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Use of traditional Mi'kmaq medicine among patients at a First Nations community health centre

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Introduction: The provision of complete, effective, and culturally sensitive health care to First Nations communities requires a familiarity with and respect for patients' healing beliefs and practices.
Purpose: This study addresses one aspect of cross-cultural care by attempting to understand the use of Mi'kmaq medicine among patients at a community health centre and their attitudes toward both Mi'kmaq and Western medicine.
Methods: A questionnaire was completed by 100 patients (14 men, 86 women) at the clinic. The majority (66%) of respondents had used Mi'kmaq medicine, and 92.4% of these respondents had not discussed this with their physician. Of those who had used Mi'kmaq medicine, 24.3% use it as first-line treatment when they are ill, and 31.8% believe that Mi'kmaq medicine is better overall than Western. Even among patients who have not used Mi'kmaq medicine, 5.9% believe that it is more effective than Western medicine in treating illness.
Conclusion: These results have implications for the delivery of health care to First Nations patients, especially in terms of understanding patients' health care values and in meeting the need to provide effective cross-cultural care.

Introduction : Pour dispenser aux communautés des Premières nations des soins de santé complets, efficaces et adaptés aux aspects culturels, il faut bien connaître et respecter les croyances et les habitudes des patients sur le plan de la guérison.
Objet : Dans le cadre de cette étude qui porte sur un aspect des soins transculturels, on tente de comprendre le recours à la médecine mi'kmaq chez les patients d'un centre de santé communautaire et leurs attitudes à l'égard de la médecine mi'kmaq et occidentale.
Méthodes : Cent patients (14 hommes, 86 femmes) ont répondu au questionnaire à la clinique. La majorité (66 %) des répondants avaient eu recours à la médecine mi'kmaq et 92,4 % de ceux-ci n'en avaient pas parlé à leur médecin. Parmi ceux qui avaient eu recours à la médecine mi'kmaq, 24,3 % l'utilisent comme traitement de premier recours lorsqu'ils sont malades et 31,8 % croient que la médecine mi'kmaq est meilleure dans l'ensemble que la médecine occidentale. Même chez les patients qui n'ont pas eu recours à la médecine mi'kmaq, 5,9 % croient qu'elle est plus efficace que la médecine occidentale pour traiter la maladie.
Conclusion : Ces résultats ont des répercussions sur la prestation des soins de santé aux patients des Premières nations, surtout lorsqu'il s'agit de comprendre leurs valeurs à l'égard des soins de santé et de répondre au besoin de dispenser des soins transculturels efficaces.

For every sickness on this Earth, there is a medicine under your feet.
— a traditional Mi'kmaq belief

Introduction

No culture has a monopoly on healing.[1] Diverse healing systems have developed throughout the world. Although they differ greatly in their methods, these systems are based on a common goal: maintaining the human condition in a state of health.

Traditional Mi'kmaq medicine and Western medicine are two such systems that have come into close contact and unfortunate conflict. The healing prac-

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tices of Aboriginal people in Canada endured significant insult during the process of European colonization. The early Indian Acts in the late 1800s were associated with legislation that denied access to traditional medicinal plants and banned traditional healing methods as "witchcraft".[2]

Although the right to practise traditional healing has been taken back by Aboriginal people,[3] the wounds are still deep.

Former Grand Chief of the Assembly of First Nations Ovide Mercredi explains: "One of the reasons we have health problems in our communities is because our culture has been destroyed. . . . The importance in terms of relations with the medical profession is that instead of resisting the restoration of the Indian culture, you become a partner with us in the restoration".[4]

A Royal Commission on Aboriginal Peoples widely consulted Aboriginals in Canada. The Commission's 1996 Report advocated 4 cornerstones of Aboriginal health reform, one of which was "the appropriate use of traditional medicine and healing techniques [that] will assist in improving outcomes . . .".[5] It reported that many expressed the sentiment that ". . . the integration of traditional healing practices and spirituality into medical and social services is the missing ingredient needed to make those services work for Aboriginal people."[5]

A policy statement by the Society of Obstetricians and Gynaecologists of Canada's Aboriginal Health Issues Committee recommended that "health professionals should respect traditional medicines and work with Aboriginal healers to seek ways to integrate traditional and western medicine"[6] and that "health professionals should appreciate holistic definitions of health as defined by Aboriginal peoples."[7]

This presents a significant challenge to health care providers trained in Western medicine. To achieve this holistic approach it is necessary for physicians working with Aboriginal patients to understand the attitudes and healing practices of their patients. This study was conducted to explore the use of Mi'kmaq medicine among a sample of patients at a First Nations community health centre and their attitudes toward Mi'kmaq and Western medicine.

Methods

The site of this study was a First Nations community health centre that provides a comprehensive range of health services to the Mi'kmaq residents. The population surveyed were Mi'kmaq patients who attended the health clinic for any of the services provided (i.e., physician, dentist, prescription pick-up, prenatal care or diabetes clinic).

A survey was conducted over a period of 6 workdays using a brief, self-report questionnaire. The questionnaires were distributed to willing participants in the 2 waiting areas. The purpose of the survey and the anonymity of results were explained to participants.

To ensure appropriate and understandable wording, the questionnaire was designed in consultation with a Mi'kmaq staff member. It was a simple questionnaire, to take into account the participants' varying literacy levels and competence with written English. Some participants asked to have the questions read out loud and others had the questions

Table 1. Questionnaire* administered to 108 patients attending a First Nations community health centre

1.	Are you male or female?	Male		Female
2.	How old are you?	0–20	21–50	≥ 51
3.	Are you Mi'kmaq?	Yes		No
4.	Have you ever used any Mi'kmaq medicine?	Yes		No
5.	Have you used any Mi'kmaq medicine in the past year?	Yes		No
6.	If you have used Mi'kmaq medicine, did you discuss it with your doctor?	Yes		No
7.	When you are ill, which do you *usually* do first: use Mi'kmaq medicine ***or*** go to your doctor (Western medicine)?	Mi'kmaq medicine		Go to doctor
8.	Which do you believe is better for treating illness: Mi'kmaq medicine ***or*** your doctor (Western medicine)?	Mi'kmaq medicine		Doctor

*Patients were asked to circle their response to each query.

explained to them in Mi'kmaq by other patients in the waiting area.

The questionnaire was brief in order to get a high response rate: participants had to complete the questionnaire while in the waiting area. It consisted of 8 questions (Table 1); participants circled the appropriate answer. A total of 108 questionnaires were collected. Two were discounted because the participants were not Mi'kmaq, 2 because the respondent did not identify his or her sex, 1 didn't identify his age and 3 didn't answer all the questions. This left 100 surveys to analyze.

To respect the community's wish to have the data presented anonymously, the population size (which would identify the community) is not disclosed in this study. Therefore, the results were calculated by simple proportions. Statistical analysis was not performed due to the small data set. Approval from the Community Health Administrator, on behalf of the Band Chief, was obtained.

Results

Of the 100 questionnaires, 14 were completed by men and 86 by women. The majority (59%) of respondents were between the ages of 21–50, 18% were less than 21 years of age, and 23% were age 51 or older. All identified themselves as Mi'kmaq (Table 2).

Sixty-six percent of participants have used Mi'kmaq medicine; 27% in the past year, 39% have used it, but not in the past year. Of all the respondents 79% usually go to the doctor first when they are ill. Mi'kmaq medicine is used first by 17% when they are ill. Four respondents circled both answers.

Overall, 58% of respondents believe that the doctor is better at treating illness, 23% believe that Mi'kmaq medicine is better, and 19% circled both answers.

Users of Mi'kmaq medicine

For the sake of this study, users of Mi'kmaq medicine were divided into "Recent" users (those who have used it in the past year) and "Past" users (those who have used it, but not in the past year) (Table 2).

Of the 66% of respondents who identify themselves as Recent or Past users of Mi'kmaq medicine, the vast majority (92.4%, 61/66 respondents) have not discussed this with their physician.

The majority (69.7%) still go to their physician first when they are ill. However this number is smaller (55.6%) among Recent users. Of all users of Mi'kmaq medicine, 45.5% believe that their doctor

Table 2. Demographic features and attitudes of the users (*n* = 66) and non-users (*n* = 34) of Mi'kmaq medicine who responded to the study questionnaire

	No. (and %) of respondents			
Feature	Recent users* (*n* = 27)	Past users† (*n* = 39)	Non-users‡ (*n* = 34)	Overall (*n* = 100)
Demographic				
Age				
0–20	2 (7.4)	7 (17.9)	9 (26.5)	18 (18)
21–50	16 (59.3)	25 (64.1)	18 (52.9)	59 (59)
≥51	9 (33.3)	7 (17.9)	7 (20.6)	23 (23)
Sex				
Male	5 (18.5)	5 (12.8)	4 (11.8)	14 (14)
Female	22 (81.5)	34 (87.2)	30 (88.2)	86 (86)
Mi'kmaq	27 (100)	39 (100)	34 (100)	100 (100)
Discuss use of Mi'kmaq medicine with doctor	3 (11.1)	2 (5.1)	N/A	N/A
Preference for first-line treatment when ill				
Western medicine (i.e., doctor)	15 (55.6)	31 (79.5)	33 (97)	79 (79)
Mi'kmaq medicine	10 (37.0)	6 (15.4)	1 (3)	17 (17)
Both choices circled§	2 (7.4)	2 (5.1)	0	4 (4)
Attitude toward treating illness				
Doctor better	7 (25.9)	23 (59.0)	28 (82.4)	58 (58)
Mi'kmaq medicine better	10 (37.0)	11 (28.2)	2 (5.9)	23 (23)
Both choices circled§	10 (37.0)	5 (12.8)	4 (11.8)	19 (19)

*Those who have used Mi'kmaq medicine in the past year
†Those who have used Mi'kmaq medicine, but not in the past year
‡Those who have never used Mi'kmaq medicine
§Patients were asked to circle their response to each query.

is better at treating illness, 31.8% believe that Mi'kmaq medicine is better, and 22.7% circled both answers.

Recent users of Mi'kmaq medicine appear to favour it the most. Of this group, only 25.9% believe the doctor is better at treating illness, 37% believe Mi'kmaq medicine is better and 37% circled both answers.

Non-users of Mi'kmaq medicine

Thirty-four percent of the respondents have never used Mi'kmaq medicine ("Non-users"). Interestingly, 5.9% of these Non-users believe that Mi'kmaq medicine is better than Western medicine in treating illness, even though they have never used it. Of the remainder, 82.4% feel that physicians are better at treating illness, and 11.8% circled both answers.

Age trends in use of Mi'kmaq medicine

The number of respondents in each age category differs, and statistical significance has not been determined; therefore, age trends must be discussed with caution.

The use of Mi'kmaq medicine may increase with age (Fig. 1). Of the respondents under the age of 20 years, 9/18 (50%) have used Mi'kmaq medicine, whereas 41/59 (69%) between ages 21–50 and 16/23 (70%) of those ≥51 have used Mi'kmaq medicine.

Recent use also increased with age in this study, from 11% of those <20, to 27% of those aged 21–50, to 40% of those ≥51.

Discussion

The results of this survey suggest that the majority of Mi'kmaq patients surveyed at a First Nations community medical centre use or have used Mi'kmaq medicine in addition to Western medicine. This use is generally not discussed with their physician.

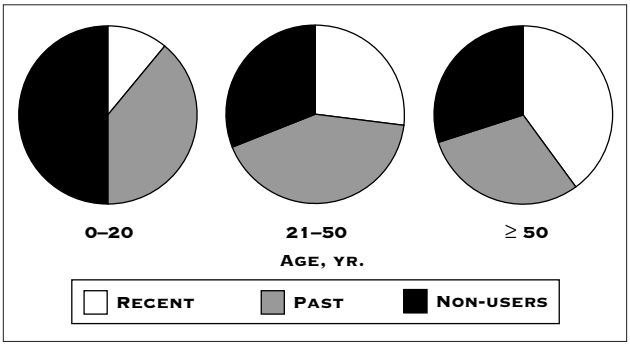


Fig. 1. Age trends in use of Mi'kmaq medicine

Furthermore, a large number of these patients believe that Mi'kmaq medicine is more effective than Western medicine, despite the fact that they are seeking Western medical advice. These findings have implications for the provision of effective and culturally sensitive health care to First Nations populations.

Similar studies have been done elsewhere. In his research study[8] conducted for the 1996 Royal Commission Report,[5] Kaufert found that 10.1% of respondents living on-reserve and 4.6% living in urban areas had consulted a traditional healer in the previous year.

In a study ascertaining the use of traditional health practices by urban American Indian / Alaska Native patients, it was found that 70% often used traditional health practices.[9] Use was associated with alcohol abuse, trauma and musculoskeletal pain. These are all illness experiences that have historically been less successfully addressed by biomedical interventions.[9]

A study conducted at an urban Indian Health Service Clinic in Milwaukee found that 38% of patients had seen a traditional healer in the past year.[10] Only 14.8% of these patients told their physician. Of those who had not seen a healer, 86% would consider seeing one in the future. More than one-third of patients seeing healers received different health advice from their physician and from their healer for the same condition, but rated their healer's advice above their physician's 61.4% of the time.[10]

Clearly, traditional healing practices are an important part of the beliefs and values about health held by many Aboriginal patients seeking care from Western medical facilities. Several studies have concluded that use of traditional healing practices is intrinsically beneficial to the health outcomes of Native American patients.[9,10] This may be because Western medicine is not adept at addressing all aspects of Aboriginal health, especially illnesses strongly linked to psychosocial issues (for example, trauma and alcohol abuse).[5,9]

There is a traditional Mi'kmaq belief that "For every sickness on this Earth, there is a medicine under your feet," but the counterpart of this belief is that "White man's diseases often require white man's medicine."[1] Clearly, it is recognized that there are strengths and weaknesses of both traditional and Western systems of health.

This apparent dichotomy of values has significant implications for health care provision and presents a unique challenge to Western-trained health care providers in Aboriginal communities. The sheer

number of patients in this study (24.2%) who seek Western medicine as a second-line therapy and the even larger number (31.8%) who do not believe that Western medicine is as effective as Mi'kmaq medicine implies that conventional medical advice may not be accepted or followed by patients. This may inhibit the ability of the physician to provide effective care.

Furthermore, 92.4% of users of Mi'kmaq medicine in this study did not tell their physician. The conclusions from a US study of why patients who use complementary therapies do not tell their physician may also apply to this population. These reasons included the belief that it is not important for the doctor to know, the doctor did not ask, would not understand, would disapprove, or might not be willing to continue as their health provider.[11]

It is important for health care providers in Aboriginal communities to understand and respect traditional healing practices and beliefs. According to one study[12] of how physicians come to understand Aboriginal patients and their communities, "Patient care and community context are inextricably linked. Physicians need to understand the social structure and value system of the community they serve. Ultimately, physicians are treating both each patient and the whole community."

This is echoed in an editorial[13] by Aboriginal physician Janet Smylie: "... examining the health problems of the Aboriginal populations with whom we work cannot be done without considering the community context." Understanding attitudes toward traditional healing practices are a key part of understanding community context. Physicians working in Aboriginal communities should seek to recognize and respond to the health care values unique to that patient population. To provide the most effective care, the physician must facilitate open discussion about the integration of healing methods that reflect the patient's values.

Limitations

To respect the community's wish for anonymity, the community's population size was not presented or used in data analysis. This limits the ability to generalize from the results. The data were self-reported, and there may have been some degree of self-selection among those who were more literate and willing to participate. Those who tended to decline participation were usually elderly and male. Some participants had the survey explained to them in Mi'kmaq by other patients in the waiting room, therefore the interpretation of the questions may have varied. The term "Mi'kmaq medicine" was intentionally not defined, to allow people to interpret it in the context of their health care practices. However, this limits the ability to draw generalized conclusions.

Although there is much still to be learned, these results may provide some insight into the dichotomy of values held by Mi'kmaq patients with respect to health care. To provide culturally appropriate care, this will need to be addressed by health care providers in First Nations communities.

Competing interests: None declared.

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