Table 1: Essential qualities of ethical approaches to communication and caregiving involving Aboriginal people

**Respect the individual:** Individual experience and beliefs are viewed to be as valid and important as tradition or cultural norms. Although closely bound to family and community in identity, individuals are recognized as having authority over their own health and “healing journey.” When communicating with an Aboriginal person, it is important to show respect, especially for the aged and those with high status such as elders.

**Practise conscious communication:** Try to listen well and note responses, not only in speech but also, if possible, in body language. Emotional control is common among Aboriginal people and it may be difficult for non-Aboriginal people to “read” intonation and body language.

**Use interpreters:** Use an interpreter if there is any doubt as to fluency and understanding in English or French. Interpreters often assist in explaining and advocating for the patient.

**Involve the family:** Often Aboriginal families will wish to be present during decision-making. Family members can be helpful in understanding the patient’s beliefs and wishes. Patients may not strongly differentiate their own best interest from that of their family. Because of the individuality of values, however, family members may not always be suitable as interpreters. “Immediate family” can include many extended relations and may be very large and thus should be affirmed.

**Recognize alternative approaches to truth-telling:** Aboriginal people may believe that speaking of a future illness or consequence will bring it to pass. Family members may not wish “bad news” to be communicated directly. Freedman’s notion of “offering truth” may be helpful. Mystery is an acceptable frame of reference for many Aboriginal people, and uncertainty in prognosis or disease progression is often easily accepted by Aboriginal people in contrast to non-Aboriginal people. Beneficence must be weighed carefully against the expressed wishes of Aboriginal patients and their families.

**Practise noninterference:** A patient’s decisions should be based on a comprehensive reporting of options and be respected except for reasons of misunderstanding. Some decisions will be based on cultural knowledge or personal identity, and it will not be possible to reconcile these with medical knowledge. Also, many Aboriginal people accept medical advice without question as a sign of trust and respect for people in the role of “healer.” It is important not to abuse this non-challenging trust when presented. Rational persuasion may be experienced as coercion by Aboriginal people.

**Allow for Aboriginal medicine:** Aboriginal patients may desire the involvement of Aboriginal elders, healers, medicine people or priests in their treatment. These practitioners are understood to be vital to the overall integrated health of a person and should be respected and honoured whenever possible. Sharing circles, smudging (using herbal-based incense) and traditional herbal remedies may be aspects of cultural medical treatments.*

*See Appendix 1 for definitions of sharing circles and smudging.

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