

Indigenous identity and traditional medicine: Pharmacy at the crossroads

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MANY HEALTH CARE PROFESSIONALS MAY CONSIDER traditional medicine and healing to be superstitious practices that hinder evidence-based therapy, cause harm to the patient and burden the health care system. But to the Canadian First Nations, Inuit and Métis people (collectively referred to as Indigenous people in this article), who have long withstood oppressive and marginalized health care treatments, it is an integral part of regaining their autonomy and empowerment. Pharmacists, who are at the forefront of community health care, must respect the socioeconomic importance of traditional medicine in Indigenous communities, rebuild trusting patient relationships and ultimately help to establish the best patient and population outcomes.

The past and current state of Indigenous health

Indigenous traditional healing embodies a holistic approach and considers health as the sum of a person's physical, spiritual, emotional and intellectual well-being, as well as his or her place in the community.¹ Unfortunately, the practice was insufficient to combat the myriad epidemics, instigated by European settlers and foreign pathogens, which devastated the Indigenous population in the 1700s. This was followed by several centuries of colonialism and systemic discrimination, exemplified by dispossession of land, forced relocation to impoverished reserves, residential schools and at times, direct denial of health care.¹ The marginalization of Indigenous people has led to profound, debilitating health disparities, including significantly shortened life expectancy and high rates of infant mortality, chronic diseases, substance abuse, violence and suicide.²

And yet, Canada has a notorious record of neglecting Indigenous health issues, although they are the demographic in most dire need of medical attention. The recent Harper administration slashed or withdrew funding for nearly 10 important Indigenous health research initiatives.³ Health care infrastructure on many reserves continues to be severely understaffed and limited, lacking basic supplies such as oxygen and clean water. Even in areas with better access, unconscious and implicit racism is common among health care workers, leading to frequent reports of Indigenous individuals receiving delayed, discriminatory or negligent care.⁴

Disconnect with medical system

Unsurprisingly, there is tremendous disappointment in the medical system among the Indigenous community. Significant numbers of Indigenous patients are suspicious and distrustful of their health care providers after experiencing frequent access barriers to the medical system.⁵ Many elders and healers perceive government regulation as another way to restrict their culture, a dim reminder of the not-so-distant days when their practices were persecuted.⁶ Sixty-one percent of First Nations respondents in 1 poll believed there was a lack of respect for their culture in the medical system.⁷ It is this deep-rooted suspicion of the medical system that has caused tragedies such as the death of 11-year-old Makayla Sault from acute lymphoblastic leukemia after she was removed from

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chemotherapy by her parents to pursue alternative and traditional medicine.⁸

Revitalization of cultural autonomy

Many Indigenous communities now turn to self-governance and cultural revitalization, which has a profound, restorative impact on empowering individuals and community. When First Nations people were polled on ways to improve Indigenous (the term “Aboriginal” was used in the survey) health, high percentages of respondents supported “revival of Aboriginal culture and traditions,” “return to Aboriginal medicines and healing practices” and “Aboriginal control of health care services.”⁷ However, Canada’s Eurocentric educational and medicinal bodies consistently regarded traditional medicine as backwards and unscientific, criminalizing ceremonial practices in 1884 and persecuting many political and spiritual leaders until the mid-1900s.⁶ Today, many health care professionals continue to scoff at and stigmatize traditional medicine, dismissing patient voice and thus perpetuating their mistrust for the system.

The role of pharmacists

As the first point of contact to health care in community settings, pharmacists have a crucial responsibility to establish mutually trusting, respectful relationships with patients. To rebuild trust in Indigenous patients, we must understand their personal beliefs about traditional and Western medicine within the historical and socioeconomic context. This is not just for the sake of being politically correct but a quintessential step to improving patient adherence, knowledge and patients’ therapeutic outcomes. In fact, research shows that barriers between Indigenous patients and their physicians can be overcome when patients feel like they are given the time and respect for their voice, and there is no reason for the same to not occur in pharmacy as well.⁹ Patients are more likely to respect and respond to pharmacist expertise when they are treated as people with valid views and concerns and not just as a list of symptoms and conditions to be fended off by pills. In addition, if conflicts

arise between a patient’s traditional and Western medication, pharmacists are more equipped to help patients make the best therapeutic choice if we can understand their reasoning for both choices. Ultimately, the adoption of integral health care should be encouraged, to address both the patient’s medical and cultural needs.

The following are some approaches community pharmacies can take to promote integrative health, thus improving patient understanding and adherence:

- Demonstrate mindfulness of Indigenous history. An example is to accommodate women who are uncomfortable with physical check-ups, which can trigger trauma from early experience of sexual abuse, and work with them to find less invasive options.⁶
- Encourage patients to view Western medication as something that can fit into the Indigenous holistic model and not just something used to medicate and mask the problem.
- Be understanding and supportive of patients’ choice of alternative medicine. Do not dismiss their choices, because that can deepen the mistrust.
- Advise patients in a positive, non-discriminatory way if their use of alternative medicine is impeding their necessary biomedical treatment.

Conclusion

To implement changes that will improve Indigenous health will undoubtedly be difficult. Undoing historic oppression is far beyond the scope of any single profession and is a challenge to be tackled together by health care professionals of all disciplines, policy makers on multiple levels and the Indigenous communities themselves. When practising, pharmacists must do our part to acknowledge Indigenous healing as a necessary part of cultural autonomy and not voodoo science to be disregarded. With that respect in mind, we can move forward to build better relationships between Indigenous patients and the medical system, ultimately using both traditional and Western medicine to ensure the best patient outcome. ■

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