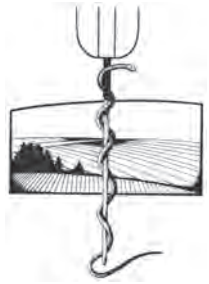

Rural Aboriginal health

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Writing about rural Aboriginal health as a white doctor is a challenge. Who am I to write an editorial on this topic? The political context, extending from local band politics all the way to the sentiments inherent in Idle No More, can turn any misstep into the piece being branded as "white man's burden." And, yet, lessening the divide of the health status between Aboriginal populations and other Canadians is so important for rural Canada that we must write about it, even as outsiders.

I live in northeastern Ontario in Ojibwe territory. Nearby are a number of reserves whose people, despite being younger than the surrounding white population, have a disproportionate burden of ill health. Studies show that most illnesses have a higher incidence among indigenous people.[1] For a front-line worker such as myself, it seems that it's respiratory illness among the young, and diabetes and its complications among older adults, that are particularly common and of note.

In some cases we can treat while being colour blind, but it doesn't take long before you realize that there are conflicting world views and value systems at play. What you suggest sometimes does not "take." Some wash their hands and call it "noncompliance," but, in the end, does that not also mean that the doctor didn't "get it"?

None of the local doctors in my area are Aboriginal, and most lack training in dealing with this group. Any cultural competency we exhibit has been from the school of hard knocks. Isn't it a good sign that this is starting to change?

In the current issue, we have several articles with rural Aboriginal content. Jacklin and colleagues[2] describe the Aboriginal health curriculum at the Northern Ontario School of Medicine and how it came to be. That school is to be commended for its engagement with Aboriginal communities all the way from the board of directors, curriculum development, mandatory placements in Aboriginal communities, through to the admissions process.

Macdonald and colleagues[3] explore the values of Inuit midwives and midwifery students, and how those values play a role in health care provided to Inuit women in northern Quebec.

Kelly and colleagues[4] describe the high incidence of community-acquired pneumonia in their local Aboriginal population in northwestern Ontario. Attention to such an illness burden, disproportionately carried by many Aboriginal populations, is necessary to drive understanding and change.

It is through insights such as those offered in this issue that we can start to "get it" and be more effective in our care.

Müigwech [thank you] for reading.

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