Anti-native racism common in Toronto health care

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Video: Physician discusses aboriginal health in Canadian cities
Portrait of Dr Shah who talks about Aboriginal Health in Canada’s major cities.

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It’s not unusual for Dr. Chandrakant Shah to have patients come to him in tears.

“They tell me that they’ve been stereotyped and discriminated against,” he said.

Shah, who has worked in health care among native people for 45 years and is the staff physician for Anishnawbe Health Toronto, a community health care centre. He said racism against First Nations people in Toronto’s health-care system is far too common.

“There is a big issue here in Toronto,” he said.

The doctor’s sentiments echo the findings in a report released Wednesday by the Health Council of Canada that says discrimination against aboriginal people is rampant in large urban centres like Toronto.

Distrust in the mainstream system also deters urban native people from seeking out care when they need it, the report says. If they don’t feel safe in the health system, they may miss out on preventive care such as immunizations and screening for life-threatening diseases.

“Negative stereotypes about aboriginal people are deeply rooted in Canadian society and much of what aboriginal people experience in the health care system is an extension of this systemic racism,” the report says.

It’s a big concern because native people experience the poorest health, overall, of all Canadians.
Earlier this year, meetings in seven major cities including Toronto revealed some of the ways discrimination has resulted in poor treatment:

• Often, native people struggle to get access to much-needed painkillers because doctors believe them to be at higher risk of addiction.

• A patient in a diabetes-induced coma was assumed to be drunk and wasn’t properly assessed.

• Another patient who had been beaten was refused an emergency room bed because he was assumed to be homeless and “dirty.” The patient was employed, owned a home and had been attacked on his way home from work.

“This must change,” said John Abbott, CEO of the Health Council of Canada. “Health care providers can and must create culturally competent and safe environments that are free of racism and stereotypes, where aboriginal people are treated with empathy, dignity and respect.”

The biggest problem, Shah said, is the lack of education about aboriginal culture at colleges and universities that are training future health-care workers.

“I think it’s mainly ignorance,” he said. “If you look at those patient populations (typically seen by students in training), they are really white. It doesn’t reflect the diversity of even Toronto.”

Training programs don't emphasize patient-centred communication enough, Shah said. And a better understanding of aboriginal culture is crucial to fixing the persistent problem of racism in urban health care delivery.

“If you have empathy, the client will work well with you in the investigation and treatment plan,” he said. “We need them to become partners in their own health care plans, and they’ll benefit from it.”

Shah’s 2008 study of the cultural education offered to health-care workers in training affirmed his theory that they were being taught nothing at all about aboriginal culture.

“We asked, ‘Why not?’ and they said, a lack of time — and there were no aboriginal faculty teaching such courses,” he said.

Shah set out to train aboriginal teachers to work with university and college programs to better educate students on native culture.

The Aboriginal Cultural Safety Initiative now helps front-line health-care and social services workers provide more culturally competent care for their aboriginal clients.

“We need to know more about where they are coming from and...that makes you more empathetic.” Shah said.