

# Cultural Competence in End of Life Care for Mi'kmaq

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# Cultural Competence in End of Life Care for Mi'kmaq

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## Introduction

- Cultural competence improves care
- Terminally ill Mi'kmaq
- Cultural framework
  - Worldview
  - Relationships
  - Spirituality
- Related Issues
- Recommendations

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## Limitations

- Observers perspective
- Depth of cultural analysis
- Scope of culturally competent care
- Personal communication and literature
- Mi'kmaq informant sample
- Availability Mi'kmaq-specific health data

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## Terminology

- Aboriginal people
- Mi'kmaw/Mi'kmaq
- End of life
- Terminal illness
- Home care
- Culture
- Cultural competence

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## Home Care

“... a system of service delivery encompassing a range of insured, extended and uninsured health and social services for all age groups, addressing the holistic, social and personal care needs of individuals who do not have, or have lost, some capacity for self-care. These integrated services are designed to improve individual functioning, provide culturally sensitive support and care in the community, where possible.”

Lemchuk-Favel & Verhoeve, 1999

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## Culture

“Culture must be understood as a system of meaning that which provides an understanding of the interrelationship of man, the natural world and of the spiritual or supernatural world. Culture affords a perspective to life by determining the social elements of behavior, attitudes, values and aspirations as well as language, spiritual expression, social organization, political structures and economics.”

National Committee of Indian Cultural Education Centres  
Mi'kmaq Association for Cultural Studies

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## Cultural Competence

- A system of behaviours, attitudes and policies
- Continuum of sensitivity, awareness, knowledge, skills and competence
- Premise that cultural knowledge can build trusting relationships and holistic care
- Can address inequitable access to health services by being more responsive to culture-specific health needs

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## Context

- **Health status**
  - Royal Commission on Aboriginal Peoples (RCAP) (1996)
  - NS Mi'kmaq Health Survey
- **Complicating factors**
- **National and provincial Aboriginal blueprints**
  - Addressing care gaps
  - NS Tripartite Committee

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## First Nation and Inuit Home and Community Care Program

- Home care for status FN and Inuit communities
- Part of federal commitment to transfer ownership of health
- Administered by community members
- Palliative care is not a core service
- INAC *Assisted Living Program*

## Culturally Competent End of Life Care

- Increasing diversity
- Cultural interpretation
- Culture of biomedicine
- Self-assessment

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## Evaluating Cultural Relevance

- Knowing one's own culture
- Individual preference, beliefs and values
- Communication and relationship building

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## Mi'kmaq Culture

- Oral Tradition
- Worldview
  - Kinship
  - Spirituality
- View of Health
- Compounding issues

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## Oral Tradition

- Passing on traditional knowledge
  - storytelling
- Mi'kmaq language used to express action and movement
  - Life and death as events
  - *Nemu'ltus*

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## Worldview

- Kinship through family and community
  - Role in decision-making
  - Preferred dying process
  - *Apiksiktatultimk*
- Spirituality
  - Existence and end of life
  - Community of faith
  - Ceremonial practices

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## View of Health

- Values associated with coping with illness, bereavement and pain
  - 'letting the spirit go'
  - Patience
  - Internalized feelings
  - Power of prayer
  - *Puoin*
- Perceptions of care-giving
- Mi'kmaq medicine



(Wieman, 2005).

From *The National Health Human Resources Summit*

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“(The biomedical) way of knowing has not been successful in our communities because there is more to health than lack of disease. We must also look at the causes of disease and sickness in our communities. These causes are linked to the loss of our economies, our societies, our land, and our culture.”

Laurie Dokis, Windspeaker

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## Compounding Issues

- Impact of colonialism
- Continuity of care
- Communication barriers
- Interpretors

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## Recommendations

### 1. Communication

- Make an effort to get to know the individual
- Be aware of non-verbal communication and ask questions

### 2. Historical Awareness

- Bring an awareness of historical context

## Recommendations

### 3. Relationships

- Recognize the value placed on trust and respect
- Acknowledge the role family may have as central to the cultural needs of the patient
- Identify relationship b/t patient and other valued decision-makers

### 4. Spirituality & Religious Beliefs

- Ask questions

### 5. Cultural Difference

- Evaluate and assess inferences

### 6. Case-specific

- Treat each situation as unique

## Conclusion

- Transferability
- Need to prioritize actions
- Current levels of service
- Participative research
- Personal learning

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## Prayer

Kniskamijinu,  
 Ankaminen teli sioqia'tiek.  
 Kejituek ta'n te'sik kisitaqn  
 Pasik wskwijinu'k  
 Pemikeskaptmi'tij Kelu'k-awti.  
 Kejituek ninen ta'nik  
 Kisi tepkisa'lsultiek  
 Aqq nike' ninen  
 Miamuj wejnujkwalsu' tiek kisi  
 mawita'nen  
 .Majulkwatmnen kelu'k Awti.  
 Kniskamijinu,  
 Sape'win,  
 Kina'muin ksalsuti aqq kisi  
 wanqwajite'tekn  
 Kwلمان kisi ilkwija'tesnen  
 wkskitqamu  
 Aqq mawi apoqmatultinen kisi  
 mpilsultinen

The Mi'kmaq Nova Scotia Canada  
 Tripartite Forum Health Working  
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