

“One size does not fit all:  
Patient safety considerations in caring  
for ethnic minorities”

*A Native American Example*

# Learning Objectives

- Understand how trust is key to safe care
- Understand how beliefs, practices, stereotypes held by the Euro-American health system can create barriers to trust for ethnic and cultural minorities
- Understand how barriers to trust lead to communication barriers
- Understand how communication barriers make patients less safe
- Hear what you can do to improve this situation.

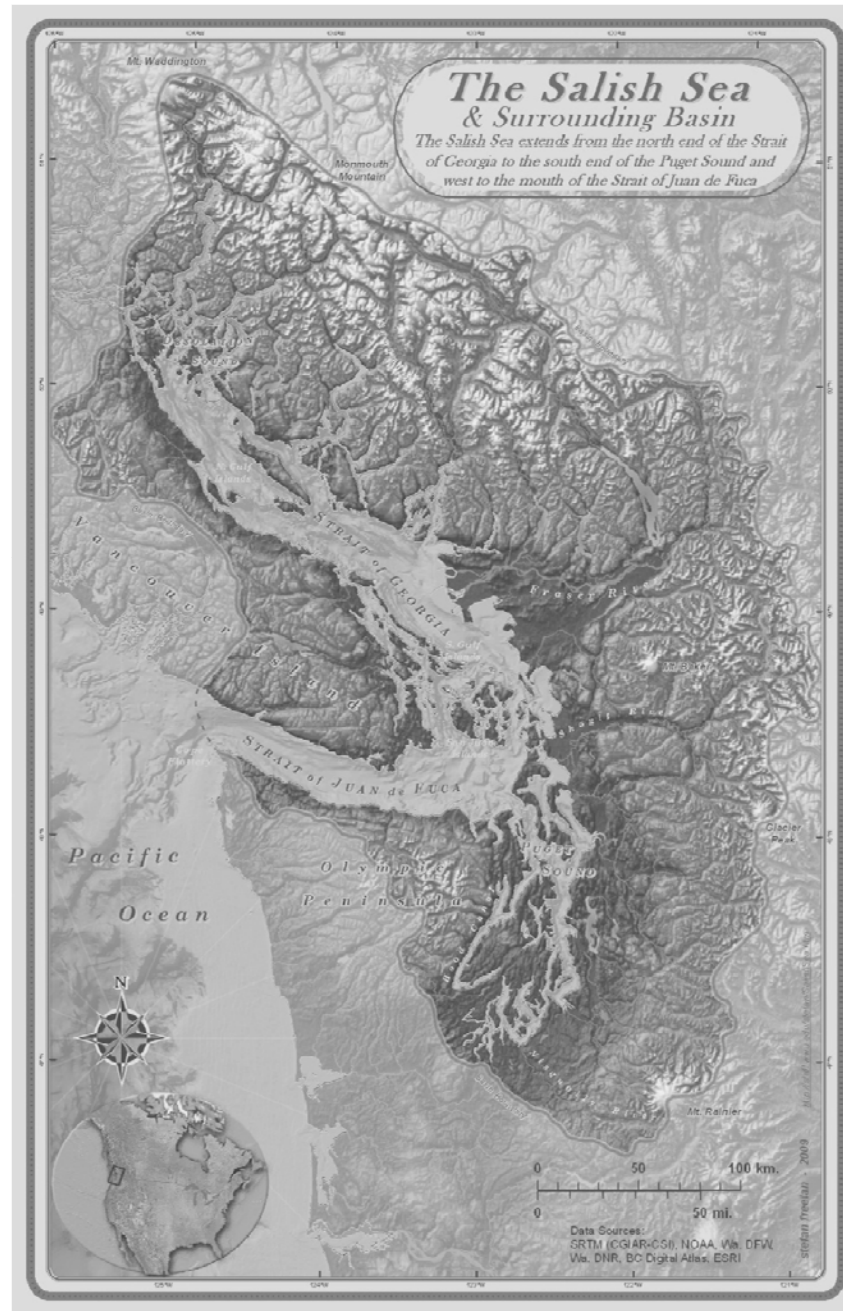
# Why is Trust Key to Safe Care?

- If we trust someone, we are more likely to communicate honestly and openly<sup>1</sup>.
  - Lack of trust can lead to lack of communication
- When we communicate honestly and openly, we have a better chance of understanding.
  - Lack of communication can lead to a lack of understanding
- If we understand, we have a better chance of doing the right thing for a patient.
  - Lack of understanding can lead to the wrong choice for the patient.

*Lack of trust imperils safe care*

1. Zeffane, Rachid, et al. Communication, Commitment & Trust: Exploring the Triad. International Journal of Business and Management Vol. 6, No. 6; June 2011, 77-87.

# People of the Salish Sea



# What I Learned Early

- A Tribe is like a family business. It just happens to be REALLY big family.
- Your fancy credentials mean nothing. The outside world may say you're an expert, but on the reservation you're nobody – *unless we trust you.*
  - Your role can be a hindrance
- Never miss a good chance to shut up.
- You are an outsider and a guest in their home (the reservation).

# How Trust Was Lost: The Example of Native Americans

- Both historical events and current reality are barriers to trust between Native Americans and the health care system. Examples:
  - History of expulsion and genocide
  - History of intentional cultural destruction, including eradication of traditional healing ways

# How Trust Was Lost

- Personal and cultural damage inflicted by the Indian Health Service and US government.
  - Sterilization of native women without their knowledge or consent<sup>2</sup>.
  - Vaccine trials on children without parental permission<sup>3</sup>.
  - History of substandard personnel at I.H.S. facilities.
  - Chronic long-term underfunding of I.H.S. by Congress.
  - Early refusal to integrate traditional healing
  - Indian Boarding Schools.

2. Lawrence, Jane. *The I.H.S. and the sterilization of Native American Women*. *American Indian Quarterly*, Vol. 24, #3 (Summer, 2000), pp. 400-419.

3. Smith, Andrea. *Conquest: Sexual Violence and American Indian Genocide*. Cambridge, MA. South End Press, 2005.

# How “The Way We Are” Harms Trust

- Prevailing attitudes and practices among Euro-American health care providers, while well-intentioned, are in themselves barriers.
  - Ignorance about/disdain for spiritual healing, naturopathy and homeopathy.
    - Not “real” medicine - “Voodoo”
  - The “white coat problem”
  - A different view of Elders



# Naturopathic Medicine

- Prevalent among natives
- Reflects their cultural norms (“this is who we are”) and not Euro-American medicine
- Ignorance/disdain are insulting, they demean the patient, and show the MD doesn’t trust the patient to make the right decisions
- If the patient doesn’t feel trust from the MD, he won’t give it in return

# Elderly versus Elders

- One non-native view – The elderly, past their usefulness, are to be cared for but not necessarily consulted or looked to for guidance. They aren't "modern". They can't necessarily be trusted to make good decisions about their care. You talk to them. You rarely seek their counsel.
- Native view – Elders are the embodiment of our culture, the repository of wisdom and are our connection to the knowledge of the ancestors. You show respect and pay attention when they speak. You follow their advice and direction. It is a privilege to hear their words. **Shut up and listen – you can't learn anything when you're talking.**

*When we behave like we always do with the elderly, we demonstrate our lack of respect and give someone another reason not to trust us*

# Example of another reason to mistrust

- “If I don’t meet your expectations about caring for my kids, you’ll tell CPS”.
- Experience with CPS
  - “They take Indian children”.
  - “If I appear to be a bad mom, they’ll take my kids”.

*When you ask questions about the children, you may cause suspicion and mistrust*

# The sum of all the bad stuff

- Genocide, cultural destruction, disrespect for Elders, ignorance about our ways, disdain for our traditional healing practices, suspicion, mistrust
- These experiences are *real and current* for many Native people, and not just “history”
  - Don’t tell us to “get over it”

*“SO - Why should I trust you???”*

# Lack of Communication

- If I don't trust you and think you might be disrespectful or insulting or use what I tell you against me, I may not share things with you about me and my culture that could have an effect on my health or care
- Sacred knowledge - there are things you aren't entitled to know.
  - Smokehouse
  - River bathing
  - Cedar rituals
- If you keep talking and don't listen to me, how can you know about me?
- Some of our questions make people suspicious
  - About children
  - About substance abuse and domestic violence
  - About vaccinations

# Lack of understanding

- You can't apply your skills and abilities safely and effectively if you don't have all the information
- You could make the wrong choice for the patient
  - Medication
  - Care plans
  - Transitions

# Example

- Medication prescribing and reconciliation issues when lacking knowledge about naturopathic/homeopathic remedies
  - Marsh tea
  - Healing salve
  - Pain salve
  - A traditional diet as a replacement for Western medication
  - Naturopathic analogs for things like HTN meds

# Example

- Care plans
  - What assumptions do you make about the patient, the family and the next care setting when you make plans for follow-up care?
    - The patient will follow the directions as best they can (maybe not)
      - If not, WHY??
    - The patient truthful about his or her needs (maybe not)
      - If not, WHY???
  - Always remember – there could be non-compliance and it could be ***trust based***



# Example

- Care transitions
  - Patient may not be truthful about home environment
  - May be no one at the other end (“oh my kids will help” when in reality they’re addicts who steal.
  - Literacy (and health literacy) may be a problem

# So – How Do I Use All This??

- What do I **really** know about my patient's culture and ways?
- What is the cultural norm for how my patient is treated among his/her own people?
- Are there things in my patient's life/experience that could cause him/her not to trust me?
- How do people demonstrate trustworthiness in my patient's culture?
- Is my white coat getting in the way of communication?
- Am I showing the proper respect? Do I know how???
- *Is it likely this patient trusts me???*

***Trust is key to patient safety***

# Say It Differently

- “Do you take herbs, supplements, vitamins, home remedies or over-the-counter medications?”
  - Be careful of implied judgment

Vs.

- “This medicine I’m offering you can hurt you if it’s used with some kinds of traditional healing medicines, like.....”
  - *You have to know what MIGHT be in play.*

# Other Customs

- Hospital visiting
  - Are you prepared for 200 visitors?
- “Helpers” (AKA sitters)
  - There to assist the Elder
  - May also be an “advocate”
- Traditional practices with the potential for complicating the environment
  - Use of cedar
  - Drumming
  - Singing
  - Dancing

# Resources

- The Medicine Wheel
  - <http://www.medicinewheel.com/>
- Indian Boarding Schools
  - [http://en.wikipedia.org/wiki/Native\\_American\\_boarding\\_schools](http://en.wikipedia.org/wiki/Native_American_boarding_schools)
  - [http://en.wikipedia.org/wiki/Canadian\\_Indian\\_residential\\_school\\_system](http://en.wikipedia.org/wiki/Canadian_Indian_residential_school_system)
- Naturopathy
  - <http://www.bastyr.org>
- Coast Salish culture
  - <http://www.hibulbculturalcenter.org/>
  - <http://slcc.ca/> (Canadian First Nations – Squamish Lil'wat)
- Coast Salish foods
  - [http://www.burkemuseum.org/hungry\\_planet/salish\\_bounty](http://www.burkemuseum.org/hungry_planet/salish_bounty)

# Questions???

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