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International Federation of
Medical Students' Associations

IFMSA POLICY STATEMENT

Indigenous Health

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Summary

Many populations within society are disadvantaged for various reasons. As future health professionals it is important that we advocate for the unique needs of these populations. Indigenous populations are one group that due to the historical practices of colonization, discrimination and marginalization suffered negative health impacts. Indigenous peoples account for greater than 370 million people worldwide, making it imperative that the International Federation of Medical Students Association (IFMSA) recognises and promotes the rights and opportunities of this population in order to ensure better health outcomes. All countries will tackle indigenous health in different ways, but IFMSA believes there are cross-cutting issues that need to be addressed.

Agencies need to collaborate with partners to develop a strategy for improving the health and opportunities of indigenous peoples. Recognizing the underlying socioeconomic determinants of health that continue to impact indigenous populations will help these determinants to be addressed. Promotion of the rights of indigenous peoples to cultural identity and self-determination in their provision of healthcare needs to occur. This care also needs to be delivered in a culturally safe manner. For culturally safe delivery to occur it is imperative that medical schools have curricular frameworks that promote indigenous health as components of medical education. Indigenous health curricula should act as a resource for best-practice content and implementation strategies. Finally, research conducted on indigenous health must be ethical and driven by the Indigenous communities to which it pertains.

Introduction

The IFMSA seeks to recognize and promote the rights and opportunities of indigenous populations globally. All countries will tackle indigenous health in different ways, but IFMSA believes there are cross-cutting issues that need to be addressed.

Historical practices of colonization, discrimination and marginalization of Indigenous peoples have and continue to impact the health and wellbeing of this population. There is an estimated 370 million Indigenous peoples living in more than 70 countries worldwide (World Health Organization, 2007). In nearly every studied example worldwide; including but not limited to: *Australia, New Zealand, Rwanda, Panama, and*



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Canada (World Health Organization, 2007); health outcome measures of the respective Indigenous peoples fall below that of their non-indigenous counterparts (King et al, 2009).

Community and Socioeconomic Factors

The United Nations (2008) adopted the *Declaration of the Rights of Indigenous Peoples* in 2007, and established a permanent forum that meets annually to discuss Indigenous peoples' issues to form recommendations for the United Nations and wider world. In line with Article 23 of the declaration, IFMSA advocates for community-directed models of healthcare, whereby collaboration with and self-determination of indigenous communities is paramount.

The health of Indigenous people and that of their communities is influenced by a myriad of complex and interrelated factors. The literature consistently indicates that indigenous people have fewer opportunities to access education, employment, and equitable income (International Working Group on Indigenous Affairs, 2006). Beyond mere access to medical services, the health of Indigenous peoples reflects the broader social, political and economic environment in which they function.

Policies which have caused a loss of cultural identity continue to negatively influence the health and wellbeing of Indigenous peoples. Often, attempts at addressing health inequalities of Indigenous peoples through a top-down model fail due to lack of consultation and involvement with the Indigenous community. The recognition of cultural context, power imbalances and the right to self-determination cannot be overlooked (King et al, 2009).

Cultural Safety

Cultural safety is a concept originating from New Zealand that confronts the views, discourses and assumptions of health care workers that impact Indigenous peoples seeking health care (Papps and Ramsden, 1996). It requires health practitioners to provide care in a manner that is respectful of a person's culture and beliefs, and that is free from discrimination. Cultural safety in the context of health care training does not focus on learning about a culture. Rather, it entails continual self-reflection and examination of one's own identity and cultural beliefs. Furthermore it explores the ways in which these biases can manifest in the interactions with those one cares for (Downing et al, 2011).

The provision of holistic healthcare and appreciation of health in a cultural context is essential in improving the health of Indigenous peoples and their communities.



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Indigenous peoples have a much more inclusive conceptualization of health and healing than is allowed for by the biomedical model of health (King et al, 2009). In this appreciation for differences, and by allowing one's Indigenous patients to define culturally safe services; physicians can understand how best they can provide truly holistic care, at the benefit of patients of all cultural origins.

Medical Training

The IFMSA advocates that medical school curricula of National Member Organizations (NMOs) adequately and appropriately prepare non-Indigenous medical students for work with Indigenous populations. While specifics may differ between medical schools and NMOs depending on local Indigenous circumstances (such as culture, beliefs and practices), the core concepts and cultural safety training received by medical students should foster physician knowledge and fundamental skills required for practice in a culturally safe manner. This would not only serve to benefit Indigenous patients, but would open doors for improved understanding of communication complexities with patients of other marginalized and disenfranchised populations.

Despite increasing concern regarding Indigenous health, there continues to be an underrepresentation of indigenous people in medicine and other health related professions. Increasing Indigenous representation in medicine has the potential to improve access of Indigenous peoples to physicians who share their culture and language. This may reduce barriers to health by providing culturally safe medical care and improving self-determination of Indigenous communities.

Current initiatives that aim to address disparities in Indigenous health can be seen in Medical programs. Australia and New Zealand have incorporated Indigenous health content as well as recruiting and training Indigenous health professionals (Cavanagh, n.d.). Similarly, Canada has developed core competencies in Indigenous health, which are to be integrated into medical school curricula as well as measures to recruit and train Indigenous physicians.

Research

Information about the health status of Indigenous peoples is essential for advocacy and development of initiatives to address their health needs. Research should derive from Indigenous values, culture and traditional knowledge. Indigenous communities should play a directing role in such research and be involved in all stages from conception to completion. Following the principles of ownership, control, access and possession will diminish harmful research and improve research relevance.



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IFMSA's Stance

IFMSA recognizes that the health inequities which exist among indigenous populations reflect complex and interdependent issues. To address these longstanding inequities requires strong and dedicated inter-agency collaboration. As future physicians, it is our responsibility to advocate for the promotion and protection of the health and human rights of all people living in our member nations. For that matter, IFMSA calls for:

1. Local, regional, federal and international agencies to collaborate with governments, non-governmental organizations, universities and Indigenous organizations to develop a comprehensive strategy for improving the health and opportunities of indigenous peoples.
2. Stakeholders to recognize and address the underlying socioeconomic determinants of health that have, and continue to, impact indigenous populations such as income, education, employment, environment, and housing.
3. All stakeholders to recognize and promote the rights of indigenous peoples to cultural identity and self-determination in their provision of healthcare.
4. Health authorities and health care providers to deliver holistic and patient-directed care to indigenous patients in a culturally safe manner.
5. National Member Organizations to recommend that medical schools within their country/region advocate for curricular frameworks that promote indigenous health and cultural safety as key components of medical education. Indigenous health curricula should act as a resource for best-practice content and implementation strategies, while continually engaging in self-reflection and high quality curricular content and delivery.
6. Research on indigenous health is conducted ethically and is driven by the Indigenous communities to which it pertains.



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