

# History of 'Indian Hospitals' and Modern Day Reconciliation



Layla Amer Ali, Cassie Poole, and Brenna Hansen

## Conflict of Interest Disclosures

None of the presenters have any conflicts of interest to disclose.

# Acknowledgments

The presenters are settler/allies from Canada and currently live on London Treaty territory, current and long standing home of the Anishinaabe, Haudenosaunee, and Lenape Peoples.

Here in Halifax is the ancestral and unceded territory of the Mi'kmaq People.

**PLEASE NOTE THAT SOME OF THE CONTENT OF THIS PRESENTATION  
MAY BE DISTRESSING AND/OR TRIGGERING.**

Should you need someone to speak to, feel free to approach one of the presenters.

The Hope for Wellness Help Line offers immediate mental health counselling and crisis intervention to all Indigenous peoples across Canada.

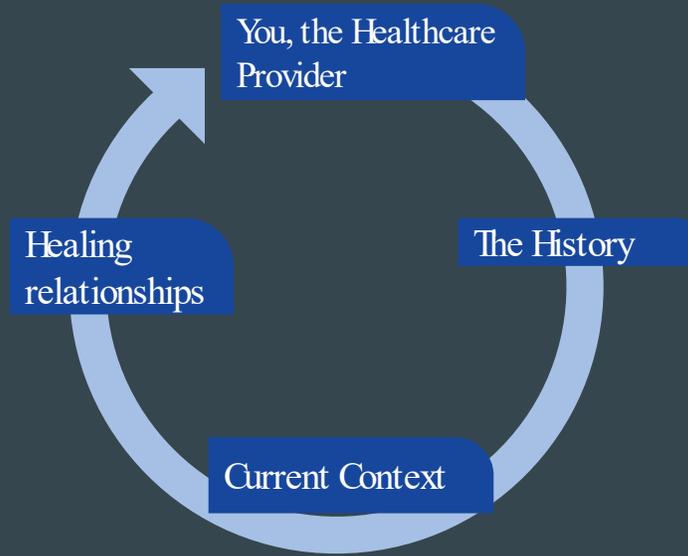
1-855-242-3310 or connect to the online chat at [hopeforwellness.ca](https://hopeforwellness.ca)

## Objectives

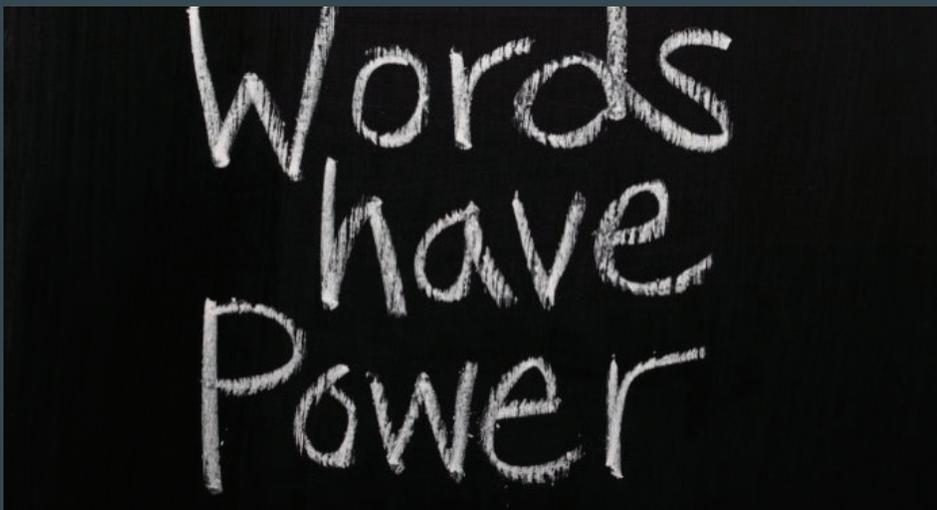
1. Explore the Canadian history of Indian hospitals.
2. Discuss how this history impacts modern day interactions between Indigenous patients and healthcare professionals
3. Reflect on real life interactions between Indigenous patients and healthcare professionals
4. Explore Indigenous perspectives on the journey of health and healing.

## Our Background

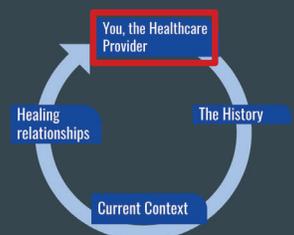
# Roadmap



3 words...



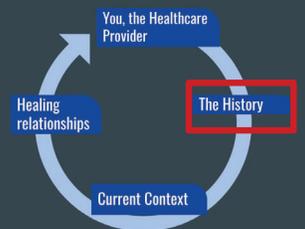
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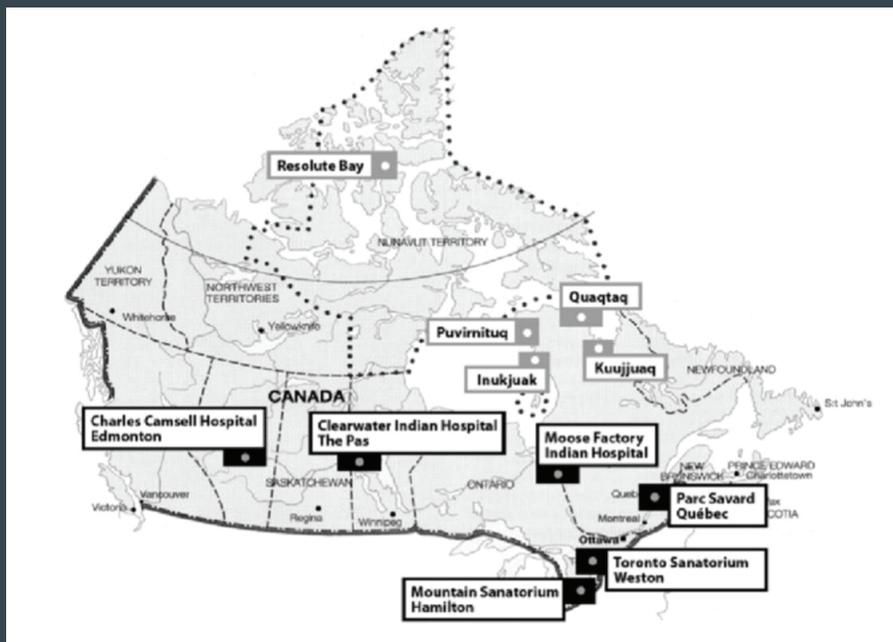
# The “Medicine Chest” Clause

“That a medicine chest shall be kept at the house of each Indian Agent for the use and benefit of the Indians at the direction of such agent.”

- Treaty 6



# Indian Hospitals: The Context



# Categories of Effects

## Distal Determinants

Historical influences on health behaviors

## Intermediate Determinants

Systemic influences on health behaviors

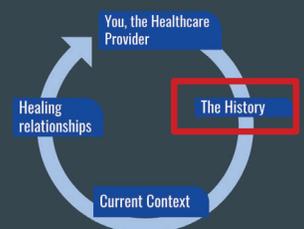
## Proximal Determinants

Direct influences on health behaviors



## Distal Determinants

Indian hospitals were paternalistic they were hailed as a humanitarian solution to help Indigenous “Wards of the State,” who were seen as “primitive” and couldn’t care for themselves



# Intermediate Determinants

Despite the advocative efforts of chiefs and reserves, quality of care provided by Indian Hospitals was far less than what the average Canadian received.



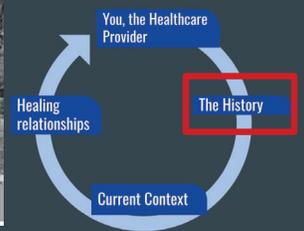
Source: <https://briarpatchmagazine.com/blog/view/the-epidemiology>

# Proximal Determinants

Issues with access, jurisdiction, fees and racism created more barriers for Indigenous patients



From then...



Source: <https://treaty6education.lskysd.ca/node/20.html>

... To now

The Washington Post  
*Democracy Dies in Darkness*

Sign In

Global Opinions

# End forced sterilizations of Indigenous women in Canada

Canadian Prime Minister Justin Trudeau said recently that the "coerced sterilization of some Indigenous women is a serious violation of human rights" and acknowledged the systemic discrimination and racism that Indigenous people face within the health care system. (Charles Platiau/REUTERS)

By **Nickita Longman**  
December 4, 2018



# First Peoples, Second Class Treatment

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



- Experiences of discrimination are considered a root cause for health inequalities among indigenous peoples

(Wylie & McConkey, 2018)

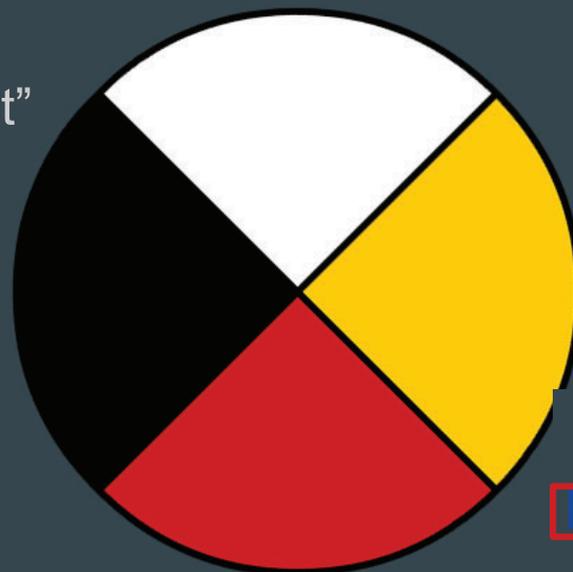
- Access to healthcare includes the *delivery* of services at point of care a social relationship between provider and patient

(Horriil et al., 2018)



## Indigenous Perspectives on Health and Healing

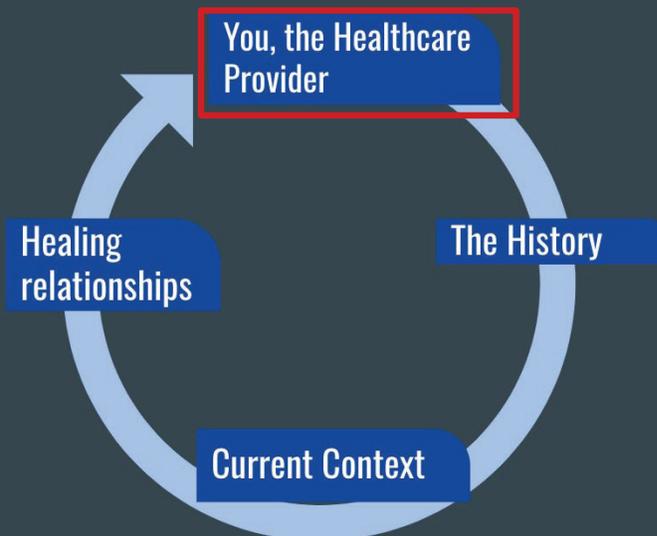
- “The West and the Rest”
- “Alternative” Medicine
- Wholistic Health
- Recognizing and respecting diversity of beliefs



# Provide Patient Relationship: Building Trust



# Stories



# Story 1

Mrs. L.P. arrived at the emergency department of a small rural hospital for an appointment to have a suspicious mole removed from her forearm (booked by her family physician). As Mrs. L.P. lay on the table in the procedure room she appeared uncomfortable and her anxiety appeared out of proportion for the procedure due to take place. The physician performing the procedure asked her how she was feeling. Her response was 'I just don't like hospitals and I want this to be over with as soon as possible'. The physician acknowledged that she was feeling uncomfortable and explained the procedure to her, reassuring her that the only pain she would feel would be when he was applying the local anesthetic.

Throughout the procedure the physician continued to talk with the patient to try and ease her discomfort. She disclosed her uneasiness with the hospital setting again as she asked how much longer the procedure would take. Finally, when the excision was complete and the sutures were in place the patient was sent on her way.

# Story 2

Mr. C.N. came to the emergency department in a small rural hospital at 9 AM with severe back pain. At 1 PM he was still waiting to be seen by a physician.

When the physician walked in the room Mr. C.N. appeared uncomfortable and expressed that he was irritated that he had been waiting so long to be seen. The first thing the physician noticed was the patient's band name printed on a hat he was wearing. Having established a relationship with the communities in the area the physician knew quite a bit about where Mr. C.N. came from. She was able to have a discussion with him about the community and health centre on his reserve and have a short discussion about shared acquaintances. By knowing a little bit about where Mr. C.N. came from the physician was able to establish rapport with the patient. Mr. C.N. immediately appeared less irritated and together they were able to explore the causes of his pain and initiate appropriate management.

## Story 3

Mrs. T.W. is a recently diagnosed type II diabetic patient. She was started on metformin 4 weeks ago and is visiting her family doctor for a follow up appointment. Since her diagnosis Mrs. T.W. has made a number of changes to her diet and started attending weekly yoga classes. Her primary concern in visiting her physician today was that she doesn't want to be placed on more medication. At the moment she is more interested in focusing on lifestyle changes to see if she can control her blood sugars.

Mrs. T.W.'s family physician was out of town and her follow up appointment was carried out by a locum. During her visit Mrs. T.W. laid out her concerns about needing to take more medications she was adamant that she continue to try more lifestyle modifications before tacking on more medications. After listening to the concerns of Mrs. T.W., the locum concluded that based on Mrs. T.W.'s bloodwork she would need to be placed on more medication. He wrote a prescription for her and provided some diabetic teaching.

Mrs. T.W. felt that the physician didn't address her concerns at all, she felt that she was taking the right steps towards managing her diabetes without medication and she just needed time to get her blood sugars under control. She left the appointment uninterested in taking the medications or returning to see that particular physician in the future.

## Recommendations

What can you, as a healthcare practitioner, do to provide the best care for your Indigenous patients?

## Recommendation 1

Know your patients. Spend time in nearby communities and understand the cultural differences between reserves and Indigenous populations.

## Recommendation 2

Understand the resources available on the nearby reserves, and connect with the healthcare resources on the reserve to gain a better understanding of the community.

## Recommendation 3

Be conscientious of your Indigenous patient's emotions. Don't make assumptions about their history, or the degree to which they relate to Indigenous cultures.

## Recommendation 4

Given the context of Indian hospitals, many Indigenous patients may feel uncomfortable in a healthcare setting. If a patient seems uncomfortable, ask them if they're uncomfortable, and allow them to lead the conversation.

## Recommendation 5

Physicians should feel empowered to educate themselves on Indigenous cultures and history in order to provide high quality, respectful care for their Indigenous patients.

## Recommendation 6

Creating a safe and comfortable environment can go a long way in building trust between healthcare professionals and patients. Adding local Indigenous art or a map of nearby Indigenous communities can help in establishing genuine rapport.

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Mrs. L.P. arrived at the emergency department of a small rural hospital for an appointment to have a suspicious mole removed from her forearm (booked by her family physician). As Mrs. L.P. lay on the table in the procedure room she appeared uncomfortable and her anxiety appeared out of proportion for the procedure due to take place. The physician performing the procedure asked her how she was feeling. Her response was 'I just don't like hospitals and I want this to be over with as soon as possible'. The physician acknowledged that she was feeling uncomfortable and explained the procedure to her, reassuring her that the only pain she would feel would be when he was applying the local anesthetic.

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