of knowledge may differ between Indigenous communities.

### **Anti-racist practice (taking action)**

Licensees take active steps to identify, address, prevent and eliminate Indigenous-specific racism.

Licensees must:

- 3.1 Take appropriate action when they observe others acting in a racist or discriminatory manner towards Indigenous Peoples by:
  - 3.1.1 Helping colleagues to identify and eliminate racist attitudes, language, or behaviour.
  - 3.1.2 Supporting patients, colleagues and others who experience and/or report acts of racism.
  - 3.1.3 Reporting acts of racism to leadership and/or the relevant health regulatory college.

### **Creating safe health-care experiences**

Licensees facilitate safe health-care encounters where Indigenous patients' physical, mental/emotional, spiritual, and cultural needs can be met.

Licensees must:

- 4.1 Treat patients with respect and empathy by:
  - 4.1.1 Acknowledging the patient's cultural identity.
  - 4.1.2 Listening to and seeking to understand the patient's lived experiences.

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<sup>2</sup> Turpel-Lafond, M.E. (2021). *In plain sight: addressing Indigenous-specific racism and discrimination in B.C. health care*. Queen's Printer: Victoria, BC. pp. 72.

- 4.1.3 Treating patients and their families with compassion.
- 4.1.4 Being open to learning from the patient and others.
- 4.2 Care for a patient holistically, considering their physical, mental/emotional, spiritual, and cultural needs.
- 4.3 Acknowledge and incorporate into the plan of care Indigenous cultural rights, values, and practices, including ceremonies and protocols related to illness, birth, and death, where able.
- 4.4 Facilitate the involvement of the patient's family and others (e.g. community and Elders, Indigenous cultural navigators, and interpreters) as needed and requested.

### **Person-led care (relational care)**

Licensees work collaboratively with Indigenous patients to meet the patient's health and wellness goals.

Licensees must:

- 5.1 Respectfully learn about the patient and the reasons the patient has sought health-care services.
- 5.2 Engage with patients and their identified supports to identify, understand, and address the patient's health and wellness goals.
- 5.3 Actively support the patient's right to decide on their course of care.
- 5.4 Communicate effectively with patients by:
  - 5.4.1 Providing the patient with the necessary time and space to share their needs and goals.
  - 5.4.2 Providing clear information about the health-care options available, including information about what the patient may experience during the health-care encounter.
  - 5.4.3 Ensuring information is communicated in a way that the patient can understand.

### **Strengths-based and trauma-informed practice (looking below the surface)**

Licensees have knowledge about different types of trauma and the impact on Indigenous patients, including how intergenerational and historical trauma affects many Indigenous Peoples during health-care experiences. Licensees focus on the resilience and strength the patient brings to the health-care encounter.

Licensees must:

- 6.1 Work with the patient to incorporate their personal strengths that will support the achievement of their health and wellness goals.
- 6.2 Recognize the potential for trauma (personal or intergenerational) in a patient's life and adapt their approach to be thoughtful and respectful of this, including seeking permission before engaging in assessments or treatments.

- 6.3 Recognize that colonialism and trauma may affect how patients view, access, and interact with the health-care system.
- 6.4 Recognize that Indigenous women, girls, Two-Spirit, non-binary, and other-gendered Indigenous Peoples are disproportionately impacted by Indigenous-specific racism in the health-care system and consider the impact gender-specific trauma may have on the patient.