First Nations, Inuit and Métis in Canada experience a disproportionate burden of ill health and factors such as lower incomes, inadequate housing, and the legacy of the residential school era have a strong influence on their health. At the same time, their populations are growing rapidly, and there is an urgent need to improve their quality of living, and increase access to culturally appropriate, integrated palliative care services.
A palliative approach provides a comprehensive, effective and affordable way to deliver culturally-safe services for Aboriginal populations. It can also help provide much needed care to members of rural and remote communities who might not otherwise have access to expert palliative care teams. By integrating a palliative approach into all care settings within the community, people will receive consistent seamless care even when they have to move from one setting to another. Their advance care plan and their goals of care will travel with them, and their wishes will be respected in all care settings.

These seamless transitions are particularly important for Canada’s First Peoples, who may have to move from one jurisdiction to another in the course of their care (i.e., from the federal health system to a provincial health system). The fragmentation between federal, provincial and territorial health jurisdictions and health services makes it difficult to coordinate health services and follow-up. To adapt an integrated palliative approach to care for Canada’s First Peoples and provide seamless services, it will be essential to understand and manage these jurisdictional issues.

When adapting an integrated palliative approach to care with and for Aboriginal Canadians, health care systems and providers should take several key steps:

**Partnerships**

Recognize Canada’s First Peoples as partners in their care: ensure that models of care do not see Canada’s First Peoples as solely recipients of care, but as true partners in the development and delivery of their care.

Engage local leaders, including community resource people, Elders and cultural advisors as full recognized members of the health care team at all levels, and build on their knowledge to ensure culturally appropriate models of care and manage potential “professional bias.”

**Communities of Care**

Use a community-based development process to enhance local capacity: start by ensuring all relevant structural elements are in place and coordinated, and then develop local care models, based on needs, using a process that works for each setting and leveraging regional and provincial/territorial capacity as needed.

**Culturally-Safe Tools and Resources**

Develop culturally-safe, holistic tools and resources (e.g., assessment tools) that include physical, emotional, spiritual and intellectual aspects of health and well being within a family and community context: ensure flexible and timely access to these tools and resources.

Please visit these sites to learn more:

**The Way Forward and a palliative approach:**

[www.hpcintegration.ca](http://www.hpcintegration.ca)

**Advance Care Planning:**

[www.advancecareplanning.ca](http://www.advancecareplanning.ca)

(including workbooks and tools by province)

**Palliative care education and resources:**

[www.pallium.ca](http://www.pallium.ca)

**Hospice palliative care:**

[www.chpca.net](http://www.chpca.net)

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