

# Bias in Health Care Indigenous Peoples



## Context

Every day, Indigenous peoples in Canada frequently encounter systemic racism when seeking healthcare services (1). This manifests as bias, in the form of active prejudice from healthcare providers and the organization, or the differences in the way Indigenous peoples receive care, passive bias (2).

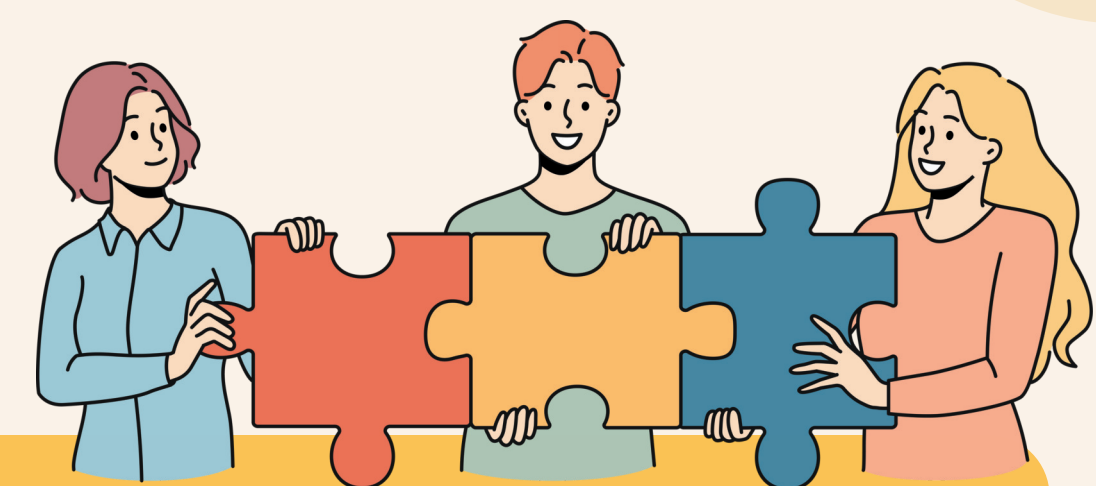
## In the case of Jane Doe

"Non-compliant"  
That's what they're like - they won't change" (3)  
"Difficult"  
"Waste of time"  
"Bad parent" flyer  
"Frequent flyer"



An Indigenous woman in her 60s had attempted suicide by shooting herself under her chin with a shotgun. The patient had incurred brain damage, had a good portion of her lower jaw and upper palate removed, and had severe nerve pain. Moreover, as the patient had been regularly maxing out her pain medication dosing, the nurses have been unable to give her more. The patient had requested the use of her herbal analgesia but has been denied as it is not approved by the hospital, and believes the staff are denying her pain medications.

## IPB Analysis



### Inter-relationships

- Patient-System: The healthcare system has a history of showing bias towards Indigenous peoples and situations with the use of traditional or alternative medications, due to the lack of culturally appropriate care, resources and the policy to provide it (4).
- Patient-Nursing Staff: Jane has an established relationship with the nursing staff, which relies on trust, communication, and empathy (5). The patient reporting that the staff denied her pain meds indicate a breakdown in communication and/or a perceived violation of trust.
- Patient-Doctor: Need for clear communication with the doctor, so that they are aware of pain levels and can change pain control medications if current ones are not effective.

## Perspectives

- A BC report found that found that one-half of all non-Indigenous healthcare providers recognize the existence of interpersonal racism or discrimination within the organization (3).
  - From the perspective of the healthcare provider, this could potentially normalize this biased way of thinking and perpetuate the idea that "nothing can be done about it" (6).
- "Many indigenous people said... They 'never' feel safe, and many sharing that they 'always' have negative experiences" (3)
  - The discrimination indigenous people face can make them feel less, manifesting as mistrust against the health care team, deterring them from seeking healthcare when needed.
- With Jane's racial background and her unmanaged pain, it is possible that the healthcare team neglected to manage her pain properly because they felt she was "drug seeking" (7).
  - From Jane's perspective, this neglect from her care team likely made her feel helpless and isolated, which can deter her from seeking care in the future.

## Boundaries

- To truly provide 'holistic care', is to acknowledge all the various barriers that may affect our care with marginalized people. These may impact how healthcare providers provide care, regardless of their ethical views (8).
  - The healthcare setting is dominated by Eurocentric views that oppose various Indigenous medicinal practices, and colonialism has greatly impacted how healthcare culture has suppressed the cultural opinions of the Indigenous peoples (9).
  - In the case study, the nurse may want to allow the use of traditional medicine, but eurocentrism forces staff to conform to the hospital's 'white' policies (9)
  - Language barriers may also contribute to the already strained communication of Indigenous peoples with the health care team, limiting health education and guidance (10)

## Summary of Connections

- There is a high prevalence of bias against Indigenous people in healthcare, by both staff and the system, perpetuating this issue (7).
- Indigenous people accessing the healthcare system who are experiencing bias and discrimination often are left feeling helpless, ashamed, frustrated, and neglected. This will deter them from seeking care in the future.

