

Why Story: Critical Thought

Keywords

Recipient of care, attitudes, biases, prejudices, power, critical thought

SPEAKERS

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Speaker 1

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How I would describe it to them is saying, yes. Okay, so, if recipients of care, because I prefer that over patient and client, the people who are coming to access your services, they can come with variations of attitudes, biases and prejudices. And where are they at in their most vulnerable, like what's actually happening to them to require the service. And in that moment, remember the roles, they are a paid healthcare provider.

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Speaker 2

And understanding where your biases and your prejudices lie, because racism is coming from that, right? And we all have biases and we all have prejudice. But it's when it becomes an issue of racism, because we're four percent of the population, and there should be more of us, but actually, your people (euro-settlers) killed us, so yeah, we're gonna have an attitude when we come in. 'Cause they always believe that, they feel like we're, they hear the words 'rising population' and they think, oh, there's so many of them (Indigenous peoples) now.

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Speaker 1

And this person coming through the door is at their most vulnerable seeking help. So, if a recipient of care comes to them with those prejudices and biases and whatnot, my first comment is, is it a scenario where it's violence in the workplace. Because if it is, follow all your 'violence in the workplace protocols'. Like, is there physical harm in place.

But, if you're (the healthcare provider) coming to the recipient of care seeking services, with all those attitudes and behaviors, then you are hindering their access to good healthcare because you're the good health care they're seeking. And that was a way to really unpack it, to understand that it's not about saying Indigenous peoples can't have biases and discrimination and have bad days and not come at their very best when they're seeking health in their most vulnerable state. It's about recognizing where the power lies, who has the power in that moment within that role of providing services and care.

And once I would lay it out that way, many, I will never say all because I don't know, but many who I witnessed that would sit with them better. Because I think sometimes people are trying to still go, well, your people (Indigenous people) suck too. What about your people? Instead of

recognizing it's about how are you working with recipients of care. And by learning about Indigenous cultural safety, you're learning tools that can be applied to any person, not just Indigenous peoples. And really, what we're doing is asking you to have critical thought.