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# Representation and reconciliation—Indigenous leadership for health in Canada

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On 21 August 2022, a historic moment occurred for Canada's medical leadership with the inauguration of Alika Lafontaine—an anaesthetist of Anishinaabe, Cree, Metis, and Pacific Islander ancestry—as the first Indigenous president of the Canadian Medical Association (CMA). The election of an Indigenous doctor has both symbolic and strategic significance for an organisation that represents the 68 000 member physicians throughout Canada and their patients, in its mission to “support a vibrant profession and a healthy population.”<sup>1</sup>

Indigenous peoples in Canada and worldwide continue to experience worse health outcomes than non-Indigenous people, resulting from the ongoing legacy of colonialism that includes higher rates of poverty, inadequate housing, infant mortality, non-communicable diseases, mental health problems, and nutritional disorders related to food insecurity.<sup>2</sup> Physicians and medical organisations play an important role in tackling these inequities through advocacy for Indigenous people's health and rights, policy implementation to support culturally appropriate and accessible healthcare, and medical education and curriculum development that considers the unique needs of Indigenous patients as well as Indigenous perspectives. Electing an Indigenous physician to lead the CMA offers the potential to strengthen partnerships between Indigenous and settler communities in Canada and to build models for community based policy to close health gaps.

Diverse leadership in healthcare makes organisations better, both economically and in terms of outcomes and patient experiences.<sup>3</sup> In a 2022 study of more than 3000 healthcare leaders in Canada, however, executives from ethnic minority groups were substantially under-represented in the populations they served.<sup>4</sup>

## Future students and practitioners

There are no reliable data on the number of Indigenous doctors in Canada. In our roles as physicians of Anishinaabe ancestry (LR) and Métis ancestry (JS), we co-chair a national working group focused on the recruitment and retention of Indigenous physicians in healthcare and academic institutions, working to outline pathways to support their careers and leadership development.<sup>5</sup>

Observations from this initiative and our personal experiences show that representation of Indigenous leaders in medical schools and other organisations is a key factor in recruitment and retention of future students and practitioners.

The election of a visibly Indigenous physician as president of a national medical organisation signals

to Indigenous youth that they too can pursue their higher education dreams and become doctors and healthcare leaders.<sup>6</sup> Current Indigenous medical students, residents, and practising physicians can also learn from Lafontaine's ideas and actions. How did his career unfold? What barriers did he face? How did he respond to experiences of racism and exclusion? How did he build expertise in leadership and policy? How does he advocate for change, work across cultures, navigate conflict, or speak up about racism?<sup>7</sup>

The presence and visibility of an Indigenous leader also signal necessary change for Indigenous patients, families, and communities whose voices and experiences are rarely heard at the senior level in non-Indigenous medical organisations, which is the first step towards reconciliation.<sup>6</sup> The inclusion of Indigenous leadership and expertise opens opportunities to guide policy development and educational initiatives, while strengthening partnerships of the national organisation with First Nations, Inuit, and Métis communities and organisations. Co-creation of partnerships for developing education and advocacy is vital and helps to uphold self-determination and Indigenous rights, which are protected by the Canadian constitution, the Charter of Rights and Freedoms, and the United Nations Declaration on the Rights of Indigenous Peoples, of which Canada is a signatory.<sup>7,8</sup>

## Traditional knowledge

Indigenous perspectives encompass valuable teachings, values, and ways of knowing that can benefit all patients and physicians in Canada. These emerge from collaborations with traditional knowledge keepers, elders, and community members and are particularly valuable as we strive to recover from a global pandemic that has widened health and social burdens for the most marginalised people in our communities.

The focus on relationships and partnerships that Indigenous perspectives offer—between an individual and their community, a patient and their care team, a physician and their workplace, a student and their teachers, or a community and their elders—encourages us to reimagine where care is provided and what types of work are valued. In the face of unprecedented levels of burnout among health providers, a holistic understanding of health and its physical, mental, emotional, and spiritual dimensions, which is foundational in many Indigenous approaches to wellness, urges us to think broadly about our needs and those of our colleagues, learners, and patients.<sup>9</sup>

As organisations strive to be fairer and more inclusive, learning from leadership and governance practices of local Indigenous nations can inform leaders and organisations on how to build networks of collaboration, working in non-hierarchical ways and valuing the contributions of everyone equally; build consensus and enact meaningful action; learn from others whose expertise often is not recognised within institutions; and consider the impact of current initiatives on the next seven generations and on the land.<sup>10</sup>

As medicine comes to rely more and more on large datasets and algorithms, Indigenous data sovereignty frameworks can guide responsible use of data for all families and patients by upholding guidelines and codes of conduct to ensure that Indigenous peoples and communities retain control of their data's use in formal partnership agreements.<sup>11</sup> As the health effects of climate change become more prominent, the teachings of diverse elders about the interconnectedness of all living beings with the land and the water can influence current and future generations of physicians in how to care for our communities and our planet.<sup>12</sup>

By electing Alika Lafontaine as CMA president, Canadian physicians have made the decision to uphold and amplify Indigenous voices. Together, we will walk the path of reconciliation with the hope of seeing Indigenous and non-Indigenous peoples thrive, throughout Canada and worldwide.

Competing interests: LR works as a volunteer co-chair of the Indigenous Health Committee of the Royal College of Physicians and Surgeons of Canada. She is a member of the Executive Steering Committee and co-chairs a working group of the National Consortium of Indigenous Medical Education. LR has received honorariums for talks at various educational and public institutions related to reconciliation in health and equity and diversity and inclusion work. JS declares no competing interests.

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