

Indigenous Cultural Safety, Cultural Humility and Anti-racism FAQs

How was the standard developed?

The College worked with the BC College of Nurses and Midwives (BCCNM) to develop the new standard. Together, they engaged Indigenous registrants, leaders, and patients along with health authority and academic partners. The development process was comprehensive, including multiple consultations over roughly two years.

What do we know about racism towards Indigenous Peoples in BC's health care system?

A review of racism, stereotyping and discrimination against Indigenous peoples in the BC health-care system was concluded in 2020. It included consultations with nearly 9,000 people, including 5,440 health care workers and 2,780 Indigenous people. The resulting *In Plain Sight* report was presented by Dr. Mary Ellen Turpel-Lafond to the minister of health on November 30, 2020. *In Plain Sight* describes findings of widespread systemic racism against Indigenous Peoples in the B.C. health-care system reported by both health-care providers and Indigenous patients. 84% of Indigenous Peoples described personal experiences of racism and discrimination that discouraged them from seeking necessary care and that reduced access to care, negatively affecting their health.

Dr. Turpel-Lafond's report makes recommendations to improve equity in health care and calls on the BC government and the health-care system, in collaboration with Indigenous Peoples, to remedy the lasting consequences of colonialism and improve accountability in addressing Indigenous-specific racism. The report identifies the need for improved cultural safety in health care and increased Indigenous leadership within health services, regulators, and education.

Why does the College have a standard specific to Indigenous Peoples and not other minority groups?

Indigenous people are the first people of Canada. In order to settle the country, dehumanizing stereotypes and harmful policies were used to rationalize the removal of Indigenous people from the land, undermine decision-making and disturb social order. Examples include the *Indian Act*, Indian Reserve System, Residential Schools, Indian Hospitals, the Sixties Scoop, the Millennial Scoop, and the continued overrepresentation of Indigenous Peoples in the prison and child welfare systems.

The College's job is to protect the public by ensuring that its registrants provide ethical, safe, quality care. And while "do no harm" is principle of health-care, the truth is there has been harm. The *In Plain Sight* report reminds us that some health care providers continue to perpetuate the stereotypes born from colonization, resulting in harm, neglect, misdiagnosis and even death of Indigenous patients.

Does the College address racism and discrimination in another standard?

Yes. Discrimination in the provision of health care is prohibited in BC under the BC Human Rights Code, which ensures protection for individuals who are actual or perceived members of certain protected groups (race, colour, ancestry, place of origin, religion, marital status, family status, physical or mental disability, sex, sexual orientation, and age).

The College has a practice standard, [Access to Medical Care Without Discrimination](#), which outlines the requirements set out in the BC Human Rights Code and addresses bias and discrimination.

What did the College learn from its consultations when drafting the standard?

Feedback gathered during engagement demonstrated a need for registrant education and support as they begin to apply the standard in their practice. This was enhanced through the organization of the standard into 6 key themes with descriptions and supporting principles.

The College also heard that reporting colleagues is difficult—especially for registrants who have less experience or power and are therefore more vulnerable. The practice standard now includes clear expectations around appropriate reporting.

Has the College developed any learning resources?

Yes. The College has developed a document titled [Indigenous Cultural Safety, Cultural Humility and Anti-racism Learning Resources](#), to assist registrants in their self-guided learning. This document provides key definitions and organizes resources into a variety of categories including courses, webinars, videos, and journal articles. The College has also developed a series of short videos, which help provide an overview of the standard’s development process and communicate the standard’s core concepts.

To help communicate the standard’s core concepts to members of the public, the College has also created an [Indigenous Cultural Safety, Cultural Humility and Anti-racism Patient Resource](#).

How should registrants initiate a conversation with their patient to learn if they identify as being Indigenous?

Registrants can let their patients guide the conversation around their race and ethnicity. Instead of asking direct questions (particularly with new patients with whom a trusting relationship has not yet been established), registrants can ask more general questions like: “How are you and your family doing?” or “Is there anyone else in your support circle that you would like to be involved in your care?” or “Do you have any specific health care or wellness needs or goals you would like me to know about?”.

These open-ended questions enable the patient to disclose as much or as little information as they would like. Once a trusting relationship has been established with the patient, registrant’s can use their best judgement to determine an appropriate time to engage patients in a more detailed conversation about their background as it relates to their medical care.

Will the standard be updated over time?

Yes. This practice standard will exist as a dynamic document, where feedback is always welcome, and revisions can be made at any time to ensure it remains current and effective in protecting Indigenous patients in BC.

How can registrants champion this work?

Registrants are encouraged to take a leadership role as advocates for cultural safety, cultural humility, and anti-racism in their work. This can include actions such as:

- printing out copies of the patient resource and making them available in public spaces such as waiting rooms
- reviewing policies and procedures and identifying ways they can change to support Indigenous Peoples

- using the tools available in the standard to address racism with colleagues
- engaging colleagues in discussions regarding Indigenous cultural safety, cultural humility, and anti-racism in health care
- sharing the practice standard and learning resources with colleagues
- encouraging others to engage in their learning journey