

Session: Flexing Your Core – Domain 2 Cultural Safety & Humility

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Tools & resources:

- [The Journey Home](#). W̱SÁNEĆ First Nations invited Island Health staff and other partners to collaborate on Journey Home to support culturally safe end of life care in W̱SÁNEĆ communities.
- [Strengthen Your Core Domain 2 Module](#) – Introduction of foundational concepts relating to culture and how locations of privilege and discrimination impact our experience of giving and receiving care.
- BC Centre for Palliative Care’s Psychosocial & Spiritual Wellbeing symptom management guideline: [link](#). The first few pages focus on the key area of *Building a Foundation of Trust and Dignity-conserving Care*.
- [Penny McIntosh](#) – links to her articles and work
- [Bell Hooks](#) – author, activist, poet

Privilege in Health Care

- In this module we will be looking into how culture and history has led to the oppression of some and enhanced the privilege of others. We will then begin to uncover how this has affected health care, and how palliative care is delivered in British Columbia.
- The systems within western culture are largely steeped in Eurocentric colonial history, including health care. This has caused the dominance of some cultural groups over others, often unconsciously. BC is one of the most ethnically diverse provinces in Canada, with nearly 30% of all British Columbians having immigrated from other parts of the world.

Unpacking the Knapsack of Privilege

- Our culture affects our worldview, but so do many other aspects of who we are.
- Some examples of this are:
 - Age
 - Class
 - Gender
 - Race
 - Sexuality
- These are all examples of **unearned assets**, meaning there is a circumstance where someone has a clear advantage they have not necessarily earned. Examples of this would include things such as being a male, white skinned, higher social class, and able bodied.
- Acknowledging these assets and how they influence ourselves is an important first step in anti-oppressive practice.
- **What do you recognize in your knapsack and how has this impacted your life and access to health care?**

Discussion

- I see the tokenism in areas I work. A lot of talk about this but not changing practice or behaviour, or the bigger system as a whole
- People in position of power 'check the boxes' of doing this work but it's not actually changing practises.
- Experience gaslighting when try to call out. Blaming those who bring issues to the surface by responding with remarks such as "you're too sensitive", "but we do have diversity"
- There's words but then there's actions
- Taking from personal out to our teams and culture in our work settings
- At times when trying to enforce/re educate colleagues on the "safe standard of practice" and you will hear feedback like you are micromanaging colleagues, or they'll say it's not what you said but how you said it. It feels like I don't want to "correct" anyone or else I will be labelled as "workplace bully"
 - How can we enter situations with curiosity. Asking "What does that mean to you?"

Equity, Justice, Equality definitions:

Equity – Custom tools that identify and address inequality (system is not addressed)

Equality – Evenly distributed tools and assistance (system is still not addressed)

Justice – Fixing the system to offer equal access to both tools and opportunities (addressing the systems)

*Goal is for **Justice***

Discussion:

Scenario 1

How could you respond to this comment by a colleague?

I'm tired of this whole thing about pronouns. I can't remember to call this patient "they". I keep messing it up and it's so confusing. It sounds like I'm talking about more than one person.

I'm just going to say "she" - that's her biological gender.

Enough is enough.

What if the person saying this is your boss? What if a colleague who uses 'they' pronouns was overhearing this conversation?

- In situations these are commonly not this overt.
- Explaining to colleagues with curiosity
- Calling in vs calling out
- Doesn't matter if it's a boss or not, we need to be change agents
- Understanding that for some cultures, generations this is new to learn so be gracious, calling in and educate when opportunities arise

Scenario 2

An Indigenous man presents to the Emergency room with lower back pain.

After a physical examination and clean Xray the attending physician tells the nurse looking after this patient;

'I am not comfortable prescribing pain relievers as I am concerned this man is drug seeking'.

What might you say in response?

- Ask: "What makes you think that?"
- Give space for physician to share their thoughts and open door to have conversation

Connecting it all together:

Recognition – cultural inequalities, personal 'knapsack', systemic/personal bias

Speaking up – requires risk taking and being an ally, finding community support

Justice – systemic change that happens with time and pressure on systems to change and grow. This requires work and you need to take care of yourself, opportunities to debrief with colleagues especially when you call out situations.