

Journey to Understanding

First Nations culture and health issues

STORY BY MICHELLE L. STEVENSON

"This is a start," stated Dr. Lynden (Lindsay) F.J. Crowshoe as he looked around at the physicians, fresh upon their arrival at Nakoda Lodge, a rustic conference centre nestled in the foothills on the shore of Chief Hector Lake, west of Morley, Alberta.

The unique *Journey to Understanding* workshop, held June 9-11 for physicians and their families, was an Alberta Medical Association (AMA) Health Issues Council initiative co-hosted by the AMA and Health Canada. The Aboriginal physicians who guided the workshop's development – Dr. Crowshoe and Dr. Esther Tailfeathers – were uniquely positioned to do so, with strong roots in their Aboriginal heritage and an understanding of the demands of medical practice. The workshop also drew on the experience of keynote speaker Reg Crowshoe, a Peigan elder and acknowledged leader in cross-cultural education.

The purpose of the workshop was to address common health issues among Aboriginal communities and:

- To provide practical approaches to medical issues within the Aboriginal community
- To provide physicians with a picture of Aboriginal life today, including cultural, historical and health perspectives (traditional and western medicine)
- To promote understanding and appreciation of cultural differences
- To provide an interactive cultural experience for physicians and their families in a retreat setting

Dr. Crowshoe delivered a broad overview of the history of Aboriginal culture and its influences on medical issues faced by Aboriginal communities. "There are different social norms that you are dealing with in the Aboriginal culture," he stated and went on to explain the necessity of understanding the ▶

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Frank Powderface (left) and Reg Crowshoe (right) addressed the audience during the elders' panel



photo by Gordon Petersen

Jenny Cardinal discussed sweat lodge protocol

- ▶ culture and values of patients when treating health issues that may be a symptom of a struggling society. Such health issues cannot be cured by a simple prescription or doctor's note.

"I don't want to just dish out medicine, I want to sit down and talk with them," said Dr. Crowshoe. He stressed the importance of "digging deeper" – to understand the true source of the problem and better diagnose the person as a whole.

A lesson in history

Aboriginal elders played an extremely important role in the workshop, as they do in First Nations society. Jenny and Joe Cardinal of Saddle Lake, and Frank Powderface of Morley, captivated the audience of physicians and family members as they shared their experiences of weathering a racial and cultural storm that began years before they were born and continues for them today as elders.

Their patience in sharing their wisdom and culture had an unparalleled impact on the audience. Within the one hour in which they spoke, an open-mindedness was created that

would remain throughout the duration of the workshop.

"I promised myself when I was in the war that I would never be held prisoner," testified Mr. Cardinal. "I came home to Saddle Lake and I was a prisoner – I needed a pass to get out." The 48 physician and medical student attendees will most likely attest that this statement embodies the most prominent teaching of the workshop – realizing the bigger picture and expanding perspectives.

Mr. Cardinal described how residential schools brought about the loss of traditional lifestyles and values within the Aboriginal culture. He concluded by saying, "I attended a building, but I didn't go to school." Mr. Cardinal spoke about how his traditional language and beliefs were lost with the immersion into Western culture and religion, a loss that generations since have struggled with as they search for their identity. Many medical implications were born of this cultural void and the unhealthy coping mechanisms stemming from it have become legacies passed down through the years. ▶



Shifting paradigms

"I feel this weekend has changed me as a Canadian citizen, with a need to be socially active, and as a physician. Thank you!"

"I'm delighted that the AMA is recognizing that we "Western physicians" have a lot to learn from the wisdom of native people. I'm happy that this workshop is offered as a move in the direction of healing the breach between us and them. We are all one. Thank you for listening to the many voices saying this today. Please do a conference like this again – soon!"

"Allowed me to really understand the roots of the native societal problems."

"The accepting way the elders and other First Nations people went about teaching us was so supportive and encouraging. I really learned a lot – more importantly, I'm inspired to learn more."





photo by Gordon Petersen

Joe Cardinal readily shared his insights

Teepee small group sessions

Incorporating traditional procedures, as outlined by Mr. Crowshoe, and challenging physicians to view issues differently, small group sessions on fetal alcohol syndrome, intentional and unintentional injuries, diabetes, and prescription drug abuse were held in four teepees. In each teepee, physicians, elders and facilitators sat in a circle around smoldering sweet grass discussing the most prevalent issues surrounding these health problems and offering physicians the opportunities to have their questions answered and to seek insight into dealing with Aboriginal patients.

Bridging the gaps

Fetal alcohol syndrome (FAS): Prevention and intervention in the Aboriginal community

Presented by Dr. Gail H. Andrew, Dr. Margaret E. Clarke and Dr. Lindsay F.J. Crowshoe (members of Provincial FAS Advisory Committee and FAS Physician Education Working Group)

"This disease is 100% preventable," was the phrase that resonated throughout this presentation. Annette Cutknife, of Hobbema, told the story of her alcoholism during pregnancy and the repercussions to her son Daniel, who accompanied her to the workshop. "By the time he was five he had undergone at least 30 operations," explained Annette, who had not revealed her alcoholism to a physician until Daniel was six. He was then diagnosed with FAS and has received extensive intervention since then.

Annette worked with physicians in developing strategies to incorporate into physicians' practices to help identify alcoholism in the early stages of pregnancy and FAS in childhood. As one physician commented, "Having the personal experience of Annette Cutknife ▶



Elder Frank Powderface, Dr. Lindsay Crowshoe and Annette Cutknife discussed FAS in a teepee workshop

- ▶ "I have to tell you this because you're medical doctors and you need to know why people get sick," explained Mr. Cardinal describing a connection between today's Aboriginal society and the health issues that have spawned from it. "This is one of the reasons – a world of no future, nothing to look forward to – people start to worry, worry and they stress, and they start to get sick."

The sweat lodge is a way to relieve stress in Aboriginal culture. Mr. Cardinal expanded on the personal healing and self-realization that takes place during a sweat. "To me its like psychiatry," and then added with a grin, "maybe I'm starting to sound like a medical doctor."

Physicians were invited to participate in a traditional sweat lodge ceremony. "Come and worship with us because no doubt, the job you people have, you'll have a lot of thinking that way," summoned Mr. Cardinal. Led by elders and Aboriginal facilitators, the three-hour ceremony was a great experience for more than 30 participants. "My first sweat lodge – very educational," reflected one physician. "Now I understand why Aboriginal patients will sign themselves out of the hospital to go to a sweat lodge."

- ▶ had impact and power in getting the message across." Annette and Daniel's heartfelt and extremely moving testament lent a face to FAS that will not be forgotten.

Intentional/unintentional injuries: Why are we losing so many healthy young people?

Presented by Dr. David Strong, Regional Community Medicine Consultant, Medical Services Branch, Health Canada; and Dr. Louis H. Francescutti, Chair of the Advisory Body, ACICR (workshop participation sponsored by ACICR)

Imagine you're driving alongside a river and you see a few people drowning. You pull over, rescue them and begin resuscitation, only to look up and realize there are two more people coming down the river. This continues and there are more people like you pulling over to rescue the drowning people. To simply continue to resuscitate these



Traditional dancers performed for workshop participants



Physicians and their families watched teepees being raised for small group sessions

individuals wouldn't address the real problem – the bridge upstream has a hole in it.

This was the analogy Dr. Strong presented to reflect that, "injuries aren't just chance events, there are a course of events that lead to injuries." He reinforced the need to "understand values, belief systems and attitudes" when dealing with injuries. Dr. Strong went on to explain the impact of both unintentional and intentional injuries, particularly within Aboriginal communities and reserves.

"You have to get away from using the term accident, especially in this field because accident implies inevitability," he stated firmly echoing the message Dr. Francescutti has strongly advocated. In the teepee workshops both Dr. Strong and Dr. Francescutti expanded on these themes, encouraging physicians to be active in preventative measures concerning injury control. ▶



Motivation to attend

"I had to find out how I can 'get through to' and keep my Aboriginal patients."

"Initially my reason was to get my eight MAINPRO C credits. However after the first day, my interest was stimulated by the learning experience and the genuine nature of the presenters such that MAINPRO C credits seemed irrelevant."



Workshop cultural activities

- Traditional sweet grass and sweat lodge ceremonies
- Aboriginal hand games
- Drumming
- Interpretive activities
- Nature hikes
- Traditional-style feast
- Traditional dances
- Evening campfires



Honk Snow demonstrated traditional drumming

The Rural Physician Action Plan, Alberta Health Aboriginal Health Strategy Project Fund, and Pfizer Canada Inc. helped sponsor the AMA/Health Canada workshop. The Alberta Centre for Injury Control and Research (ACICR), Nechi Training and Health Promotions Institute and the Rural Partners Action Committee provided project support. A College of Family Physicians of Canada (CFPC) (Alberta Chapter) member also took part in the workshop's development. *Journey to Understanding* was accredited for MAINPRO C by the CFPC.

► Prescription drug abuse: Exploring prescribing habits

Presented by Dr. Harold Hodes (Assistant Regional Director, Community Health Programs, Medical Services Branch, Health Canada; responsible for the management of community health programs in First Nations communities) and Dr. Lloyd N. Denmark (Assistant Clinical Professor, Department of Pathology, University of Alberta and University of Calgary)

"Physicians prescribe medications about which they know little, for disease about which they know less, to patients about whom they know nothing (Voltaire)," read the first slide of Dr. Hodes' plenary presentation. As Dr. Hodes reframed this thought he said, "I think we know a little more about the drugs, a lot more about the diseases but I think part of the essence, the objective, of this workshop is to understand and know patients better."

"Prescription drug misuse and abuse is a societal problem and not greater or lesser in the First Nations population," explained Dr. Hodes. He discussed different categories of patients addicted to prescription drugs ranging from "entrepreneurs" who know all the symptoms, all the drugs, request drugs by name and may ask for refills of prescriptions originally prescribed by other physicians, to "professional patients" who have a real illness, copy prescriptions and sell prescriptions to middle men.

Noting that "only a small number of those receiving prescription drugs, with abuse potential, are actual abusers," Dr. Hodes addressed issues pertaining to possible side-effects of prescribed drug abuse and touched on the correlation between drug abuse and injuries.



photo by Gordon Petersen

Traditional dancers invited physicians to participate

Diabetes in Aboriginals: Disease or death sentence?

Presented by Dr. Kim L. McBeath (member of Capital Health's Aboriginal Diabetes Wellness Program); Dr. Esther Tailfeathers (member of the Alberta First Nations Diabetes Task Force, Health Canada); Doris Greyeyes (health educator, Medical Services Branch, Health Canada and Chair, Alberta First Nations Diabetes Task Force)

Dr. Tailfeathers' presentation pertained to the high incidence of diabetes within the Aboriginal population. Through historical accounts she gave physicians a wealth of information to help understand how various treaties and ►



▶ resulting social changes in Aboriginal history contributed to drastic diet changes. Dr. Tailfeathers described the changes in Aboriginal diet as the herds of buffalo began to disappear and the agriculture dominance grew. "It's the transition period and the impact of these changes in diet which reflect the high incidence of diabetes in Aboriginal communities today."

Dr. McBeath, who has worked with the diabetes wellness program for four years, discussed how that experience has changed her approach to managing Aboriginal patients, particularly those with uncontrolled blood pressure or blood sugars. "People have reasons for being the way they are," she said. "And I encourage physicians to keep trying. It's simple and yet so hard to connect and to encourage patients to take responsibility for their health."

The journey begins

Appreciating cultural factors when diagnosing Aboriginal patients enables physicians to more effectively relate to, understand and treat them. "I thought this program was strong and the results will be definite changes in our practice." offered a physician at the conclusion of the workshop. ▶



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Traditional dancer performed hoop dance



Inspiring elements

"The emphasis and reminder that the psychosocial aspect of a First Nations patient and any other patient is paramount regarding addictions, diabetes, injuries."

"Culture and after-lecture activities were great."

"The wide variety and number of cultural activities and events (teepee raising, sweat lodge, dancing, stories)."

"Education through story telling rather than lectures!"

"The setting was magnificent. The sweat lodge was a wonderful gift – I have no words for my experience in it. My Western mind is gradually being opened and stretched by the patient teaching of the elders and the grace of the Creator."

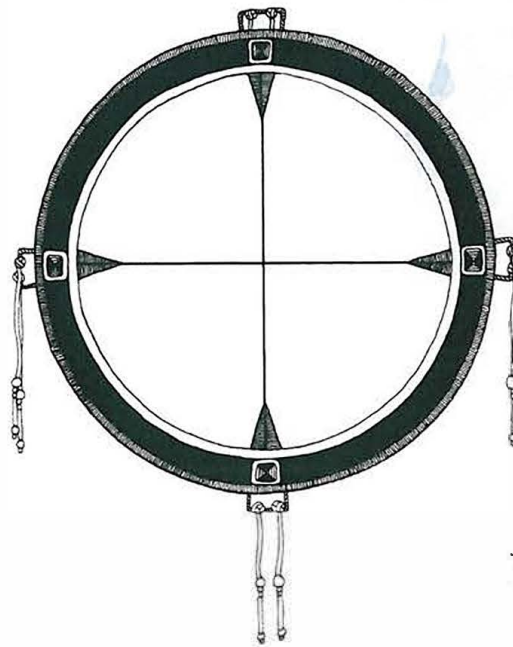
"This has allowed this particular group of doctors the opportunity to make changes in the way they interact and approach their Aboriginal patients."

► Another physician felt the site of the workshop contributed to its success in saying, "So often First Nations people come to us, to our hospitals, our clinics, but this workshop put us on their turf."

Gaining the personal experience and knowledge of the Aboriginal culture inspired many physicians. To put the impact of this workshop into one physician's words, "This was a life-changing experience."

"I think everybody left happy," concluded Dr. Crowshoe as the workshop came to a close. "I think they bonded and had a good chance to hear about the Aboriginal situation from Aboriginal people. This has allowed this particular group of doctors the opportunity to make changes in the way they interact and approach their Aboriginal patients."

Most of the physicians who attended the workshop walked away with a new understanding of First Nations culture and health issues and many could relate to Mr. Cardinal when he stated, "I'm happy we've come together – to understand." This was the essence of the *Journey to Understanding* workshop. ■



A local group of traditional dancers wrapped up one evening with six incredible dances, and got the entire audience to join them in a circle Friendship Dance

*The medicine wheel is reproduced from *The Sacred Tree*, 1989, with permission from the publisher Four Worlds International Institute for Human and Community Development.*

