

Beyond slogans, towards anti-racism: EDI in Palliative Care



Host: Holly Finn, PMP

Presenters: Dr. Nadine Persaud and Dr. Amit Arya

Date: July 27th, 2023

Territorial Honouring



The Palliative Care ECHO Project

The Palliative Care ECHO Project is a 5-year national initiative to cultivate communities of practice and establish continuous professional development among health care providers across Canada who care for patients with life-limiting illness.

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The Palliative Care ECHO Project is supported by a financial contribution from Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.



LEAP Core

- Interprofessional course that focuses on the essential competencies to provide a palliative care approach.
- Taught by local experts who are experienced palliative care clinicians and educators.
- Delivered online or in-person.
- Ideal for any health care professional (e.g., physician, nurse, pharmacist, social worker, etc.) who provides care for patients with life-threatening and progressive life-limiting illnesses.
- Accredited by CFPC and Royal College.



Learn more about the course and topics covered by visiting

www.pallium.ca/course/leap-core

Introductions

Host

Holly Finn, PMP

Senior Manager, Program Delivery

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Pallium Canada

Presenters

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Executive Director, Kensington Hospice

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Medical Director, Specialist Palliative Care in Long-Term Care

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Community Medicine, University of Toronto, Assistant Clinical

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Conflict of Interest

Pallium Canada

- Non-profit.
- Partially funded through a contribution by Health Canada.
- Generates funds to support operations and R&D from course registration fees and sales of the Pallium Pocketbook.

Host/Presenters

- Holly Finn: Nothing to disclose.
- Nadine Persaud: Nothing to disclose.
- Amit Arya: Nothing to disclose.

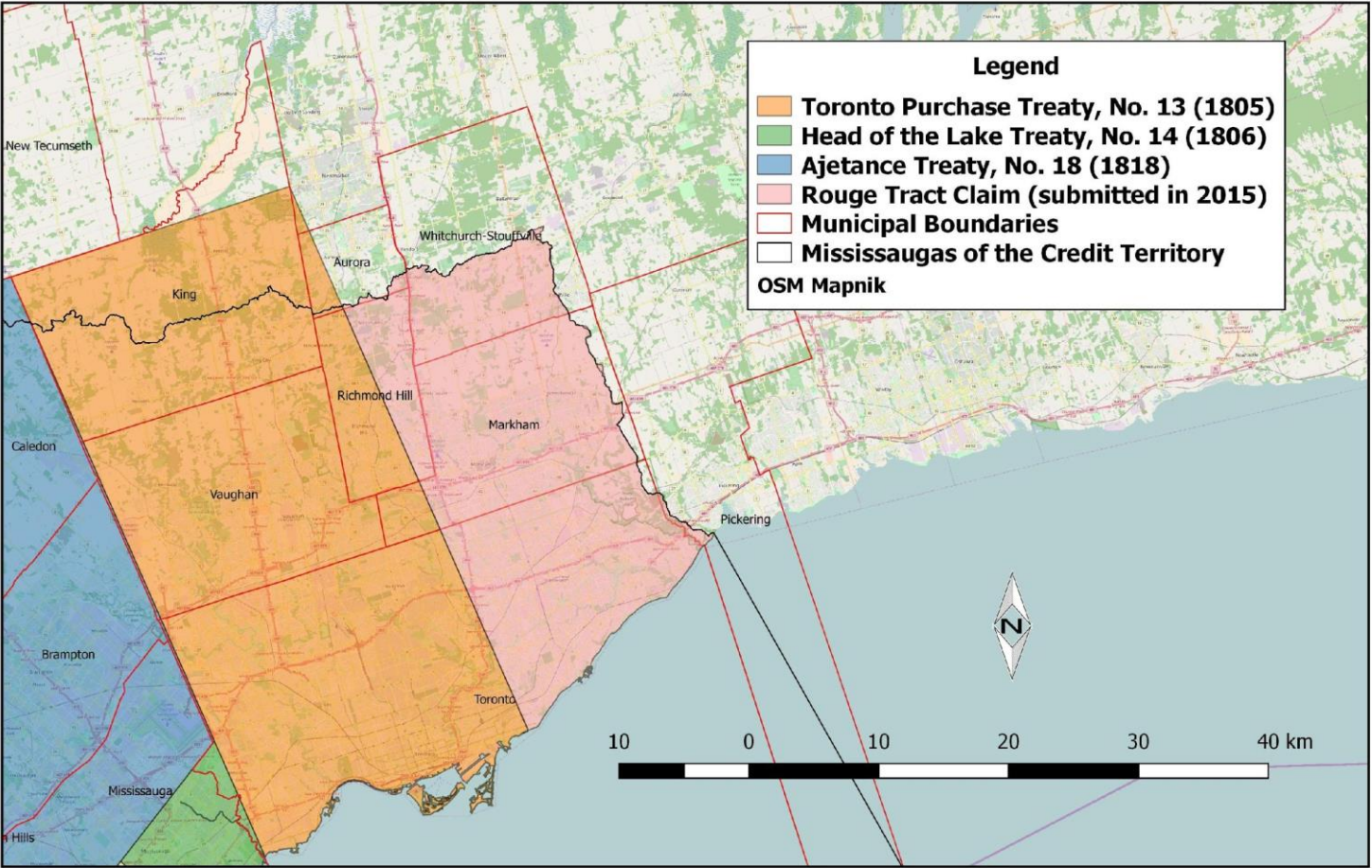
Welcome and Reminders

- For comments, please use the chat function.
- For questions, please use the Q&A function, these questions will be addressed at the end of the session.
- This session is being recorded—this recording and slide deck will be emailed to registrants within the next week.
- This session is being recorded and will be emailed to registrants within the next week.
- Remember not to disclose any Personal Health Information (PHI) during the session.

A happy announcement!



Land Acknowledgement



Municipal Boundaries Related to the Toronto Purchase Treaty, No.13 (1805)

Objectives of the session:

- Understand how inequity and discrimination, including racism, are built into palliative care as a system.
- Discuss practical steps to provide culturally safe and anti-racist palliative care.

Trigger Warning



Racism in Healthcare



Racism in Canadian Healthcare



Racism in Canadian Healthcare

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Humanities

William Osler: saint in a “White man’s dominion”

Nav Persaud, Heather Butts and Philip Berger

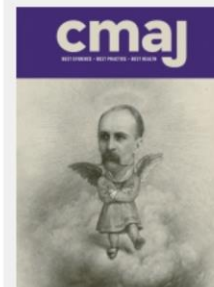
CMAJ November 09, 2020 192 (45) E1414-E1416; DOI: <https://doi.org/10.1503/cmaj.201567>

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Although William Osler (1849–1919) continues to be held up as an example physicians should follow, medical students at his alma mater of McGill University have passed a motion in favour of dropping Osler eponyms.^{1,2} We examine Osler’s treatment of racialized people, and we contrast his lionization with the meagre recognition of his contemporaries who fought racism inside and outside the medical profession.

Osler held authoritative positions in medicine around the turn of the twentieth century.³ He was the first physician-in-chief of Johns Hopkins Hospital, where he helped to expand the role of bedside teaching, and he was Regius Professor of Medicine at the University of Oxford. Osler wrote a widely read textbook, *The Principles and Practice of Medicine* (1892). Many of his contemporaries have attested to his warmth and dedication; some even “worshipped” him.³ The centenary of his death was marked by multiple publications celebrating his life and contributions.¹ A common theme was how much we can still learn from Osler today. Several medical institutions in Canada, the United States and the United Kingdom are named after Osler. There is an Osler Club of London in the United Kingdom and an American Osler Society.

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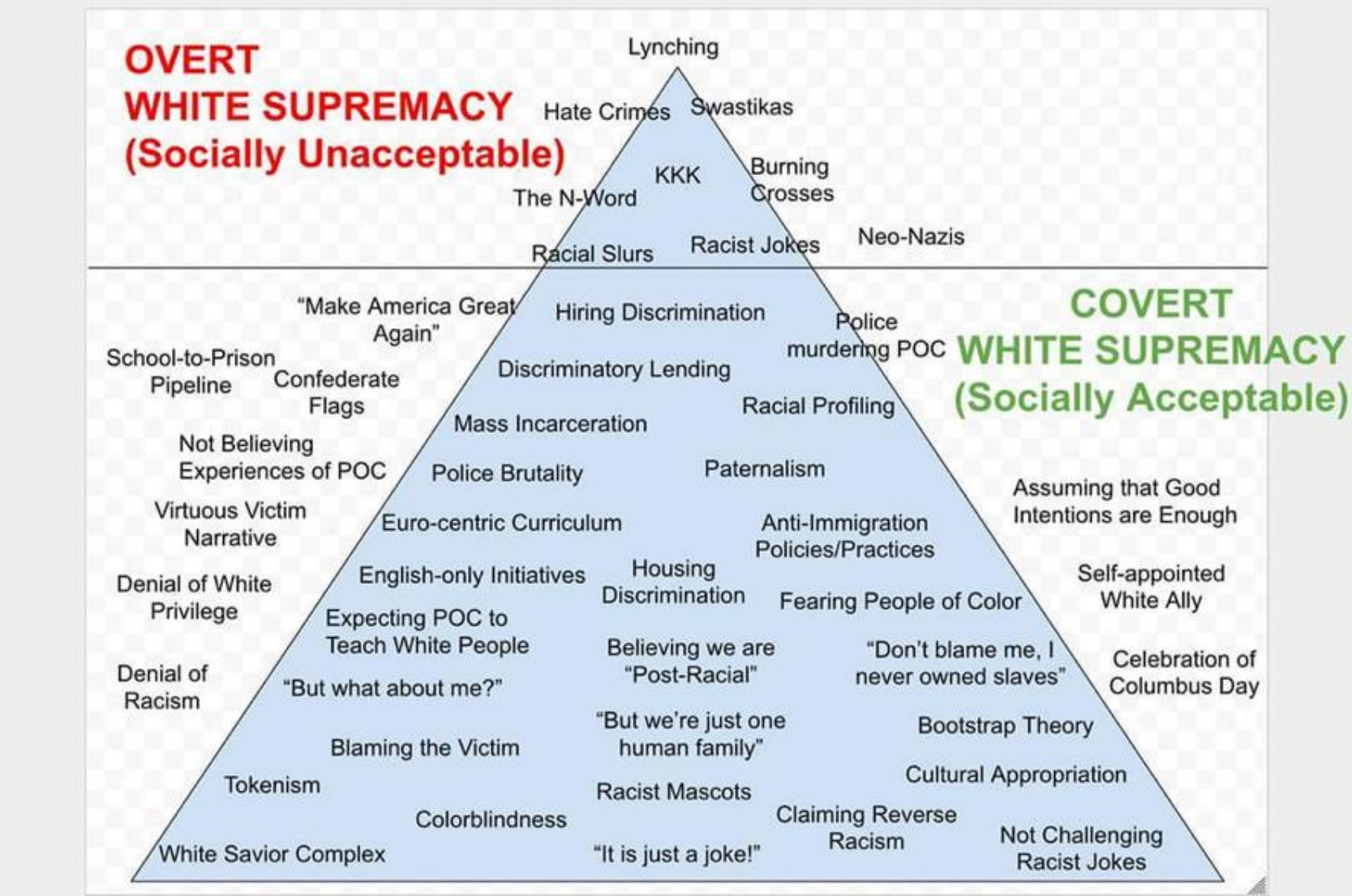
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Racism in Canadian Healthcare

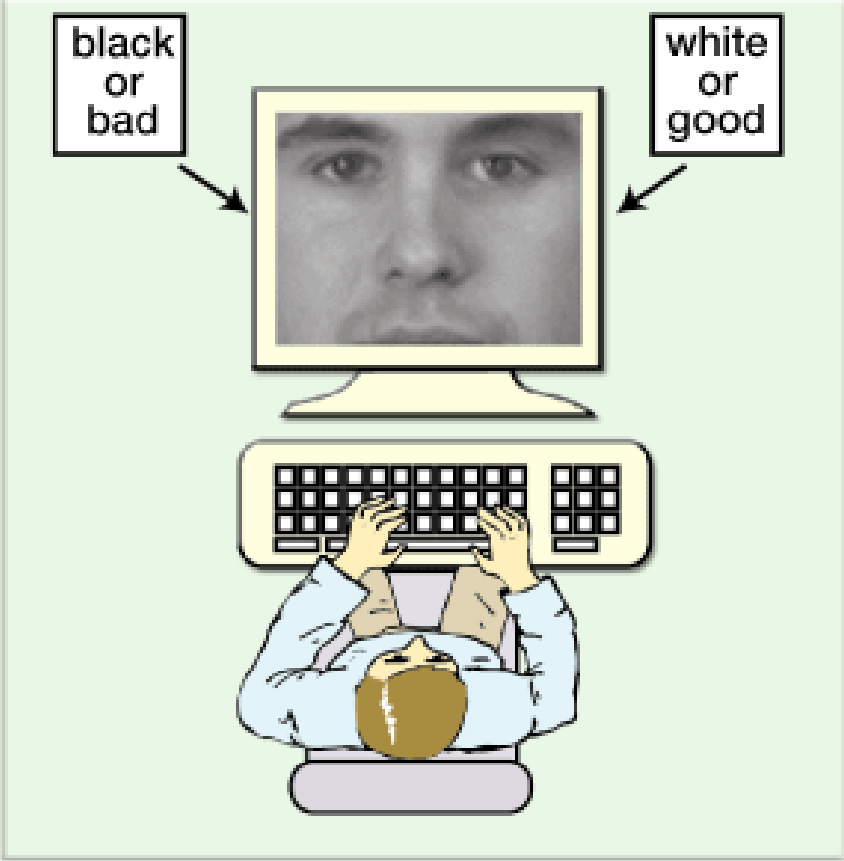
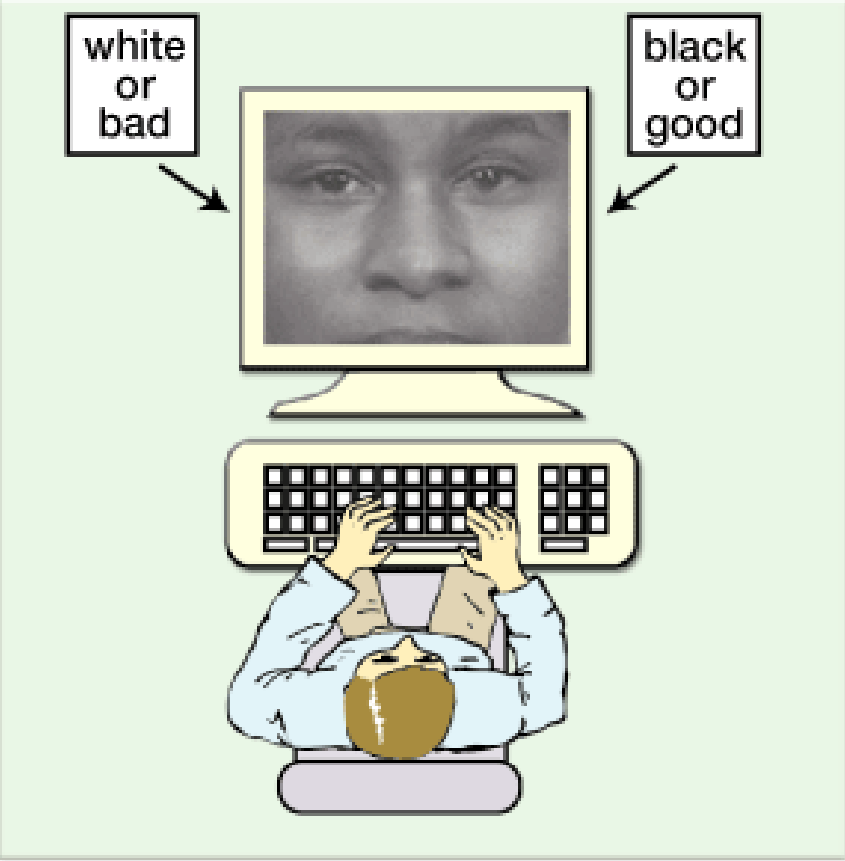
- Racialized communities experience inequitable healthcare from the moment of birth through life, extending into EOL.
- COVID-19 pandemic.

Race vs. Racism

Covert vs. Overt Racism

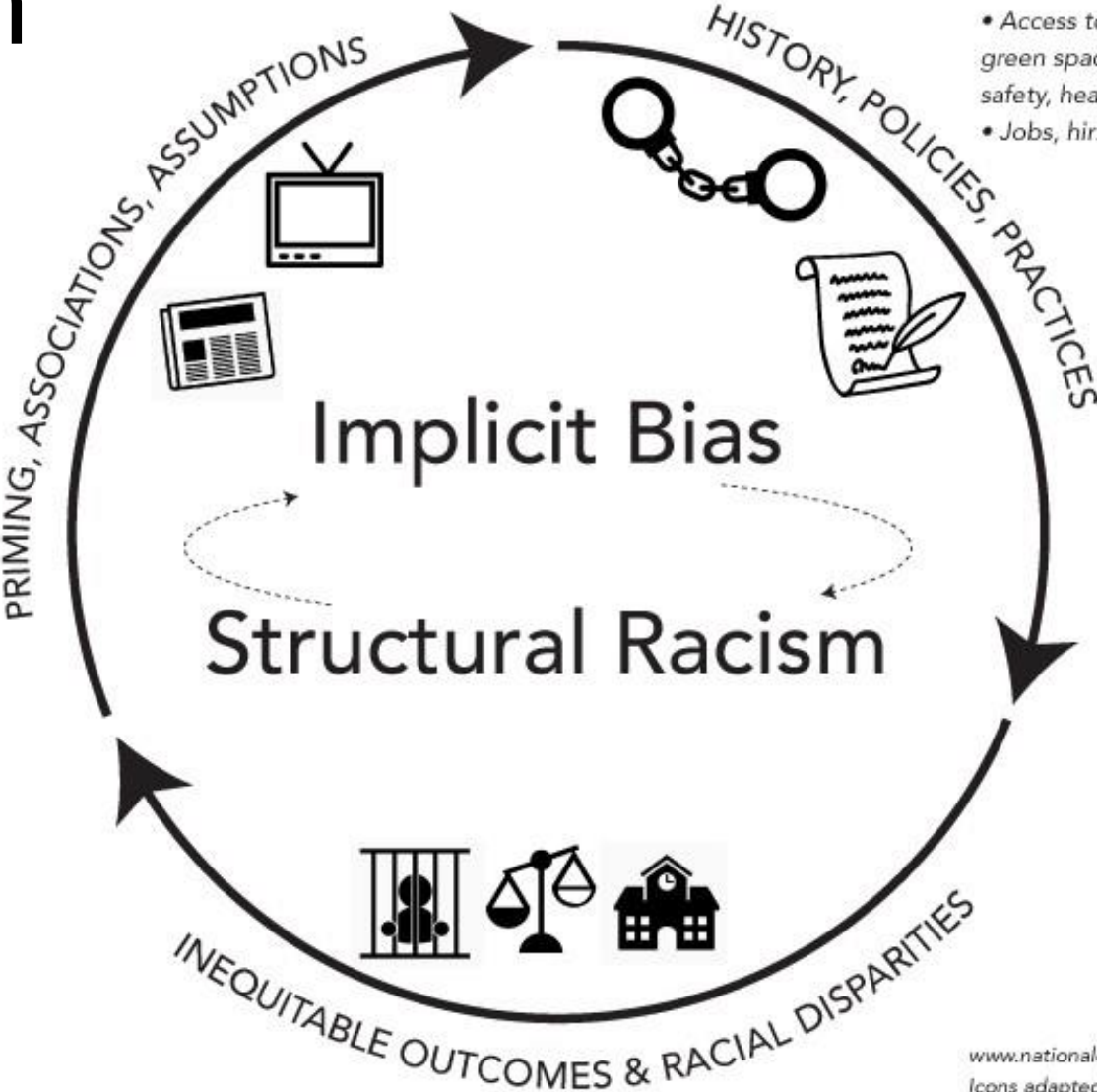


Implicit Bias



implicit.harvard.edu/implicit

Structural Racism



- Voting rights
- FHA Loans
- Residential segregation
- Access to education, green space, resources, safety, healthcare, etc
- Jobs, hiring, & advancement


www.nationalequityproject.org
Icons adapted from the Noun Project

Racism in Palliative Care in Canada

JAMA | Original Investigation | CARING FOR THE CRITICALLY ILL PATIENT

Association Between Immigrant Status and End-of-Life Care in Ontario, Canada

Christopher J. Yarnell, MD; Longdi Fu, MSc; Doug Manuel, MD, MSc; Peter Tanuseputro, MD, MHSc; Therese Stukel, PhD; Ruxandra Pinto, PhD; Damon C. Scales, MD, PhD; Andreas Laupacis, MD, MSc; Robert A. Fowler, MDCM, MS(Epi)

Association between end-of-life cancer care and immigrant status: a retrospective cohort study in Ontario, Canada 

[Anna Chu](#)^{1, 2}, [Lisa Barbera](#)^{1, 3, 4}, [Rinku Sutradhar](#)^{1, 5}, [Urun Erbas Oz](#)¹, [Erin O'Leary](#)¹,  [Hsien Seow](#)^{1, 6}

Association between Chinese or South Asian ethnicity and end-of-life care in Ontario, Canada

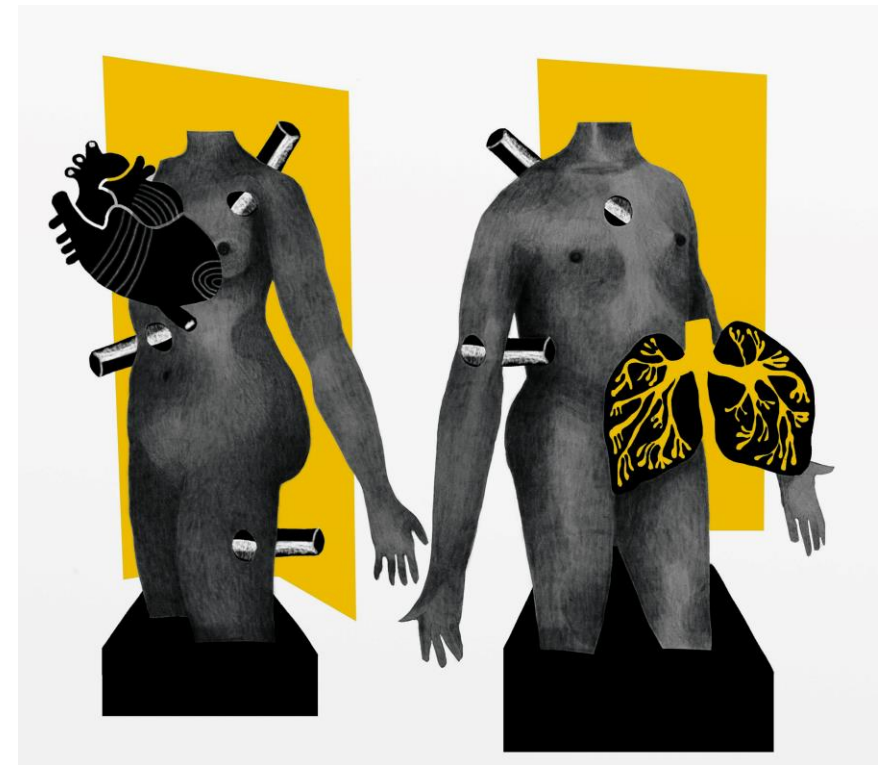
[Christopher J. Yarnell](#), MD, [Longdi Fu](#), MSc, [Michael J. Bonares](#), MD, [Ayah Nayfeh](#), MSc, and [Robert A. Fowler](#), MDCM MS[✉]

Racism in pain medicine and palliative care

- A study looking at twenty years of data showed that Black people were **22% less likely** to receive any pain medication (Meghani et. al., 2012).
- Black patients with painful injuries such as fractures, burns, or penetrating injuries are **less likely** to receive pre-hospital pain management (Hewes et. al., 2018).
- Racialized patients with metastatic cancer are **3X less likely** to receive appropriate pain management (Cleland et. al., 1994).

Racism in pain medicine and palliative care

- **50%** of white medical students and residents endorsed incorrect racist beliefs about Black people, which led to undertreatment of pain (Hoffman et. al., 2016).



How does White Supremacy affect clinical care?

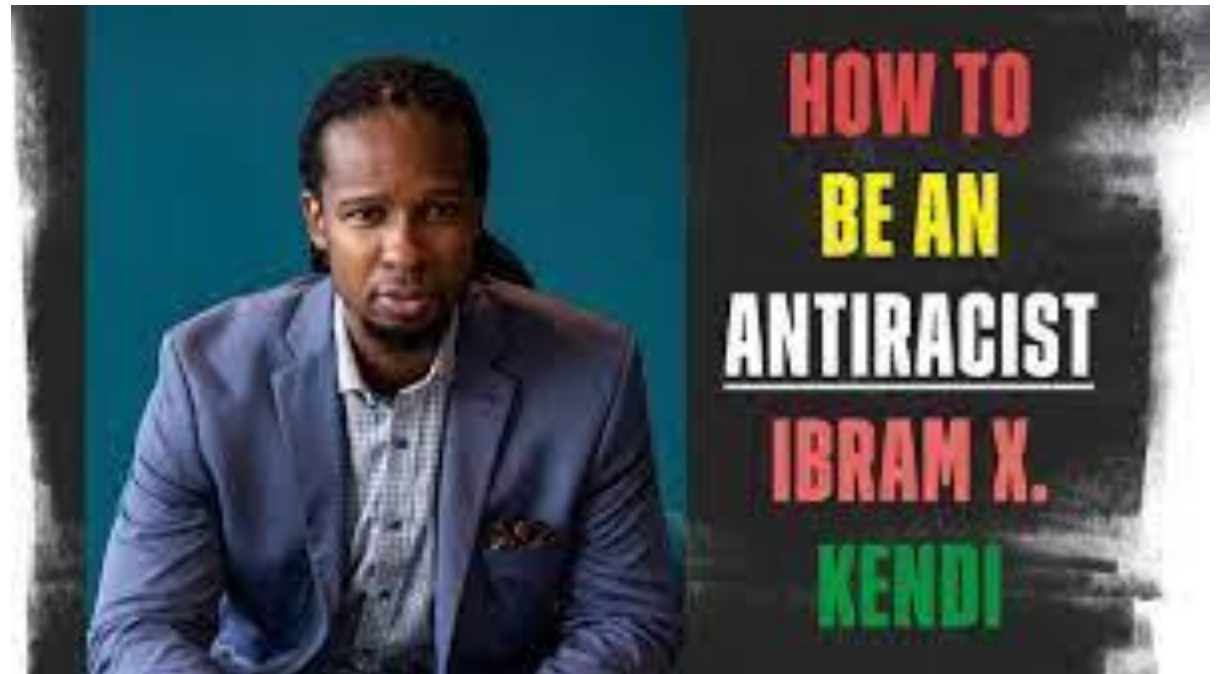
- Language barriers
- Request for non-disclosure
- Collective decision making
- Religious and cultural beliefs
- Mistrust of Western medicine
- Less access to health care

Racism in Palliative Care

- Are the underlying health outcomes of your patients and their loved ones affected by systemic forms of racism and oppression?

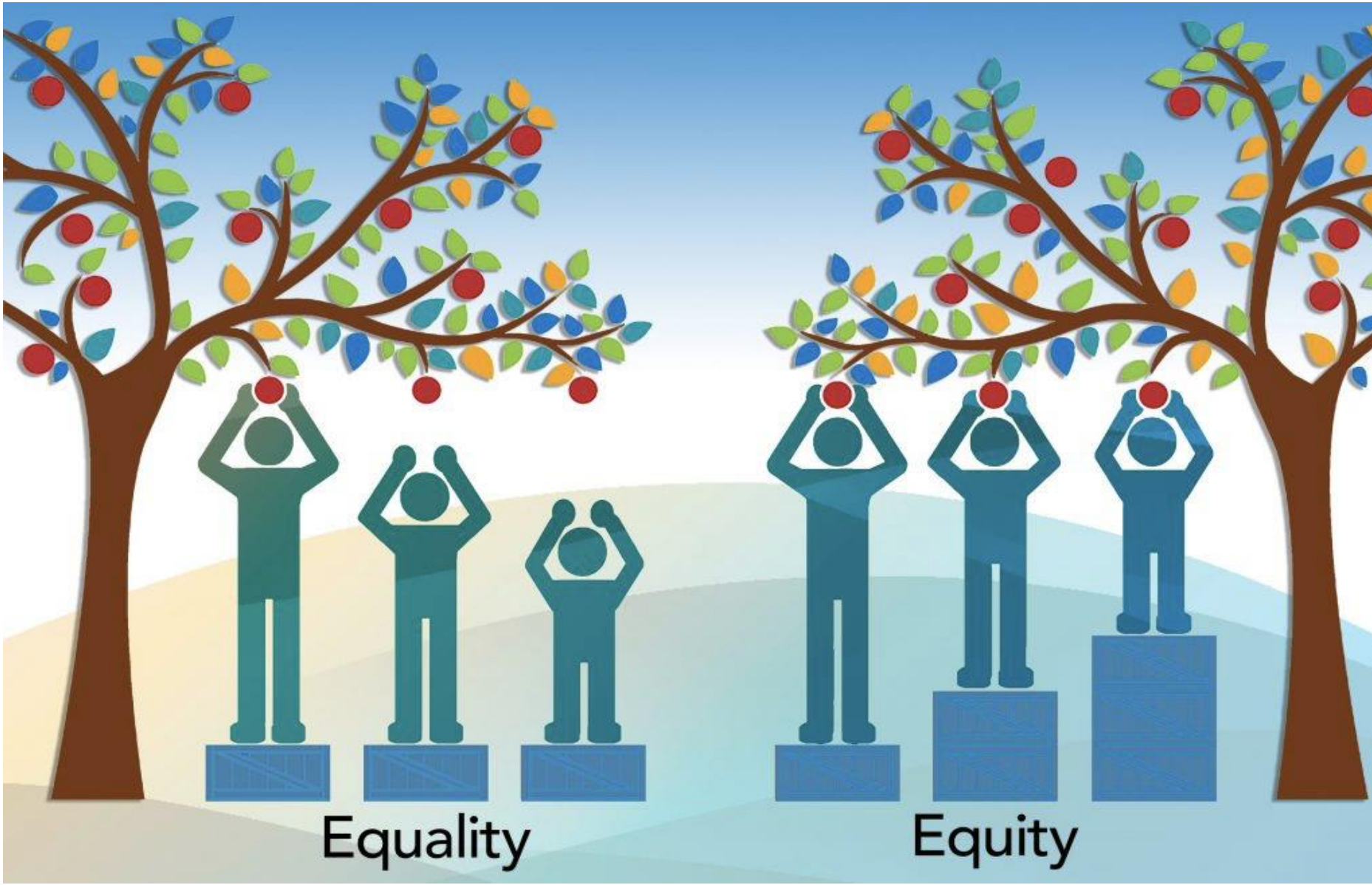
How do we define racism?

- Dr. Ibram X. Kendi: One who is supporting a racist policy through their actions or inaction or expressing a racist idea.

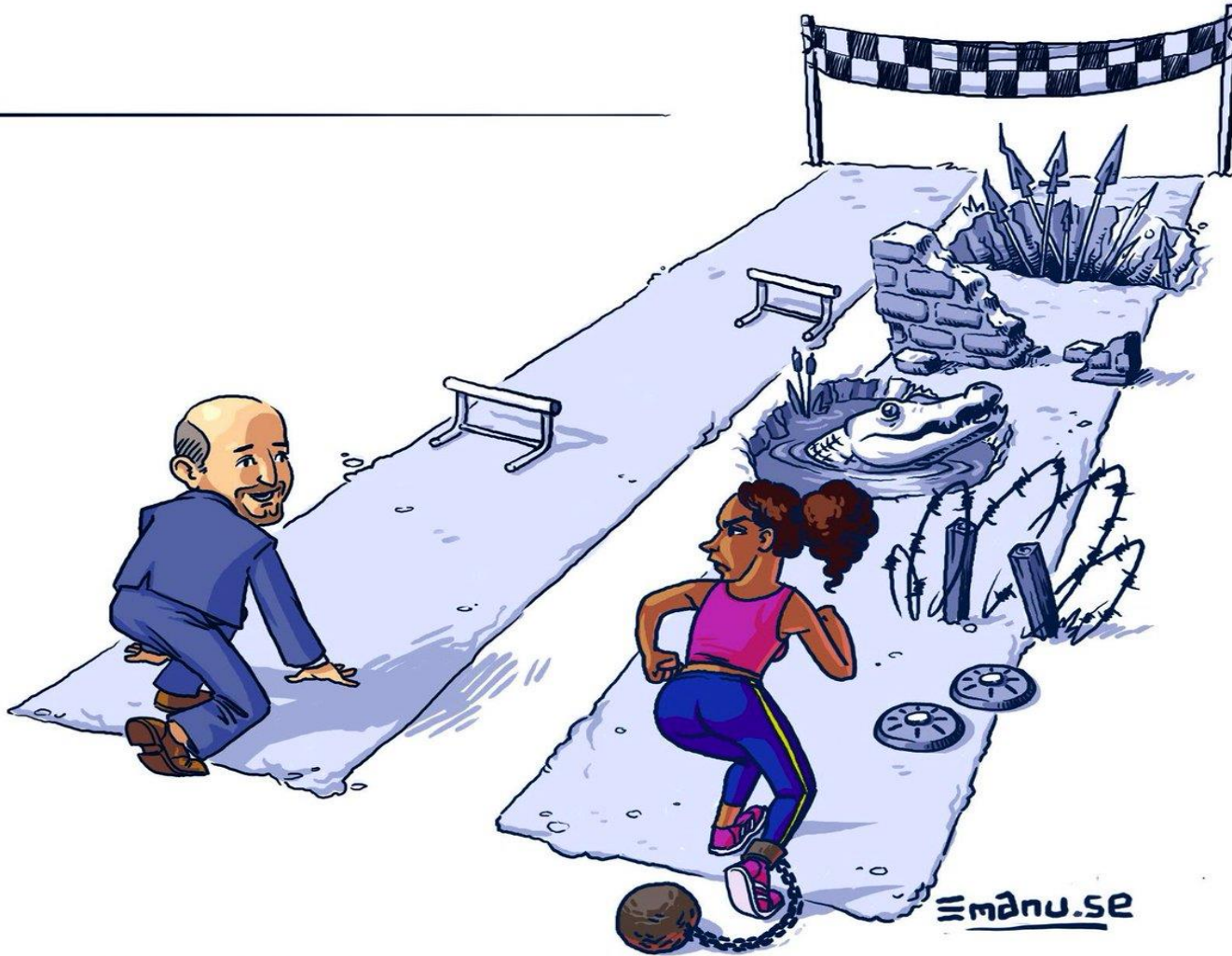


How do we define anti-racism?

- An active process and responsibility of identifying, challenging and eliminating racist policies, structures, practices and attitudes.



**One size
doesn't fit
all!**



“What’s the matter?
It’s the same distance!”

**Treat people
differently depending
on their needs!**

Kensington Hospice at Kensington Health

*"Giving new meaning to
community care"*

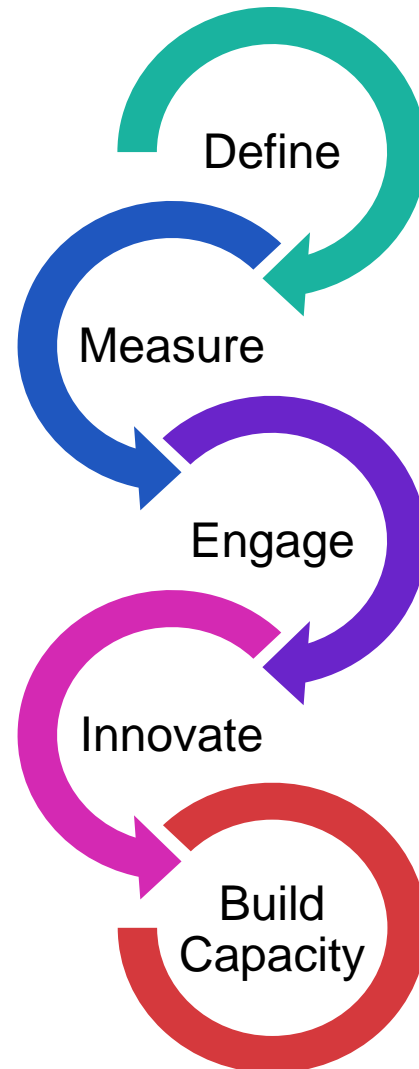


Why Health Equity at Kensington?

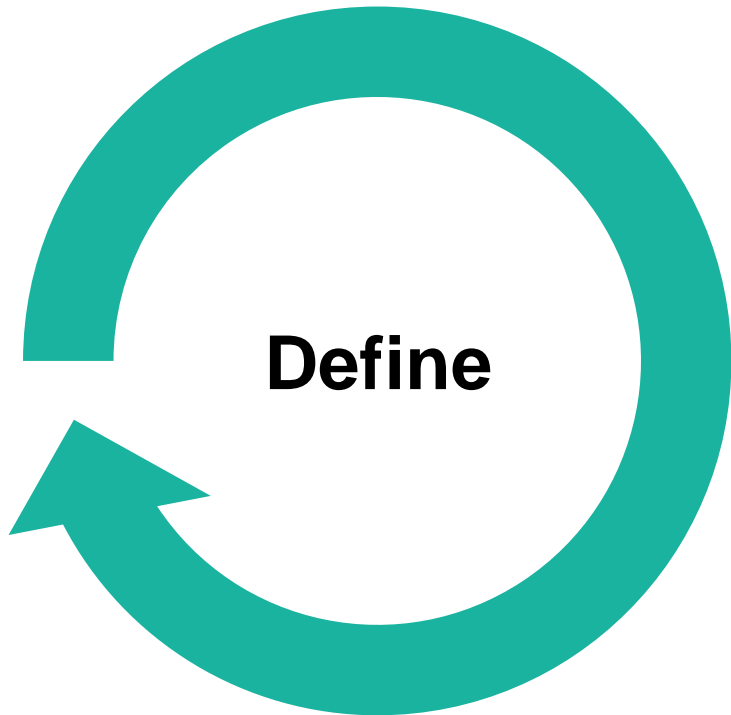
How we got here:

- Courageous leadership
- A funding commitment
- A tragic case
- A dedication to a center of excellence for anti-racism & EDI in hospice palliative care

A Five Step Iterative Cycle to Implement EDI



Step One



Clearly redefined buzzwords that are commonly used.

Ensured that language was clear and simple.

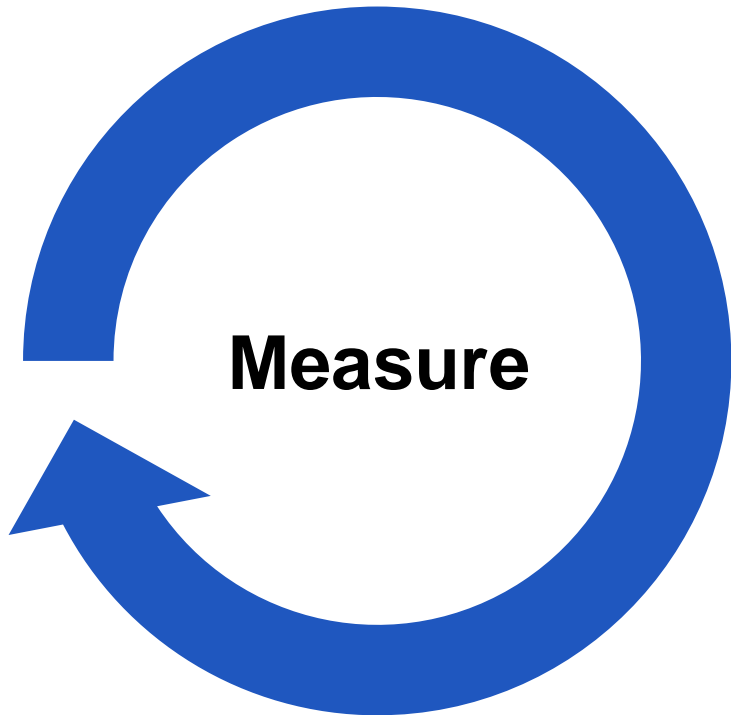
Changed policies to ensure that the language used was consistent throughout the organization.

What is Equity, Diversity and Inclusion (EDI)?

- Diversity is where everyone is invited to the party.
- Inclusion means that everyone gets to contribute to the playlist.
- Equity means that everyone has the opportunity to dance.

Robert Sellers, Chief Diversity Officer, University of Michigan

Step Two

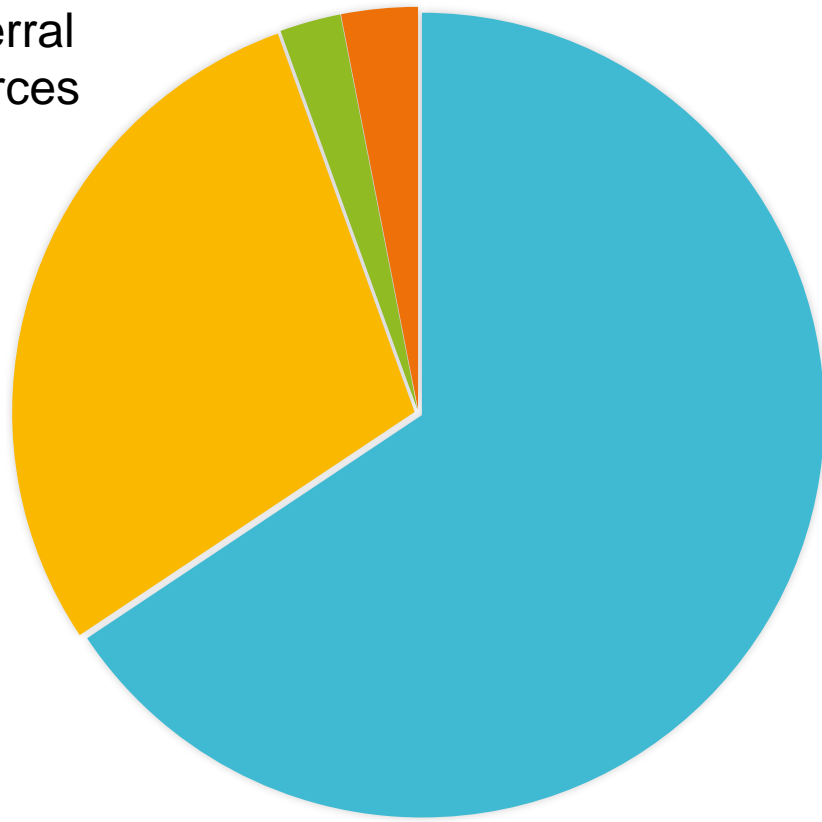


Created sociodemographic indicators to better understand the individuals being served.

Created key performance indicators to accurately measure who is being care for.

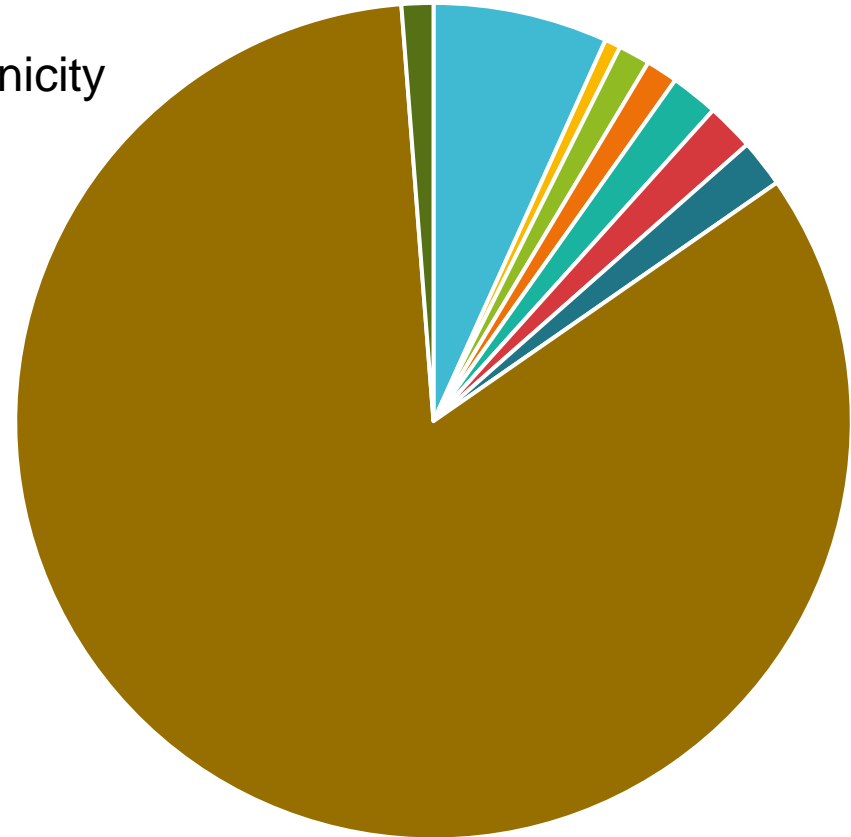
Updated our balance scorecard to include data that represents the individuals being served.

Referral Sources



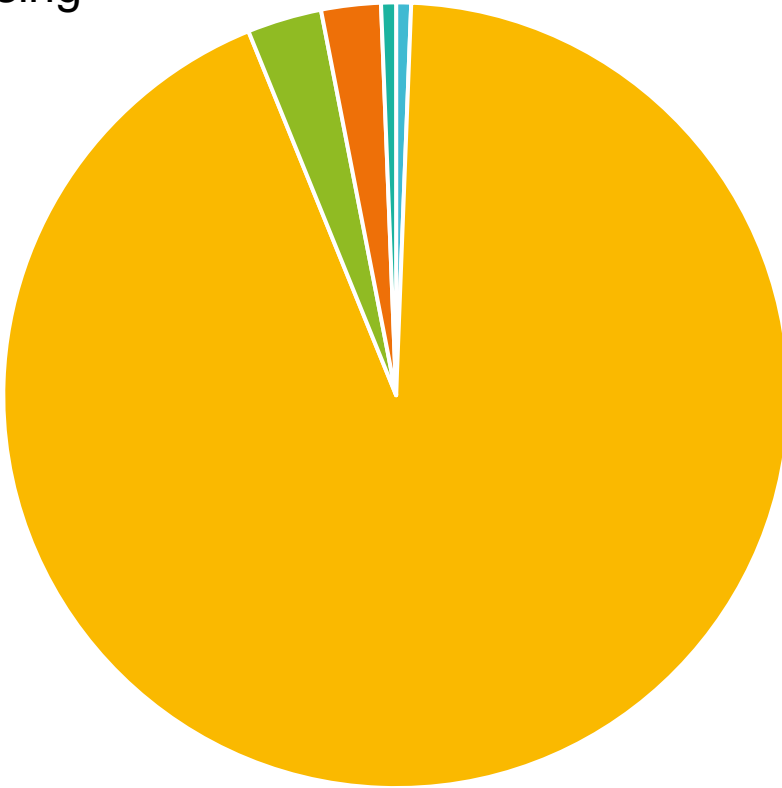
Sample: 163
Hospital: 66%

Race/Ethnicity



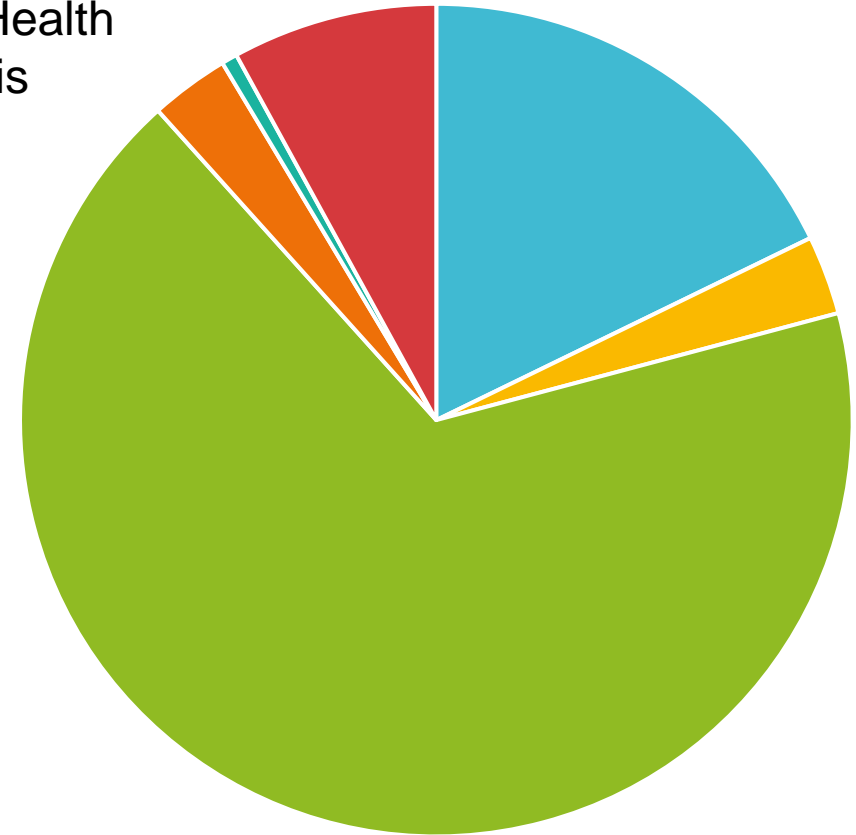
Sample: 163
White: 83%

Housing



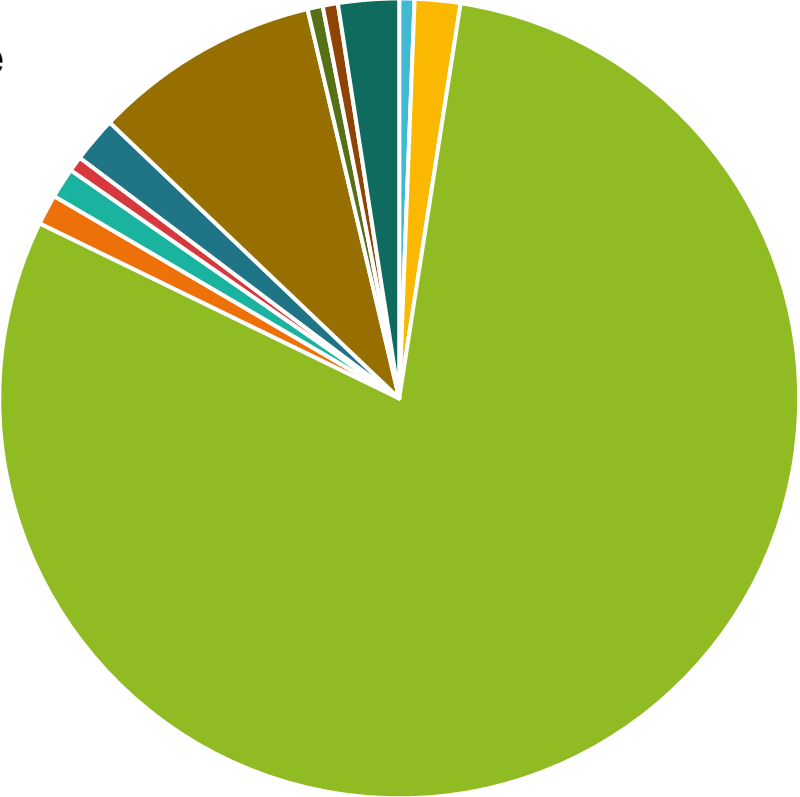
Sample: 163
Independent Housing: 93%

Mental Health Diagnosis

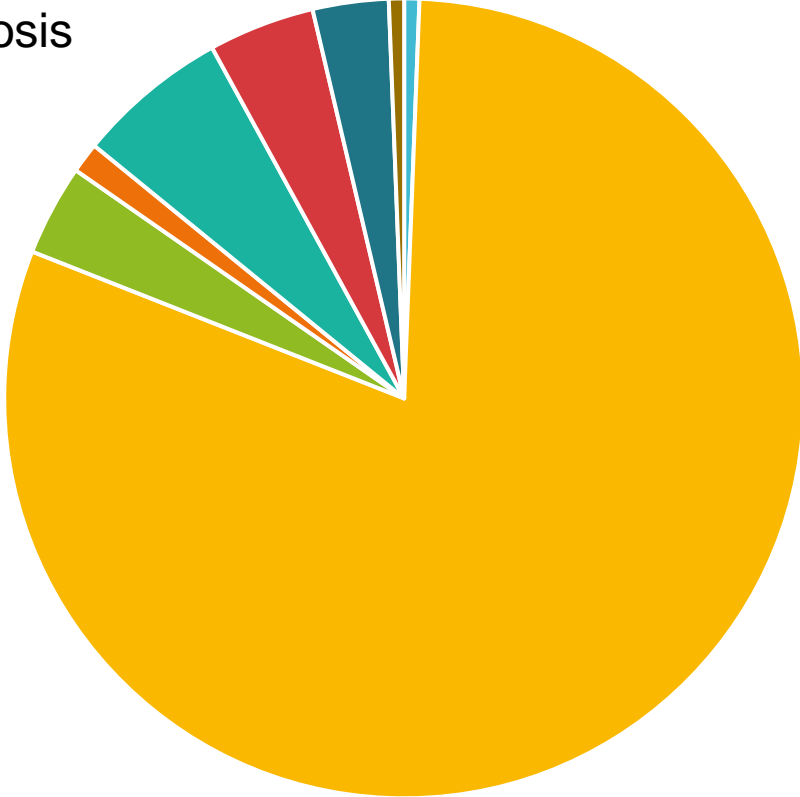


Sample: 163
No Diagnosis: 67%

Primary Language



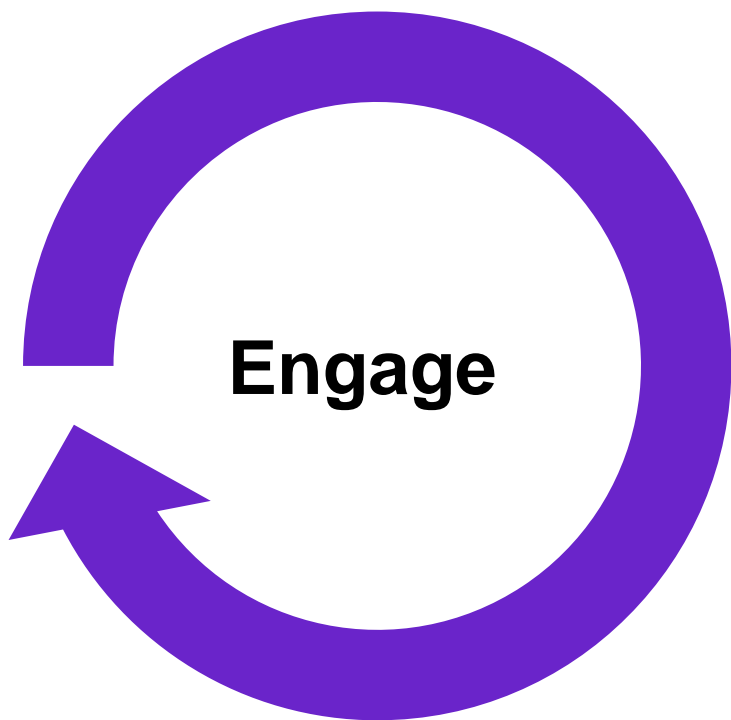
Diagnosis



Sample: 163
English as a first language: 80%

Sample: 163
Cancer: 80%

Step Three

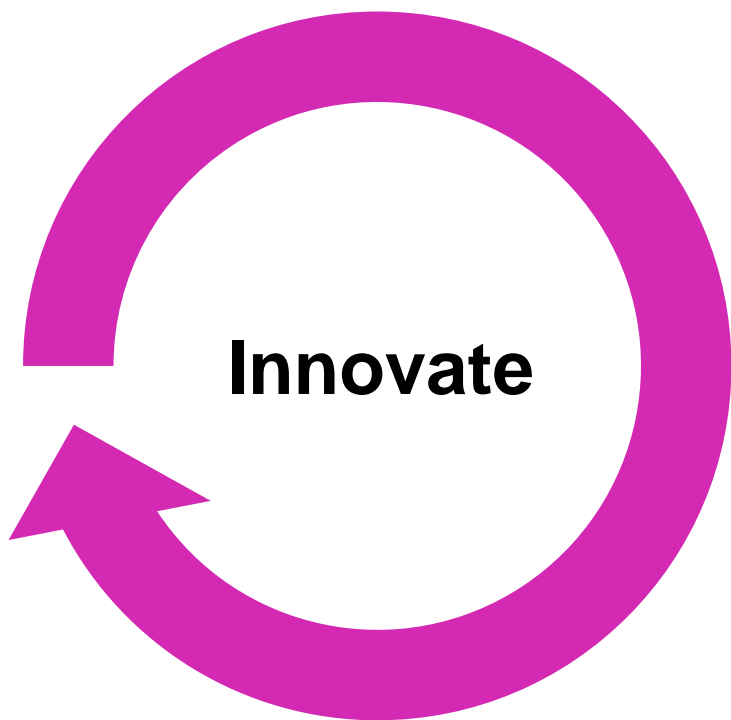


Frontline Staff: Conducted one-on-one interviews with frontline staff to better understand their experiences of EDI.

Leadership: Presented the work that we are doing to our leadership team.

Board of Directors: Presented at our quarterly board meeting to share data that we had collected over the past six months and our future direction for EDI at the hospice.

Step Four



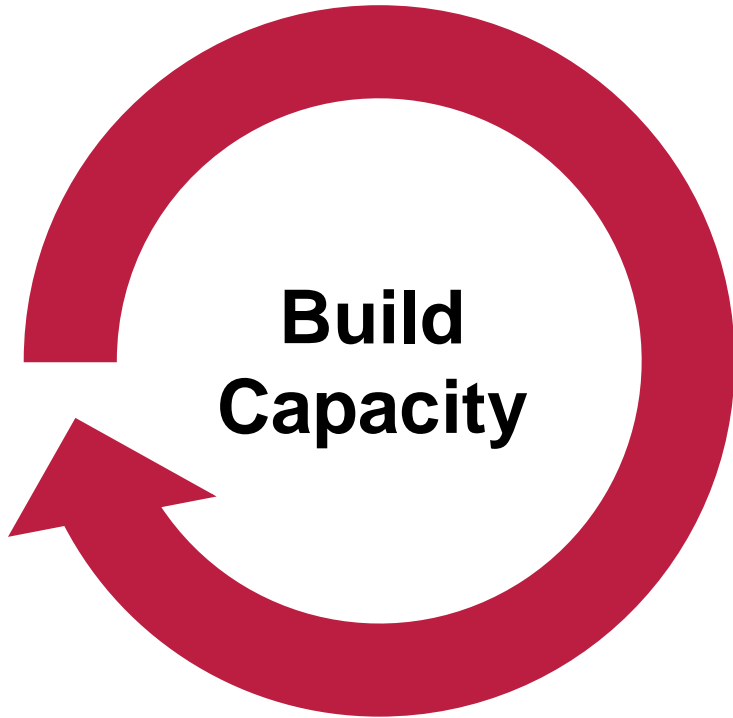
Quality Improvement Projects: Health equity balanced scorecard for management & the Board of Directors

Referral Process: Equity-informed triage pathways

Care Planning: Expanded nuanced care plans the ascertain the social & structural determinants of health (eg trauma-informed approach to care planning)

Research: Currently conducting a systematic review of EDI in hospice palliative care

Step Five



Community Partnerships: MOU with ICHA, Harm Reduction

Outreach and Awareness: Health Navigator Role

Education and training: Hands-on curriculum development model

Sociodemographic Data Collection to Date

- 10% increase in community-based referrals.
- 6% increase in racialized residents served.
- 2% increase in residents who are considered under-housed.
- 20% increase in residents identifying as having a mental health illness.
- 9% increase in non-English speaking residents.

Make the shift to Anti-Racism

<i>what we say</i>	<i>what we mean</i>
social determinants of health	health outcomes due to systemic forms of racism and oppression
BIPOC are at higher risk for...	racism increases the risk for...
diversity and inclusion training	discrimination and systemic racism awareness training
implicit or unconscious bias	racist beliefs that I hold that contribute to oppression
calling patients "drug seekers"	having a racial empathy gap and failing to acknowledge and treat the pain of Black patients

Source: Kegler A. The Sugarcoated Language Of White Fragility. HuffPost.

What can I do to be an anti-racist palliative care clinician?

- Seek out, listen, learn and unlearn.
- Engage in critical self-reflection.
- Provide education on colonialism, cultural safety, and anti-racism.
- Who is included in research, examine bodies of knowledge and generation of knowledge in palliative care.
- Collect race-based data, and healthcare outcomes of racialized people.
- Harness social and financial capital to decentralize power, resources, & strategies to enable community-led trauma-informed approaches that address these disparities.

What can I do to be an anti-racist palliative care clinician?

- Ensure use of professional interpretation services.
- Examine all systemic & institutional policies.
- Review hiring and training processes, support staff.
- How do our facilities accommodate the specific needs of racialized communities? Space for cultural and spiritual practices of racialized people?
- This is a life-long process which requires daily commitment, funding, and prioritization from leadership.

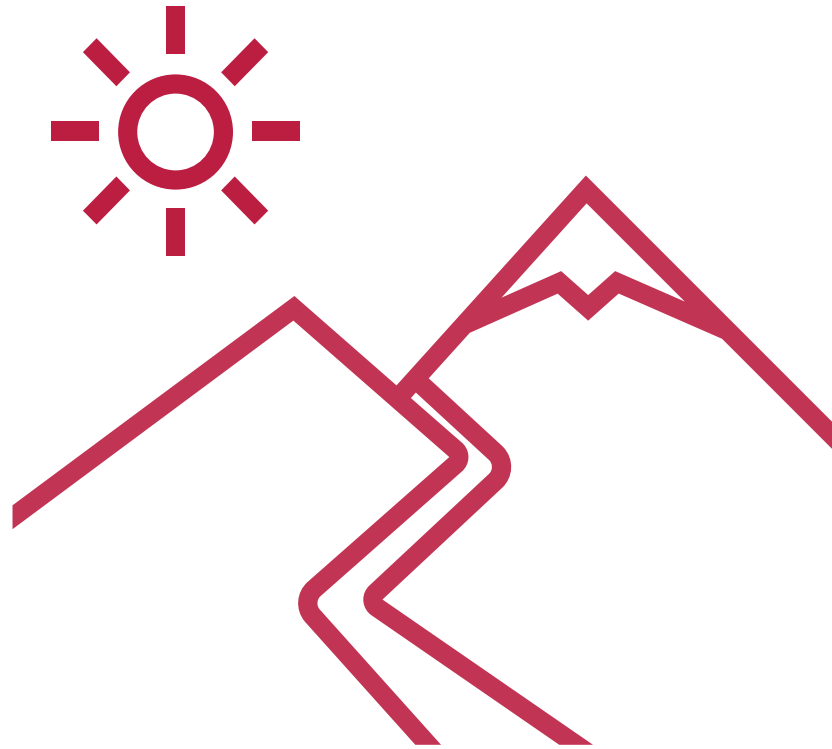
Reinforce trauma informed care

- Reframe the “difficult patient”.
- Examine systemic & institutional policies: Confront the racist ideas that have been normalized.
- Does your institution have a trauma informed road map?
- How are you building capacity for trauma-informed care?

What can I do to be an anti-racist palliative care clinician?

- Stop tolerating injustice.
- Speak out against all forms of discrimination and oppression.
- Use your privilege to voice support.

It's a journey, not a destination



Conclusion

- Identify it!
- Challenge it!
- Dismantle it!
- An ongoing journey...



Q & A



Session Wrap Up

- Thank you for joining us!
- Please fill out the feedback survey following the session—a link has been added into the chat.

Thank You



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