INDIGENOUS HEALTH VALUES AND PRINCIPLES STATEMENT

The Indigenous Health Writing Group of the Royal College

June 2019

ROYAL COLLEGE
OF PHYSICIANS AND SURGEONS OF CANADA
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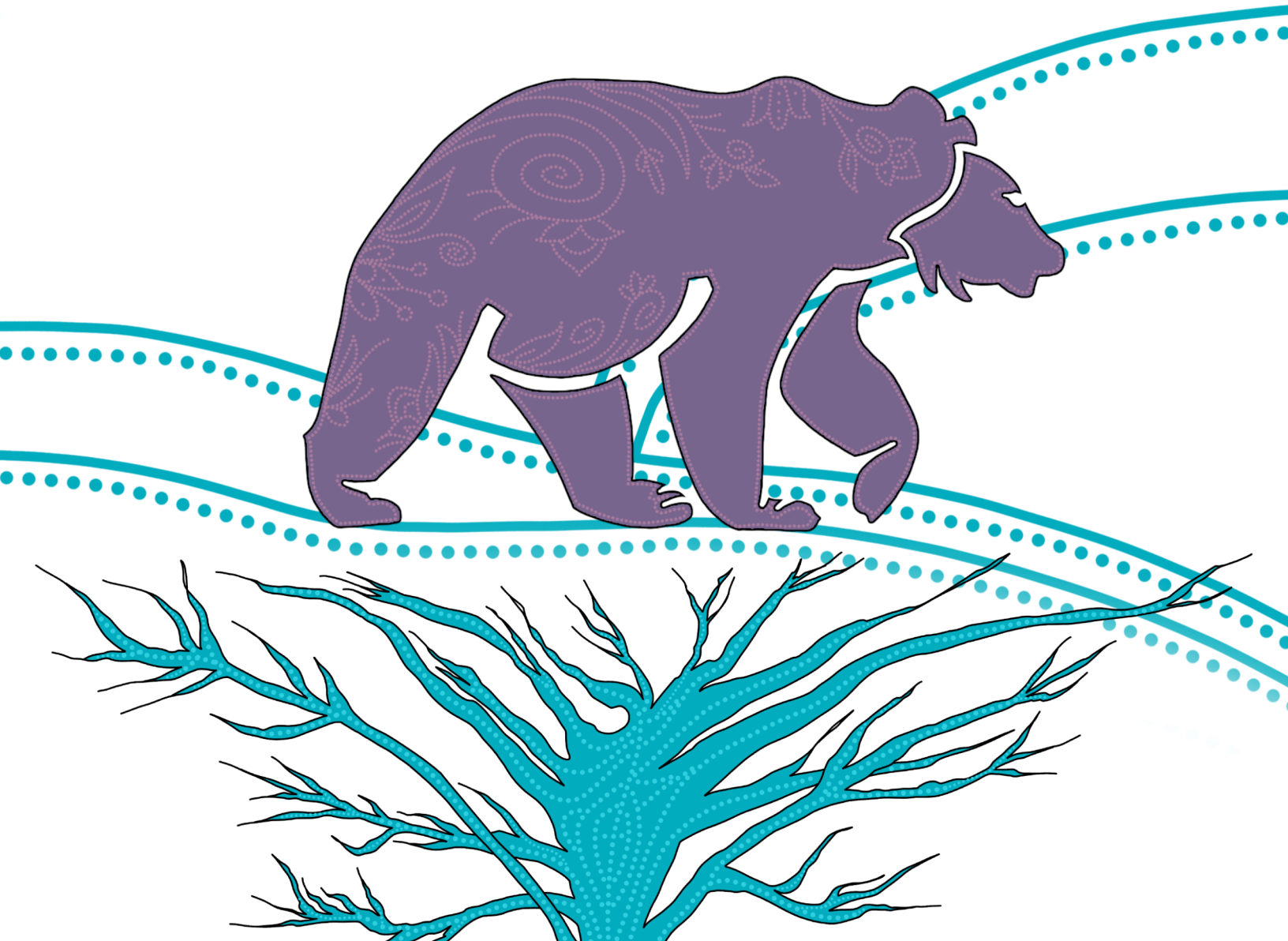

Indigenous health values and principles statement

Second edition

Indigenous Health Committee of the Royal College (IHC) and the Office of Research, Health Policy and Advocacy

June 21, 2019

Art: Selena Mills (ROAR Creative Agency)

Preamble

Racism is unacceptable in medical education and practice. The Indigenous health values and principles statement was created to complement anti-racism teachings. It was first introduced on July 4, 2013. Its purpose is to articulate clear and concise Indigenous health ideals and beliefs to guide the Royal College in advancing Indigenous health. The work was informed from extensive consultations with the Indigenous Health Committee of the Royal College members, key informant interviews with Indigenous stakeholders, and health care educators and organizations.

As in the first edition, the second edition examines the values pertaining to Indigenous health and bridges these values to the CanMEDS framework with actionable principles to guide the delivery of culturally safe health care. It is hoped that the Indigenous health values and principles statement will foster reflexivity and trigger anti-racism interventions to preclude oppression, correct areas in the system where racism takes place and act forcefully whenever racism is witnessed.

The Indigenous Health Committee of the Royal College advises and guides the Royal College on matters pertaining to Indigenous health. The committee is co-chaired by Tom Dignan, OOnt, MD, FRCPSC (Hon) and Lisa Richardson, MD, FRCPC. IHC's membership largely includes Indigenous physicians, scholars, policy-makers, social workers and other health professionals representing Indigenous communities from across Canada.

The statement is intended to influence behavioural change to condemn racism in Indigenous health care, translating into culturally safe practice and creating a nurturing environment to benefit communities under threat of oppression. This statement sends a clear message that racist conduct is unacceptable and unprofessional, and that it has negative consequences on the health of the Indigenous people exposed to it and on the integrity of the perpetrators.

Although the values and principles themselves remain largely unchanged from the original statement, several significant events precipitated the need to update the context in a second edition: the publication of the Truth and Reconciliation Commission of Canada's Calls to Action, CanMEDS 2015 and the Royal College's

Competence by Design program to more effectively assess physician skills, and increasingly urgent calls by Indigenous leaders and their allies to address the gaps in Indigenous health.

The Royal College has embarked on deliberate measures to reduce this health gap. In October 2017, the Royal College achieved a significant milestone when its Council approved IHC's recommendation that Indigenous health become a mandatory component of postgraduate medical education, including in curricula, assessment and accreditation.

The language used to describe the overarching Indigenous health principle, medical expert and leader roles, has been strengthened to reflect these contexts and to clarify the Royal College's commitment to Indigenous health.

We apologize for any epistemological perspectives that might creep into the writing. It is our intention to be vigilant on this count and eradicate colonial biases in our growth as Indigenous allies.

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1. Introduction

According to Statistics Canada's 2016 Census of Population, there are 1.6 million Indigenous Peoples in Canada accounting for 4.9 per cent of Canada's population. This is likely an underestimate, as some individuals may not self-identify as Indigenous[1]; this is evidenced by population growth of over 20 per cent since the 2011 census, where Indigenous people comprised 4.0 per cent of Canada's population or 1.4 million people.[2]

It is well documented that inequities in health exist on the basis of race in Canada.[3] Racism cannot be ignored. Indigenous people carry an inordinate burden of health disparities across their lifespans, at individual and community levels, and in acute and chronic disease. Overall, Indigenous people suffer the worst health status in the country.[4] As Canada has recently affirmed through the adoption of the United Nations Declaration on the Rights of Indigenous Peoples,[5] Indigenous people indeed have the right to enjoy full expression of identity and health.

To advance the Royal College's vision of being "the global leader in specialty medical education and care," and its mission to better "serve patients, diverse populations and our Fellows by setting the standards in specialty medical education and lifelong learning, and by advancing professional practice and health care;" [6] the Royal College Strategic Plan 2018–2020 outlines the organization's explicit aim to collaborate with Indigenous people and partners in the shared goal of improving the health status of Indigenous people. On October 26, 2017, Royal College Council approved a landmark recommendation from its Indigenous Health Committee that Indigenous health become a mandatory component of postgraduate medical education, including in curricula, assessment and accreditation.

Building on the intrinsic Roles identified in the Royal College's *CanMEDS 2015 Physician Competency Framework*, and responding to the Truth and Reconciliation Commission of Canada's Calls to Action,[7] the values and principles outlined in this document represent a foundation to underpin concrete actions in medical education, professional development and culturally safe practices. These measures will help redress disparities and inequities in the quality of health and care for Indigenous Peoples, wherever they live in Canada.

The overarching Indigenous health principle that captures the essence of the culturally safe health care practitioner as embodied in the CanMEDS Roles:

"The health care of an Indigenous person reflects the dimensions of quality for patient-centred care that resonates with the culture and values of that person in all stages of his/her life. Culturally safe practices, reflexivity and anti-racism interventions should always be demonstrated by the physician, including empathy, open-mindedness and understanding of how colonialism deliberately excludes indigeneity, and how the determinants of health contribute to the patient's health status and fall short in meeting it. The Path to First Nations Information Governance articulates the decision-making process that recognizes the value of Indigenous Peoples' self-determination through the principles of ownership, control, access and possession, and the benefits of making unencumbered and informed choices to promote health sustainability and equity."

2. Quick reference - Indigenous health values and principles

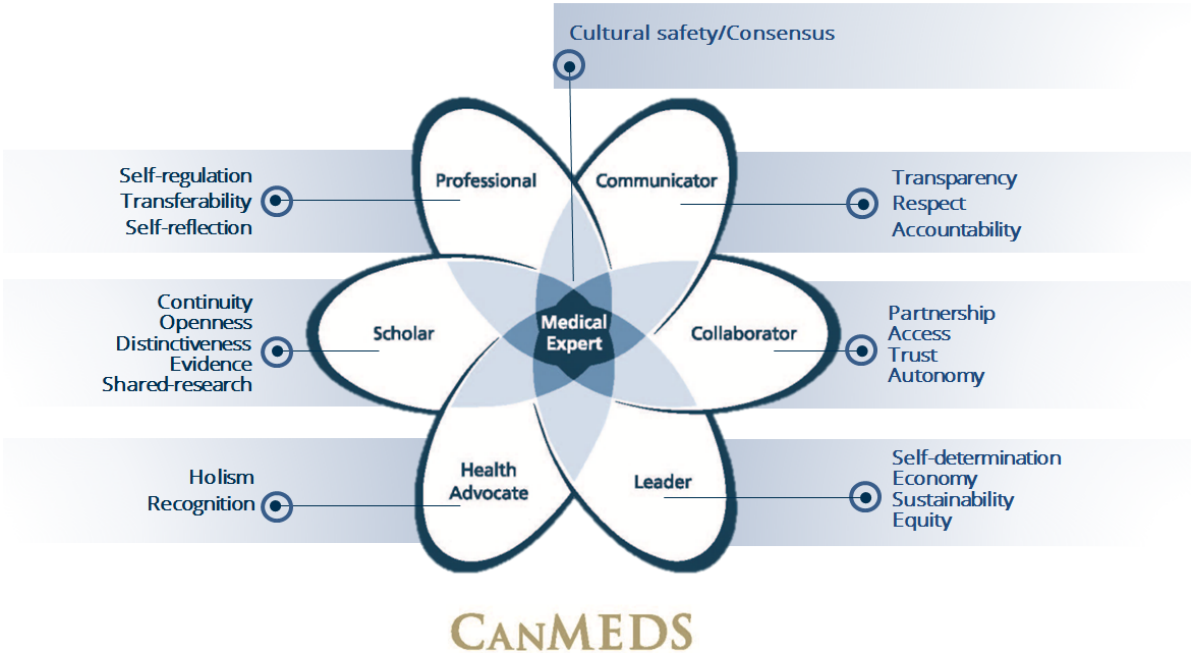
(Please see sections 6 and 7, and Appendix 1 for detailed descriptions)

CanMEDS ROLES	INDIGENOUS HEALTH VALUES	INDIGENOUS HEALTH PRINCIPLES
Medical Expert	• Cultural safety • Consensus	The culturally safe physician is a complete health care practitioner who embraces Indigenous knowledge/science, understands and accepts that racism exists and how historical/intergenerational trauma affects the health and wellbeing of the Indigenous patient, and takes steps to foster anti-racism interventions.
Communicator	• Transparency • Respect • Accountability	The culturally safe physician communicates in clear, honest and respectful dialogue about health matters, and sees a mutual responsibility between him/her and the Indigenous patient/community for achieving shared health outcomes.
Collaborator	• Partnership • Access • Trust • Autonomy	The culturally safe physician recognizes that the Indigenous patient-physician relationship is sacrosanct and without hierarchy or dominance; this partnership fosters access to health care, and the resources necessary for health and wellness of the person, family and community. It also facilitates the physician's ability to work effectively with

CanMEDS ROLES	INDIGENOUS HEALTH VALUES	INDIGENOUS HEALTH PRINCIPLES
		community institutions to help the patient.
Leader	• Self-determination • Economy • Sustainability • Equity	The culturally safe physician is equipped with the tools, knowledge, education and experience to achieve the highest form of evidence-informed professional competencies, while practising with cultural humility, fostering an environment of cultural safety and proactively pursuing anti-racism interventions.
Health Advocate	• Holism • Recognition	The culturally safe physician embraces Indigenous identity as the platform that promotes holistic health and encourages active participation of Indigenous people, in concert with physicians and other health care professionals, as "agents of change for health."
Scholar	• Continuity • Openness • Distinctiveness • Evidence • Shared-research	The culturally safe physician understands that Indigenous health is an integral component of medical research, education, training and practice, and that this research is based on evidence from empirical sources, critical appraisal of relevant material beneficial to patients, leading Indigenous and non-Indigenous practices and lifelong learning that can be adapted to serve Indigenous patients. Reflective practice grows a physician's skills in the collaborative patient-physician relationship.
Professional	• Self-regulation • Transferability • Self-reflection	The culturally safe physician is committed to the well-being of Indigenous patients, their families, communities and cultures through ethical behaviours, compassion,

CanMEDS ROLES	INDIGENOUS HEALTH VALUES	INDIGENOUS HEALTH PRINCIPLES
		integrity, respect and a commitment to clinical competencies that engender health of Indigenous people.

Mapping Indigenous health values as interpreted through the CanMEDS framework



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3. Methodology in the preparation of this statement

The body of information and evidence underpinning this document has been produced, for the most part, by Indigenous scholars, physicians and stakeholders. The literature that was reviewed examined the applications of values and principles to advance Indigenous health. It has been refreshed with the occurrence of two recent historical milestones in Canada, the adoption of the United Nation's Declaration on the Rights of Indigenous Peoples[8] and the publication of the Truth and Reconciliation Commission of Canada's Calls to Action.[9]

To ensure that Indigenous perspectives are aptly reflected in these values and principles, the Indigenous Health Committee of the Royal College, which predominantly comprises Indigenous physicians and scholars, guided their development in collaboration with Royal College Council.

This is a scoping document that creates a common understanding of the importance of the transformation of values and principles into actions. It starts with fundamental theories behind values and principles. It is derived from scanning information from the work of Indigenous groups, public policy documents and successful practices that promote Indigenous health in Canada and abroad.

This document recognizes past work of the Royal College, the Indigenous Physicians Association of Canada and the Association of Faculties of Medicine of Canada, among others, in developing core competencies in medical education specific to Indigenous health.

The CanMEDS intrinsic Roles provide the framework upon which the values and principles hinge. CanMEDS is a framework for improving patient care by enhancing physician training. Developed by the Royal College in the 1990s, its main purpose is to define the necessary competencies for all areas of medical practice, and to provide a comprehensive foundation for medical education and practice in Canada.

Since its formal adoption by the Royal College in 1996, CanMEDS has become the most widely accepted and applied physician competency framework in the world. It reflects the work of hundreds of Royal College Fellows and volunteers, and is based

on empirical research, sound education principles and broad stakeholder consultation. Renewal is key to the CanMEDS framework's ongoing success, which is why it has been updated twice since it was developed — in 2005 and in 2015.[10]

By aligning Indigenous health values within each CanMEDS Role, we are able to develop principles that can better guide the Royal College in generating tools that physicians, educators and learners can use.

4. Lexicon

It is important to define the lexicon and evolution of culturally safe health care.

Anti-racism

Where racism is confronted, this attribute is an integral part of being culturally safe. This term is now expanding and used more accurately to reflect the resolve of being culturally safe by employing anti-racism interventions.

Colonization

The exploitation, subjugation and genocide of Indigenous Peoples and their cultures using instruments of power, including political, economic and social policies to de-humanize, oppress and control.

Communities under threat

It is more appropriate to use the term “communities under threat” in place of “disadvantaged populations” when referring to Indigenous populations, as the former positions these communities as victims rather than focusing on the upstream factors such as racism and oppression and other determinants of health.

De-colonization

The process of undoing the harms caused by colonization by correcting power imbalances, practising cultural safety through anti-racism interventions, and reforming systems to embrace Indigenous Peoples as equals who possess strengths, rather than seeing deficits.

Cultural competence

Although cultural competence is widely touted as a panacea, it does have its limits. Cultural competence can be seen as “a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enable that system, agency, or those professionals to work effectively in cross-cultural situations” (U.S. Department of Health and Human Services, 2007). Cultural competence denotes the attainment or application of knowledge and skills, but it

does not necessarily translate into desired outcomes in the patient-provider experience if a trusting relationship has not been forged.

Cultural safety

Cultural safety goes beyond cultural competence in improving Indigenous health; it analyzes power imbalances, institutional discrimination, colonization and colonial relationships as they apply to health, care and health education. Culturally safe practices require critical thinking and self-reflection about power, privilege and racism in educational and clinical settings. It is the patient and student who define whether a culturally safe space is being created in a relationship.

Cultural humility

Cultural humility is an extension of cultural safety, where honest contrition translates into actions to right wrongs and to humbly place oneself as a respectful learner of the other's way of being. It is about true respect in a relationship, built on trust and a dismantling of power imbalances.

Epistemology

The branch of philosophy concerned with the nature and origin of knowledge, including its limits and validity; in Indigenous health, it examines the roots of dominant (colonial) cultural perspectives.

Health disparities*

Health disparities are those indicators that show a disproportionate burden of disease on a particular population.

Health inequities**

Health inequities point to the underlying causes of health disparities.

Indigenous***

For consistency of terminology — encompassing cultural diversities, reflecting historical accuracies and respecting the people this document is intended to benefit — the term "Indigenous" is used throughout in place of Aboriginal people, First Nations, Inuit and Métis. To borrow from the National Aboriginal Health Organization's (NAHO) glossary and terms, "Indigenous" means "native to the area."

In this sense, according to NAHO's terminology, "Aboriginal Peoples" are indeed "Indigenous" to North America. The term Indigenous also recognizes the ownership of land by the original people, prior to colonization.

Indigenous science

Indigenous science is decolonized "Indigenous knowledge." It is a morphology that values and legitimizes Indigenous wisdom at the same level as other sciences; it is a form of respect and recognition that elevates culture, history and ways beyond subjugation.

Racism****

Racism includes the belief that one's own race is superior to another, discrimination based on policy, and outright hatred or intolerance. Racism is shaped by the distribution of money, power and resources that control the social determinants of health. Racism appears in many forms, all of which are destructive and lead to negative health effects on individuals, families and communities.

Reconciliation

This is the movement to redress the legacy of residential schools in Canada through calls to action. This process germinated from Justice Murray Sinclair's inquiry into a historical record of racism faced by Indigenous communities, and resulted in 94 calls-to-action for the colonizing powers to follow to start the healing process.

Reflexivity

This is thought or belief bias, which is reflected in a person's work or behaviour.

*Health inequities.[11]
**It is well documented that disparities on the basis of race exist in Canada.[12]
***The term is also used by the United Nations in its working groups and in its Decade of the World's Indigenous People.[13] It is also a term used extensively by the World Health Organization: "Indigenous populations are communities that live within, or are attached to, geographically distinct traditional habitats or ancestral territories, and who identify themselves as being part of a distinct cultural group, descended from groups present in the area before modern states were created and current borders defined. They generally maintain cultural and social identities, and social, economic, cultural and political institutions, separate from the mainstream or dominant society or culture."[14] The Royal College also recognizes and respects the diversity amongst Indigenous populations in Canada.
****National Collaborating Centre for Aboriginal Health (2013)[15]

5. The context of Indigenous health in Canada in 2018

Health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity.[16] This definition is consistent with Indigenous peoples' concept of health, which is one that embodies the physical, mental, emotional and spiritual dimensions of self, as well as a harmonious relationship with family, community, nature and the environment.

Health has been disrupted for Indigenous people, communities and populations as a result of colonization.[17] Loss of land, suppression of autonomy and livelihood, and legislation that impacts access to health are historical events with long-lasting repercussions.

The United Nation's Declaration on the Rights of Indigenous Peoples provides a "universal framework of minimum standards for the survival, dignity and well-being of the Indigenous peoples of the world and it elaborates on existing human rights standards and fundamental freedoms as they apply to the specific situation of Indigenous peoples."[18] The residential school system, which was designed to integrate children into mainstream society by destroying their cultural bonds, no longer exists; yet, the legacy of harm on the health and well-being of survivors' descendants persists. Structural and personal racism, continuous oppression, historical legacies and government policies have a profound effect on perpetuating the ongoing state of Indigenous Peoples' health and health care.

According to Statistics Canada, First Nations, Métis and Inuit people suffer a greater burden of morbidity and mortality than non-Indigenous Canadians; this is in part due to the higher rates of socio-economic disadvantages in Indigenous populations.[19] In 2009, the United Nations Children's Fund (UNICEF) broadcast the results of a report on the health of Indigenous people in Canada. The work was done in conjunction with the National Collaborating Centre for Aboriginal Health. The report concluded that "health disparities between First Nations, Métis and Inuit children relative to national averages is one of the most significant children's rights challenges facing our nation."[20] Numerous studies confirm the increased prevalence of chronic disease among Indigenous children, associated with poor living conditions.

Fundamental approaches to resolve health inequities

High-quality health care for Indigenous people requires a strong value base, guided by sound principles that health care providers believe in, share in, contribute to and own in partnership.[21] It is incumbent upon health care providers, educators and learners to be aware of the widely condemned health status of Indigenous people, understand the lingering causes (historical, social, political, economic) and take steps to eliminate their damaging effects by facilitating the transference of cultural competence to cultural safety and, ultimately, to cultural humility in education and practice.

Cultural safety liberates the truth about power, without shame, and points to racism and oppression as the roots of health inequities. Self-reflection is a value that nourishes cultural safety; the provider is better able to understand the upstream barriers (e.g. structural racism, discriminatory laws, historical legacies, uneven distribution of economic opportunities, etc.) and their connection to the downstream effects (e.g. person-to-person mediated racism, classism, cycle of poverty, etc.) which influence the health and healing of those defined as under threat.

More importantly, self-reflection facilitates continuous provider improvement by creating a supportive environment where he or she feels empowered to take risks and stand for change through "conscientization" — the process of developing a critical awareness of one's social reality through reflection and action.[22] This allows the health care professional to tap into his or her personal strengths to overcome challenges and foster positive behaviours towards patients who are under threat from racism, oppression and other social determinants of health. Their challenge is to move from ideology to concrete actions, and to turn hope into a reality where the study of Indigenous health is inculcated in medical curricula, assessment, graduate medical education, continuing professional development and practice. As such, this document also outlines implementation strategies that build on success stories and pave the way for further innovation in the Royal College's work.

It is essential to understand the historical, social, political and ethical contexts of disparities. By its own admission, Canada recognizes the extent of the disparities. In 2004, a Federal/Provincial/Territorial health disparities task group stated that one of the most important factors contributing to health disparities is Indigenous identity.[23]

In 2015, Justice Murray Sinclair, chair of the Truth and Reconciliation Commission of Canada, tabled a comprehensive report to redress the legacy of residential schools. The report cites several calls to action in health (Nos. 18-24) which implicate health education; these calls to action are worded as follows:

18) We call upon the federal, provincial, territorial, and Aboriginal governments to acknowledge that the current state of Aboriginal health in Canada is a direct result of previous Canadian government policies, including residential schools, and to recognize and implement the health-care rights of Aboriginal people as identified in international law, constitutional law, and under the Treaties.

19) We call upon the federal government, in consultation with Aboriginal peoples, to establish measurable goals to identify and close the gaps in health outcomes between Aboriginal and non-Aboriginal communities, and to publish annual progress reports and assess long-term trends. Such efforts would focus on indicators such as: infant mortality, maternal health, suicide, mental health, addictions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury incidence, and the availability of appropriate health services.

20) In order to address the jurisdictional disputes concerning Aboriginal people who do not reside on reserves, we call upon the federal government to recognize, respect, and address the distinct health needs of the Métis, Inuit, and off-reserve Aboriginal peoples.

21) We call upon the federal government to provide sustainable funding for existing and new Aboriginal healing centres to address the physical, mental, emotional, and spiritual harms caused by residential schools, and to ensure that the funding of healing centres in Nunavut and the Northwest Territories is a priority.

22) We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients.

23) We call upon all levels of government to: i. Increase the number of Aboriginal professionals working in the health-care field. ii. Ensure the retention of Aboriginal health-care providers in Aboriginal communities. iii. Provide cultural competency training for all healthcare professionals.

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.

6. Values

Values are fundamental beliefs that foster a "collective sense of purpose and cohesiveness."[24] They underlie a principled philosophy for a course of action.

Roy Romanow, QC, commissioner of a 2002 report on the future of health care in Canada, started his message to Canadians by referencing the core values at the heart of the health care system: equity, fairness and solidarity.[25] Other examples help define what values are.

In the pursuit of the principles of restorative justice in criminal matters, the Department of Justice places emphasis on one underlying value: respect. This value represents dignity for everyone affected by the crime.[26] The Canadian Public Health Association also draws on fundamental values — dignity, respect, common-good, social justice and economics — to drive its strategic principles and set priority areas for action.[27]

Thoughtful and appropriate values are poignant, resonant and directional; everyone understands what they stand for. A meaningful value is a noun or axiom that is crisply summarized and prefaced by the leading phrase, "The value of...."

The importance of values cannot be overstated. Strong values represent litmus tests that ensure policies and programs are on the right track. A mutual understanding of values fosters effective collaboration and guiding principles emanate from them.

Culturally safe organizations espouse values that resonate with individuals, families, communities, the services delivery sector, policy-makers and administrators.[28] The experience of the health service is one where individuals, families and communities are treated with respect and do not encounter racist behaviours and structures. Cultural safety is an experience that "recognizes inequities and enables physicians and other care providers to improve health care access for patients and communities. Cultural safety is a value that acknowledges cultures beyond ours, exposes the social, political, and historical contexts of health care and redresses unequal power relations."[29] Cultural humility incorporates a consistent commitment to critical consciousness, learning and reflection, particularly in relation to power differentials in society, and with advocacy partnerships.

If values are to be truly ethical, they must transcend institutional and power-based concepts; they must embrace Indigenous beliefs. Ideally (ethically and morally) the culturally humble provider understands power differentials between the health care system and Indigenous patients.[30] Indigenous values stress the maintenance of quality mental, physical, emotional and spiritual life.[31]

Description of Indigenous health values

Medical Expert

(1) **Cultural safety**: a culturally safe experience is rooted in an understanding of Indigenous beliefs. Cultural safety recognizes the power differentials that exist between providers and patients, and the historical legacies of colonization that perpetuate disparities, inequities, racism, social dependencies and poor health choices.[32] Cultural safety demonstrates an understanding of the socio-cultural and environmental determinants that continue to exacerbate Indigenous medical disorders, ill health and undermine well-being.

(2) **Consensus**: consensus is conciliatory. It reinforces understanding between patients and providers to move forward together, rather than despair in resignation and hopelessness.

Communicator

(3) **Transparency**: dialogue is open and honest with respect to diagnosis, course of treatment and expected outcomes.

(4) **Respect**: actively listening to patients, addressing their concerns, honestly acknowledging their suggestions and sharing views (within privacy guidelines) form the basis for respectful communication. Respect embraces sensitivity.

(5) **Accountability**: the doctor-patient relationship is dependent on clear expectations and responsibilities, understood by both parties.

Collaborator

(6) **Partnership**: a road traveled together shares risks, rewards and outcomes. Inclusiveness, on the other hand, might present a negative connotation and perpetuate a dominant-subordinate association that is condescending.

(7) **Access**: this fundamental dimension of quality[33] is particularly relevant to Indigenous communities across Canada. The vast distribution and varied

settings of people present challenges that affect the timeliness and quality of care.

(8) **Trust**: this is the resultant bond of an honest and open relationship.

(9) **Autonomy**: cultural beliefs represent a freedom of choice — a sacred right that must be respected. By celebrating a person's culture, the collaborator shows respect and preserves a patient's dignity while recognizing their unique circumstances.

Leader

(10) **Self-determination**: responsible and informed decisions by patients and providers promote autonomy and independence. Self-determination recognizes ownership, control, access and possession (OCAP) principles that have been applied to research. OCAP is a powerful Indigenous political response by the Steering Committee of the First Nations Regional Longitudinal Health Survey to colonial approaches to the management of information.[34]

(11) **Economy**: self-determination cannot be supported when funders hold the power. Values must uphold structural and systemic controls of resources contributing to health and health care sustainability, without eroding the resources of future generations.[35] Race and class affect socio-economic status. A major contributor of poor health of Métis people, for example, is due to a much higher rate of poverty.[36]

(12) **Sustainability:** the emphasis on the degree to which desired health outcomes are achieved with application of active therapies and treatments is dependent on the optimal use of scarce resources.[37] This value also embraces "wisdom" in the use of those resources.

(13) **Equity**: fairness and impartiality are the hallmarks of balanced and effective management.

Health Advocate

(14) **Holism:** the maintenance of the quality of mental, physical, emotional and spiritual life is the ultimate goal in Indigenous health care.

(15) **Recognition**: pluralism acknowledges the "unique status" of Indigenous cultures within the Canadian fabric of nationalities and Indigenous persons' shared heritage as "first peoples." This value also implies that Indigenous people are health advocates, too; it serves to dispel paternalistic behaviours and practices.

Scholar

(16) **Continuity**: understanding Indigenous health should be promoted in medical school education through to postgraduate medical education and throughout professional life. It also stresses the importance of leading practices and builds on existing work in medical education.

(17) **Openness**: traditional Indigenous medicine reinforces the holistic approach to health and wellness embraced in Indigenous cultures. Indigenous healing practices, spiritual well-being and natural therapies are recognized by the patient, and he or she decides whether western medical practices are comprehensive, complimentary, beneficial, holistic or integrative.

(18) **Distinctiveness**: avoiding the tendency to draw comparisons with other minority groups creates focus on the unique issues facing Indigenous people; this sheds light on the harm done through ambiguity, assimilation, generalization and colonization.

(19) **Evidence**: health care decisions and healthy life choices are based on qualitative and quantitative information that is readily available, focused and whose limitations are clear.[38] This includes Indigenous knowledge in traditional Indigenous medicine and its value in the education of medical students, residents and practising physicians.[39]

(20) **Shared-research**: meaningful and ethical research should be carried out in partnership with Indigenous people to advance their health; findings are shared with mutual consent.

Professional

(21) **Self-regulation**: professional and ethical conduct is an intrinsic trait that manifests itself in the freedom to practise within privileged boundaries.

(22) **Transferability**: resources, education and training provide physicians with the ability to transfer Indigenous health principles into a wider medical practice that improves health and sustains it.

(23) **Self-reflection**: practising without prejudice, racism, discrimination, stereotyping or generalizing starts with an understanding of providers' own strengths, challenges and biases as physicians. This self-knowledge proceeds through the life of a provider; it should start in the formative years, embracing the Indigenous patient as teacher and understanding Indigenous histories, knowledge and healing practices. Developing culturally safe practices requires a level of literacy in the context of all domains: mental, emotional, spiritual and physical to understand what Indigenous health means in the Canadian

context. It shows commitment to the patient, profession and society through *ethical practice* while reflecting on, and balancing one's own, health, career, sustainable practice and personal life.[40]

7. Principles

Principles define the "way."[41] They guide behaviour and ensure that strategies and actions support a vision and align with a mission. Good principles precipitate actions. Effective principles derive from strong, universally supported values that promote collaboration, engagement, participation and transparency. According to Flemons et al.,[42] decisions and actions that are principle-based will better support quality and safety, especially in situations where there are competing demands. The following examples drives home these points.

The College of Family Physicians of Canada's mission and goals are guided by "Four principles of family medicine" that encompass traits of a skilled clinician, family practice, the population at risk and the patient-physician relationship.[43]

In 2002, New South Wales Health, in Australia, developed a set of groundbreaking principles for better practise in Indigenous health promotion. Participants recognized the importance of the broad, generic health promotion directives of the "Ottawa charter in health promotion (1986)," the "Jakarta declaration on health promotion in the 21st century (1997)" and the "Mexico declaration (2000)."[44] Some noteworthy strategic principles distilled from these forums embrace the tenet of collaboration:

- Strengthen community action.
- Promote access to education and information in achieving effective participation and the "empowerment" of people and communities.
- Increase community capacity and promote "self-assertion" of the individual in matters of health.

Other examples show that the layout of principles can be multi-layered:

- The National Institute for Health and Clinical Excellence in the United Kingdom uses principles to develop what it calls "guidance" to foster excellence.[45] Its guidance-principles follow a hierarchy defined by three main principles (i.e. bioethics, fundamental operations and evidence-based decisions), each branching to secondary principles (i.e. moral, procedural) and some extending to tertiary ones (i.e. respect for autonomy, non-maleficence).
- Guiding principles for Indigenous health from the Committee of Deans of Australian Medical Schools map out the underlying philosophy and

"consensus statements" in developing core curricula. From these, the CDAMS evolves 10 pedagogical principles, each one augmented with its own strategies, examples and cautions for teaching and implementation purposes.[46] Principle 2 drives home the importance of entrenching Indigenous studies in medical education: *Indigenous health is an integral part of medical education*.

Many examples of successful Indigenous public health projects subscribe to fundamental guiding principles such as respect for self-governance, support for community self-sufficiency and promotion of accountability and control.[47] Whatever they are, principles to foster Indigenous health must be communal, holistic and flexible, such that they can apply to all of the stages of an Indigenous person's life and development (from birth to death and from infancy to old age).

Descriptions of Indigenous health principles

These Indigenous health principles bridge the seven CanMEDS Roles with 23 Indigenous health values. They promote anti-racism education resulting in culturally safe actions.

Overarching principle

The health care of an Indigenous person reflects the dimensions of quality[1] for patient-centred care that resonate with his/her culture and values in all stages of that person's life. Culturally safe practices, reflexivity and anti-racism interventions should always be demonstrated by the physician, including empathy, open-mindedness, consensus and understanding of how colonialism deliberately excludes indigeneity, and how the determinants of health contribute to the patient's health and fall short in meeting it. A decision-making process that recognizes the value of Indigenous Peoples' self-determination through the principles of ownership, control, access and possession (OCAP)[48] and the benefits of making unencumbered and informed choices, promotes health sustainability and equity.

[1] The dimensions of quality for patient-centred, high-quality health care that are recognized by the Royal College, the Canadian Medical Association and the College of Family Physicians of Canada are as follows: safety, accessibility, acceptability, appropriateness, provider competence, efficiency, effectiveness, outcomes.

Medical Expert

The culturally safe physician is a complete health care practitioner who embraces Indigenous knowledge/science, understands and accepts that racism exists and how historical/intergenerational trauma affects the health and well-being of the Indigenous patient, and takes steps to foster anti-racism interventions.

Communicator

The culturally safe physician communicates in clear, honest and respectful dialogue about health matters and sees a mutual responsibility between him/her and the Indigenous patient/community for achieving shared health outcomes.

Collaborator

The culturally safe physician recognizes that the Indigenous patient-physician relationship is without hierarchy or dominance; this partnership fosters access to health care and the resources necessary for health and wellness of the person, family and community. It also facilitates the physician's ability to work effectively with community institutions to help the patient.

Leader

The culturally safe physician is equipped with the tools, knowledge, education and experience to achieve the highest form of evidence-informed professional competencies, while practising with cultural humility, fostering an environment of cultural safety and proactively pursuing anti-racism interventions.

Health Advocate

The culturally safe physician embraces Indigenous identity as the platform that promotes holistic health and encourages active participation of Indigenous people, in concert with physicians and other health care professionals, as "agents of change for health."

Scholar

The culturally safe physician understands that Indigenous health is an integral component of medical research, education, training and practice, and that this research is based on evidence from empirical sources, critical appraisal of relevant material beneficial to patients, leading Indigenous and non-Indigenous practices

and lifelong learning that can be adapted to better serve Indigenous patients. Reflective practice grows a physician's skills in the collaborative patient-physician relationship.

Professional

The culturally safe physician is committed to the well-being of Indigenous patients, their families, communities and cultures through ethical behaviours, compassion, integrity, respect and a commitment to clinical competencies that engender health of Indigenous people.

8. Implementation

The challenge in implementation is to move Indigenous health values and principles from theory to practice. Their connection to CanMEDS is one way to build this bridge. Action plans, marketing plans and communications plans conceived to expand the utility of this document in education and practice should be "evergreen," adapting to changing priorities, impediments and evolving community needs.

However, it is the Truth and Reconciliation Commission Calls to Action, particularly in health, which provides a clear direction as to outcomes.

Within the context of leveraging the values and principles, several strategic areas were identified in 2013 that are still appropriate in this edition:

- Make values and principles come to life through stories and vignettes that correlate their application to outcomes using examples where they are upheld or breached; approach students, recent graduates, practising physicians, patients, other health care professionals and communities for material.
- Develop turn-key programs about Indigenous health that could be handed to program directors for immediate use (e.g. practice toolkits).
- Integrate these values and principles in accreditation, curricula and assessment.

In light of these broad strategic considerations, the Royal College is proactively pursuing partnership with professional organizations like the Indigenous Physicians Association of Canada and the Canadian Indigenous Nurses Association. The goal is to address gaps in health and care between Indigenous communities and the general population through the Truth and Reconciliation Commission of Canada's Calls to Action in Health.

Three potential joint actions serve to provide a clearer contextual framework to enlarge the application of Indigenous health values and principles in medical education and practice:

1. Pursue discussions with the First Nations and Inuit Health Branch of the Department of Indigenous Services Canada in regards to financial support to develop educational and practice resources and a central knowledge repository for these assets.

2. Explore options to integrate cultural competency education in postgraduate medical education and continuing professional development.
3. Work with key stakeholders to tackle oppressive and/or racist behaviour by physicians who are failing to meet professional standards of care.

Please see Appendix 2 for an overview of possible strategic considerations in applying the Indigenous health values and principles statement.

9. Conclusion

This statement maps Indigenous health values and principles onto CanMEDS Roles. CanMEDS Roles represent excellent directives to structure values and principles into categories physicians understand and provides a bridge to understand Indigenous community needs and their current practices. Twenty-three values emerge from this exercise. Their correlation with a given CanMEDS Role could be debated, and some possibly moved within the CanMEDS framework, but the most important corollary is completeness of the set of values. The collection is based on empirical evidence found in literature, as well as deliberations with Royal College Council,[49, 50] the Royal College directorate of specialty education, IHC and evidence borrowed from progressive organizations that successfully promote Indigenous health.

This work leads to the evolution of an overarching principle that embodies a "complete" health care practitioner who practises cultural safety and seven principles that coincide with the seven CanMEDS Roles. The tone of the principles reflects a certain duality where the relationship between physician and patient strives for equal footing and a dismantling of the traditional power structures between Indigenous patients and physicians. The connection of principles to CanMEDS brings stronger attention to Indigenous health, facilitates transference into professional practice and provides direction for strategic actions. Above all, these principles must evolve in tandem with the people they intend to help.

A companion document from the Royal College titled, *Disparities in health outcomes and the inequities in the quality of health care services for Aboriginal Peoples*,[51] provides a rich abridgement of the issues that the principles seek to address.

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Appendix 1 – CanMEDS 2015

The Royal College's strategic plan is the roadmap for its vision and mission. Although principles, created from lasting values, will be the guides that lead to detailed action plans, it is worth exploring CanMEDS Roles as catalysts in their development.

The overarching goal of CanMEDS is to improve patient care. CanMEDS is a competency-based, educational framework that describes the core knowledge, skills and abilities of specialist physicians.[2] It defines seven intrinsic Roles that lead to optimal health and health care outcomes: Medical Expert (central role), Communicator, Collaborator, Leader, Health Advocate, Scholar and Professional. CanMEDS represents an ideal foundation on which to build values and principles that advance Indigenous health.

CanMEDS Intrinsic Roles

Medical Expert is the central physician role where physicians integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills and professional values in their provision of high quality and safe patient-centred care. Medical Expert is the central physician role in the CanMEDS Framework and defines the physician's clinical scope of practice.

Communicator describes physicians who effectively form relationships with patients and their families that facilitate the gathering and sharing of essential information for effective health care.

Collaborator describes physicians who work effectively with other health care professionals to provide safe, high-quality, patient-centred care.

Leader describes physicians who engage with others to contribute to a vision of a high quality health care system, and who take responsibility for the delivery of excellent patient care through their activities as clinicians, administrators, scholars or teachers.

Health Advocate describes physicians who contribute their expertise and influence as they work with communities or patient populations to improve health. They work with those they serve to determine and understand needs, speak on

2. Royal College, 2012, *Disparities in health outcomes*, 1

behalf of others, when required, and support the mobilization of resources to effect change.

Scholar describes physicians who demonstrate a lifelong commitment to excellence in practice through continuous learning and by teaching others, evaluating evidence and contributing to scholarship.

Professional describes physicians who are committed to the health and well-being of individual patients and society through ethical practice, high personal standards of behaviour, accountability to the profession and society, physician-led regulation and the maintenance of personal health.

For more detailed information on CanMEDS please go to
http://www.royalcollege.ca/rcsite/canmeds/canmeds-framework-e

Appendix 2 – Considerations for strategic actions in applying values and principles

Background

The health and well-being of Indigenous Peoples are a priority for the Royal College. The Royal College's ongoing strategic plan seeks to improve their health status. While Indigenous Peoples suffer the poorest health in Canada because of intergenerational trauma, harms from residential schools and ongoing racism and oppression, they are not the only people plagued with ill-health in our nation.

The primary purpose of Indigenous health action plans is to advance cultural safety to address health inequities in Indigenous communities, but these plans also have possible applications for other at-risk populations (e.g. new immigrants, people living in poverty, LGBTQI persons).

It is important to recognize that many organizations (including the Aboriginal Healing Foundation and the National Aboriginal Health Organization who have since lost federal government support) have made important contributions aimed at improving the health of Indigenous Peoples. Regardless of the level of collaboration with other organizations, the Royal College must be politically courageous in its resolve to improve Indigenous health. Three areas of activity for specialty medicine are paramount: education, practice and advocacy/policy. Activities should pursue the following broad objectives:

- Recognize racism and oppression as determinants of health.
- Entrench cultural safety and understanding of Indigenous health within postgraduate medical education.
- Propagate tools on cultural safety for practising physicians and for their professional development.

In the *Indigenous health values and principles statement* (2013), three strategies were articulated. The following list builds on them, with some adjustments to account for the evolving context of Indigenous health in Canada today.

Strategy 1: Leverage the established experience and mandate of the Royal College in postgraduate medical education (PGME).

Actions to consider

- Entrench among physicians a strong foundation and knowledge about the historical, cultural, political and ethical contexts contributing to Indigenous health:
  - Embed Indigenous health values and principles into Royal College policies and work.
  - Accelerate the process for general and specialty-specific standards of accreditation.
  - Deliberate core competencies in cultural safety.
  - Introduce Indigenous health in curriculum and assessment.
  - Expand Indigenous health teaching aids.

- Build a strong base for medical education research and teaching support:
  - Establish easily accessible and up-to-date research and educational resources in Indigenous health, including support from fellowships and scholarships.

Strategic considerations

I. Given efforts to harmonize accreditation standards between the College of Family Physicians of Canada (CFPC) and the Royal College, any proposed enhancements of these standards will have to be relevant to all specialties. Early engagement with the educational arms within CFPC and the Royal College administration will help focus development of proposed new standard(s).

II. Partner with other organizations and experts to develop and disseminate Indigenous health educational resources.

III. Engage Fellows and others to document leading practices and to develop a central repository in Indigenous health information.

Guiding principles

a) Indigenous health is an integral component of medical research, education, training and practice, and that this research is based on evidence from empirical sources, critical appraisal of relevant materials beneficial to patients, leading Indigenous and non-Indigenous practices and lifelong learning that can be adapted to serve Indigenous patients well.

b) The culturally safe physician embraces Indigenous science and the significance of Indigenous culture in health; this shows a true understanding of how historical legacies affect Indigenous people.

Strategy 2: Provide practising physicians with tools on culturally safe practice and how racism affects the health of Indigenous patients.

Action items

- Develop practice resources (e.g. online modules addressing cultural safety that focus on colonial/historical/root causes of racism, oppression and discriminatory practices; communications through unscripted first-person vignettes and stories, etc.)
- Create continuing medical education course(s) in Indigenous health.
- Continually collaborate with the national specialty societies and other organizations to work toward better enabling practising physicians to provide culturally safe care.

Strategic considerations

I. The factors affecting the continuum of Indigenous health must be clearly explained.

II. Leading clinical practices to advance Indigenous health must be easily available, and the tools and information practical for physicians.

III. Continuing professional development in Indigenous health should be incentivized to attract physicians.

Guiding principles

a) Physicians are committed to the well-being of Indigenous patients, their families, communities and cultures through ethical behaviours, compassion, integrity, respect and a commitment to clinical competencies that engender health of Indigenous people.

b) Physicians are equipped with the tools, knowledge, training and experience to improve health care, reduce health disparities and inequities, and sustain the health of Indigenous people.

Strategy 3: Advocate against structural racism and oppression and work to redress health inequalities for Indigenous peoples across Canada.

Action items

- Develop a Royal College statement that denounces personal and structurally mediated racism as morally, ethically and professionally unacceptable for its Fellows, other specialists and all other health professionals (this document will form the basis of advocacy and public positions). This is a priority, foundational action.
- Collaborate with key partners to deconstruct inequities as they manifest themselves in persistent health gaps.
- Advance the development of the Indigenous medical workforce.
- Advocate for the recognition of structured racism and oppression as a determinant of health.

- Bring attention to admission standards in medical schools to promote Indigenous applicant success.

Strategic considerations

I. The complexity of challenges makes it necessary to prioritize and position actions.

II. Actions must be carefully weighed to determine the extent and degree of advocacy desired, within the contexts of limited resources and the Royal College's mandate.

III. Challenges lie in creating an advocacy campaign using a structured process, framed by objectives and with measured outcomes.

IV. Partner with other medical/health organizations to create momentum and strengthen our voice.

Guiding principles

a) Indigenous identity is the platform that promotes holistic health and encourages active participation of Indigenous people, in concert with physicians and other health care professionals, as "agents of change fop health."

b) The Indigenous patient-physician relationship is without hierarchy or dominance; this partnership fosters access to health care, and the resources necessary for health and wellness of the person, family and community. It also facilitates the physician's ability to work effectively with community institutions to help the patient.

Appendix 3 – List of acronyms

CanMEDS — created by the Royal College, CanMEDS is a framework that identifies and describes the abilities physicians require to effectively meet the health care needs of the people they serve.

CDAMS — Committee of Deans of Australian Medical Schools

CFPC — College of Family Physicians of Canada

FRCPC — Fellow of the Royal College of Physicians of Canada

FRCPSC (Hon) — Honorary Fellow of the Royal College of Physicians and Surgeons of Canada

FRCSC — Fellow of the Royal College of Surgeons of Canada

IHC —Indigenous Health Committee of the Royal College

IHWG — College of Family Physicians of Canada Indigenous Health Working Group

NCCAH — National Collaborating Centre for Aboriginal Health

OCAP — Ownership, Control, Access, Possession

OOnt — Order of Ontario

Royal College — Royal College of Physicians and Surgeons of Canada

TRC — Truth and Reconciliation Commission of Canada

UNICEF — United Nations Children's Fund