BC Centre for
Palliative Care

# Facilitating Equitable Access to Palliative and End-Of-Life Care for Underserved Populations in British Columbia: Knowledge Exchange Series (2025)

## Insights Specific to:

Indigenous Individuals Living
with a Life-Limiting Illness

## How to Cite this Document

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## For More Information

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## Knowledge Exchange Overview

In Spring 2025, the BC Centre for Palliative Care on behalf of the BC Palliative Care Research Collaborative hosted a three-part virtual **Knowledge Exchange Series** on *facilitating equitable access to palliative and end-of-life care for underserved populations in BC*.

Shaped by research, expert insights, and lived experiences, the series aimed to advance an equity-informed approach to palliative care by sharing stories, highlighting promising practices, strengthening connections between health and community systems, and identifying future directions for policy, practice, and research.

Discussions and activities focused on twelve underserved population groups with limited access to essential palliative and end-of life care services.

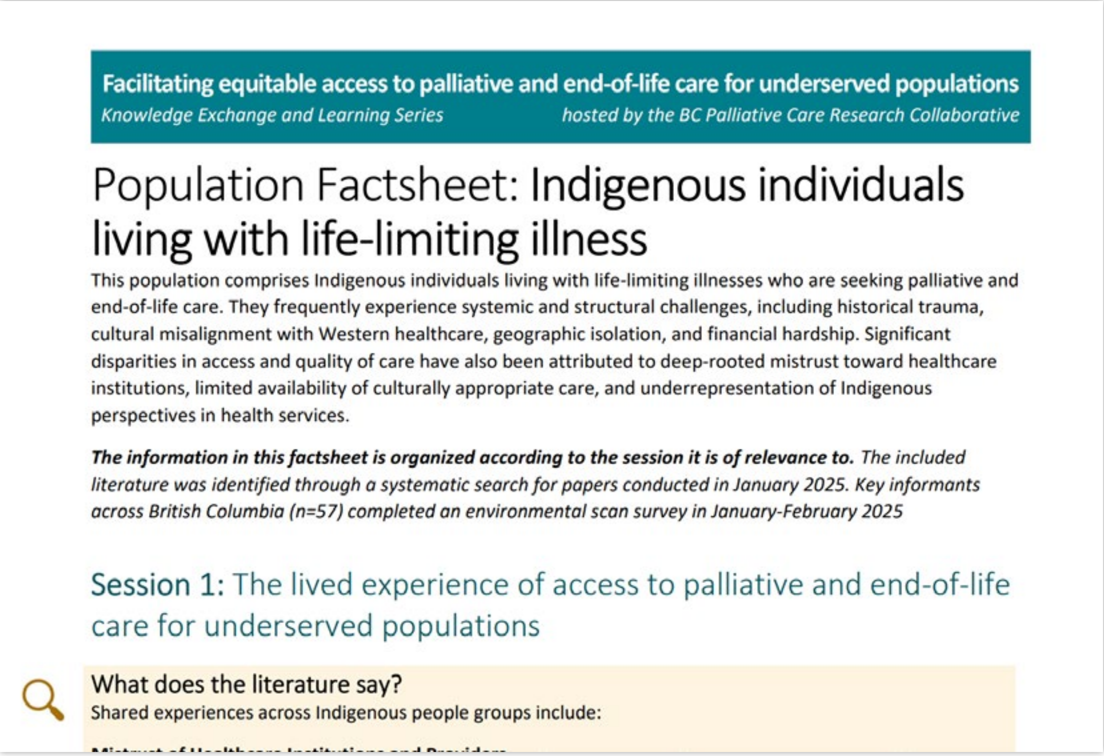
**Read the full Summary Report here.**

## Insights Specific to Indigenous Individuals Living with a Life-limiting Illness

### Insights from the Literature and Key Informants

To inform discussions about **Indigenous individuals living with a life-limiting illness** during the Knowledge Exchange sessions, a population fact sheet was developed. The fact sheet summarizes key themes from a literature review and insights gathered from key informants through an online survey—highlighting experiences, opportunities, facilitators, and barriers to care.

**View the population fact sheet here.** A preview is shown below.



**Facilitating equitable access to palliative and end-of-life care for underserved populations**
*Knowledge Exchange and Learning Series* *hosted by the BC Palliative Care Research Collaborative*

Population Factsheet: Indigenous individuals living with life-limiting illness

This population comprises Indigenous individuals living with life-limiting illnesses who are seeking palliative and end-of-life care. They frequently experience systemic and structural challenges, including historical trauma, cultural misalignment with Western healthcare, geographic isolation, and financial hardship. Significant disparities in access and quality of care have also been attributed to deep-rooted mistrust toward healthcare institutions, limited availability of culturally appropriate care, and underrepresentation of Indigenous perspectives in health services.

***The information in this factsheet is organized according to the session it is of relevance to.*** *The included literature was identified through a systematic search for papers conducted in January 2025. Key informants across British Columbia (n=57) completed an environmental scan survey in January-February 2025*

Session 1: The lived experience of access to palliative and end-of-life care for underserved populations

What does the literature say?
Shared experiences across Indigenous people groups include:

## Insights from the Knowledge Exchange Series

**Key barriers, potential solutions and recommended actions that emerged from discussions on improving palliative and end-of-life care access for** *Indigenous individuals living with a life-limiting illness.*

### Insights Specific to Indigenous Individuals Living with a Life-limiting Illness

### Barriers

- **System barriers:** Palliative care services in the hospital tend to be rigid and do not provide patients/families with full autonomy to make decisions around care.
- **Lack of trust:** Broken trust between Indigenous communities and the healthcare system makes it difficult for this population to access care.
- **Lack of training:** Many clinicians are not adequately trained on culturally safe care, which leads to distrust among this population. This lack of culturally safe support can make it difficult for this population to feel safe while accessing services.

### Solutions

- **Create culturally safe spaces:** Set up safe areas in hospitals and clinics where people can practice their traditions.
- **Cultivating cultural awareness is key:** Educate clinicians on traditional events and practices so they can familiarize themselves with culturally safe care. Understand the current commitment to conciliation—this is conciliation, not reconciliation, because there was never a just or equitable relationship between colonizers and Indigenous communities to restore.
- **Increase resources for Indigenous staff and representation:** Increase the amount of time, money, and resources allocated to Indigenous leaders, workers, and navigators.

### Recommended Action

Lack of trust and feeling unsafe make it difficult for this population to access care. The sense of insecurity stems from a lack of cultural awareness within the healthcare system, past experiences of racism in the healthcare system, the rigidity of hospital-centred palliative care, and the pressure to unpack historical trauma during end-of-life periods. Championing cultural humility, and being a leader about Indigenous rights, on an individual level is key to building capacity at a larger level and setting a standard for supporting Indigenous people/communities.

## Insights from the Knowledge Exchange Series

After the Knowledge Exchange Series, participants completed a survey to prioritize the most important research questions and promising solutions for each underserved population.

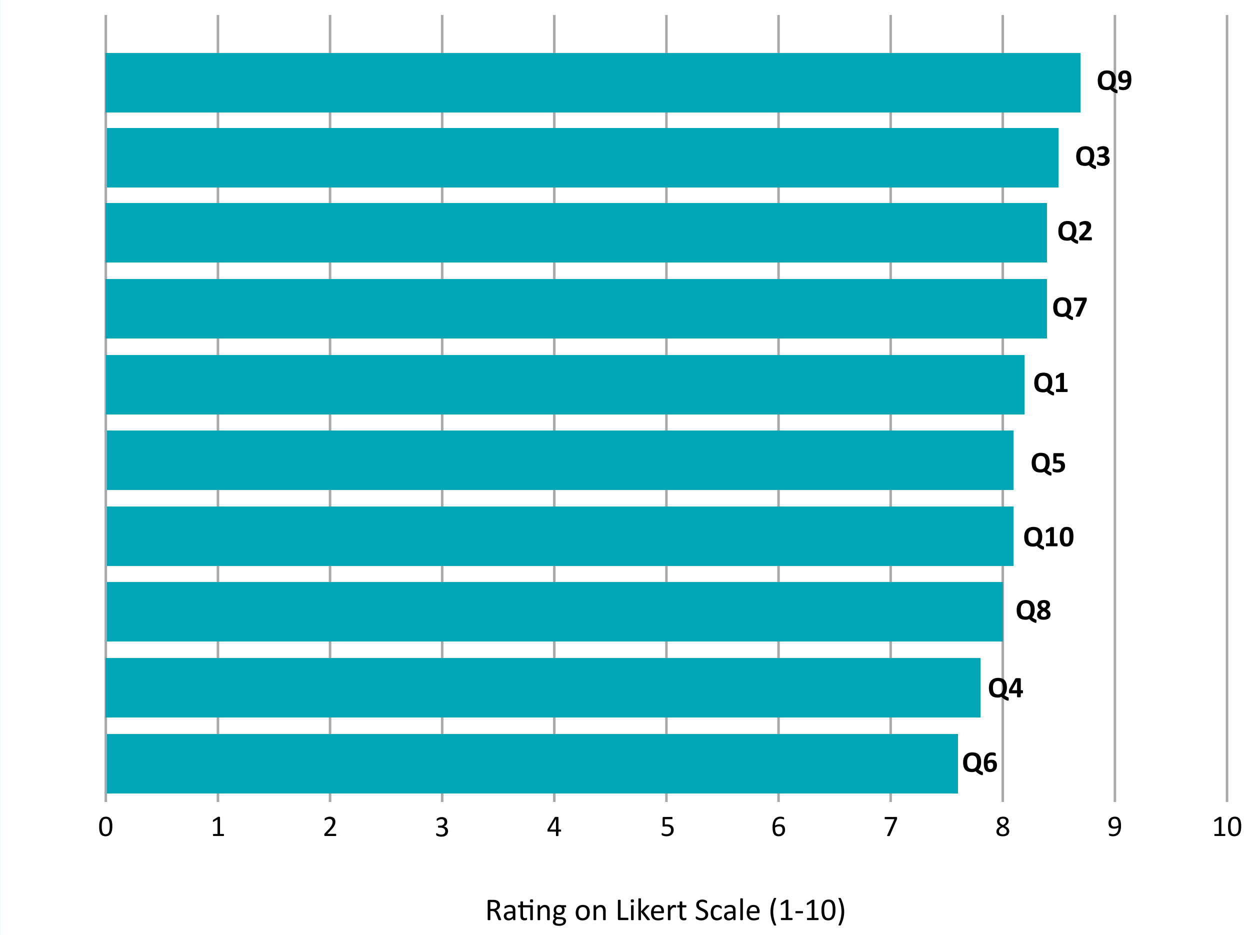
**Top three rated research questions and promising solutions for** *Indigenous individuals living with a life-limiting illness.*

| | Top 3 Questions to Answer | Top 3 Solutions to Consider |
|---|---|---|
| 1 | **Education/Training**<br>How can we invest in ongoing education on cultural humility to foster more respectful, inclusive care environments? | **Community Engagement**<br>Community outreach to improve connections and grow trust. |
| 2 | **Policy**<br>How can service funding be structured or expanded to ensure that people can receive culturally safe care closer to home? | **Education/Training**<br>Engage Indigenous populations in the development of expanded clinician education focused on cultural safety, colonization, and effective care. |
| 3 | **Education/Training**<br>How can we learn more about cultural/traditional healing practices that support palliative care? | **Policy**<br>Establish advocacy groups that help move solutions forward. |

**The average importance rating for each priority research question related to** *Indigenous individuals living with a life-limiting illness.*

**Priority Research Questions: What do you want to know or solve?** *(Session 3 Breakout 1)*

| | Question | Average Rating |
|---|---|---|
| 1 | Research: How can we better understand the systemic factors that exclude Indigenous peoples from standard healthcare? | **8.2** |
| 2 | Practice/care: How can healthcare systems recognize and elevate the voices of Indigenous support workers and include non-traditional care providers—such as volunteers, librarians, and community members—in supporting holistic, culturally grounded care? | **8.4** |
| 3 | Policy: How can service funding be structured or expanded to ensure that people can receive high-quality care closer to home? | **8.5** |
| 4 | Practice/care: How can we address power imbalances in healthcare by supporting Indigenous peoples' right to make informed and autonomous healthcare decisions? Would developing a standardized toolkit—with templates, referral contacts, and directories tailored to each Nation—help enhance access and autonomy? | **7.8** |
| 5 | System/program planning: How can Indigenous peoples access additional resources and supports when living away from their home communities? | **8.1** |
| 6 | System/program planning: How can we improve system navigation for patients and caregivers—for example, by creating a centralized list and contact sheet of available palliative care supports and services? | **7.6** |
| 7 | Education/training: How can we learn more about cultural and traditional healing practices that support palliative care, and how might partnering with Indigenous communities help develop meaningful, culturally grounded resources? (Ex. Working with regional Indigenous partners to develop resources) | **8.4** |
| 8 | Practice/care: How can healthcare and support systems ensure access to culturally appropriate funeral and end-of-life practices that honour the beliefs and traditions of diverse communities? | **8.0** |
| 9 | Education/training: How can we train staff to effectively address racist behaviour in a way that educates rather than shames, and how can we invest in ongoing education on cultural humility to foster more respectful, inclusive care environments? *(Highest Rated)* | **8.7** |
| 10 | Research: How can we ensure that research related to Indigenous health and palliative care is Indigenous-led and, where possible, Nation-specific, to reflect the unique values, needs, and knowledge systems of each community? | **8.1** |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Q2
Q7
Q1
Q5
Q10
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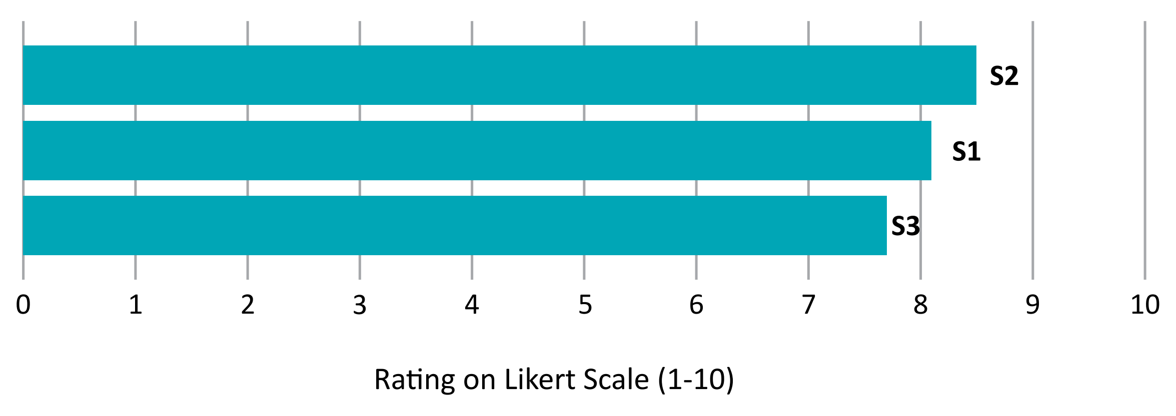
10
Rating on Likert Scale (1-10)

**The average importance rating for each priority promising solution related to** *Indigenous individuals living with a life-limiting illness.*

**Priority Research Solutions: What can be done right now and by who?** *(Session 3 Breakout 2)*

| | Solution | Average Rating |
|---|---|---|
| 1 | Education/training: Expand clinician education on cultural safety, colonization, and effective approaches to include Indigenous populations. Perhaps we can create a checklist of considerations for all equity populations. | **8.1** |
| 2 | Community engagement: Community outreach to improve connections and grow trust. *(Highest Rated)* | **8.5** |
| 3 | Policy: Establish advocacy groups that help move solutions forward. | **7.8** |



**For similar insights on other underserved populations, visit the BC Centre for Palliative Care website here.**

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