POLICY PAPER

OUR COMMITMENT TO CULTURAL SAFETY

As it pertains to providing culturally safe health care to Indigenous patients in Newfoundland and Labrador

SEPTEMBER 30, 2021

The College of Physicians and Surgeons
of Newfoundland and Labrador
respectfully acknowledges the province
of Newfoundland and Labrador as
the ancestral homeland of different populations
of Indigenous Peoples, including the Beothuk,
who have contributed to 9,000 years of its human history.
We acknowledge, with respect,
the Mi'kmaq, Innu, and Inuit
and their histories and cultures.

ACKNOWLEDGEMENTS

The College of Physicians and Surgeons
of Newfoundland and Labrador
prepared this position paper
with the appreciated work, review, and assistance
of many organizations and individuals.

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KEY DEFINITIONS

cultural safety

An outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health-care system. It results in an environment free of racism and discrimination, where people feel safe accessing, making decisions about, and receiving care.

cultural humility

A lifelong process of self-reflection to understand personal and systemic biases and develop relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience.

Indigenous healing

Health practices, approaches, knowledge, and beliefs incorporating Indigenous Peoples' healing and wellness while using any or all of: ceremonies; plant, animal, or mineral-based medicines; energetic therapies; or physical/hands-on care.

implicit bias

The attitudes or stereotypes that unconsciously affect our understanding, actions, and decisions.

trauma-informed practices

In medical and College work, these are practices in which all parties involved recognize and respond to the impact of traumatic stress on the people with whom they are in contact. The College and its registered physicians should use the best available science and informed care to maximize physical and psychological safety, facilitate recovery from trauma, and support the ability to thrive.

1. GOVERNANCE & LEADERSHIP

The College nurtures and encourages practices that embrace values of cultural safety and cultural humility in all its activities, and it is committed to the following related actions. They include regulatory proceedings, workplace practices, and aspects of internal culture that specifically speak to the Indigenous experience within the health care system of the province of Newfoundland and Labrador and that fall under the mandate of the College of Physicians and Surgeons of Newfoundland and Labrador.

- The College board and senior management team will work toward:
    - Increasing awareness and understanding of racism, and of the necessity to drive toward the creation of cultural safety and cultural humility in the College's own work and in the province's health care environments. Increased awareness and understanding will be the foundation of CPSNL's commitment to creating a climate of acceptance, inclusion, and collaboration so that Indigenous patients feel they can safely access equitable health care services in this province.
    - Adapting our professional culture by introducing changes that enable the College to address Indigenous-specific racism and bias within Newfoundland and Labrador's health care system at both the systemic and individual levels. One vehicle for change is an interactive educational module that continually evolves and is collaborative in nature. It was designed and developed with the participation of Indigenous groups, and in partnership with the Office of Professional and Educational Development (OPED) within the Faculty of Medicine, Memorial University of Newfoundland and Labrador.
- Council members, senior management, and staff in the College's complaints, quality, legal, and licensing departments will regularly review the OPED education program.
- College staff, including College management, will engage in learning opportunities that engender respectful discussions of biases and the best ways to prevent and mitigate biased behaviour.
- Adjudication Tribunals that hear cases involving either an Indigenous complainant or Indigenous physician respondent will receive education and training about Indigenous Peoples and cultural safety.
- Annual General Meetings, Adjudication Tribunals, and quarterly Council meetings will start with an Indigenous land acknowledgement.
- The Council's annual Strategic Plan review must include an assessment of the Council's governance Value Principle of inclusivity and equity to consider if Indigenous cultural safety and physician cultural humility are inherent in the Plan.

- The Council will hold at least one education session per year related to Indigenous patients' cultural safety and related issues and ensure the presence of Indigenous representation (as per the inclusivity goal: "Nothing about us without us").

2. WORKPLACE CULTURE AND OPERATIONS

The College embraces collective and individual approaches to achieving a culturally safe CPSNL workplace for Indigenous Peoples. Support and education will be provided to all College staff to raise awareness and allow for individual reflection upon cultural safety and cultural humility.

The College's education and training to staff on these issues will include: the impacts of colonization, of residential schools, and of the racism experienced by Indigenous Peoples, and will review the history of the Indigenous Peoples of Newfoundland and Labrador.

Staff training will include education sessions on trauma-informed practices.

The College has an important role in supporting and encouraging its registrants to practise medicine with awareness, in order to create environments free of racism and discrimination in which people feel safe accessing, making decisions about, and receiving medical care.

College policies prohibit discrimination and promote equitable access to medical care for all patients.

3. CHANGING REGULATORY PRACTICES & PROCESSES

The College will continue to explore and address ways to increase access for Indigenous Peoples to health care, as far as its regulatory processes and practices allow. For example:

- In 2021, the College revised the Complaints section of its website to provide greater clarity, so that this complex administrative process might be more easily understood.
- The College also modified its Complaints process to allow individuals to act as representatives on behalf of complainants. The College also provides for independent supports to complainants throughout the Complaints process, as required.

4. ENGAGEMENT & PARTNERSHIPS

The College will continue to develop and strengthen meaningful relationships with Indigenous communities, other regulators, and with other professions to further cultural safety of Indigenous Peoples.

Newfoundland and Labrador Health Regulators Network (NLHRN)

The College, in partnership with other NL Health Regulators and Indigenous communities, will actively support relationship building and joint activities. The College will share with NLHRN all materials/programs it has developed.

Royal College of Physicians and Surgeons of Canada (RCPSC)

The Royal College of Physicians and Surgeons of Canada recognizes that Indigenous health is a priority. On October 26, 2017, the Royal College's Council endorsed a resolution proposed by the Indigenous Health Committee of the Royal College (IHC) to include Indigenous health across all residency training programs, a step towards fulfilling the Truth and Reconciliation Commission's Calls to Action. These Calls to Action focus on the education of health care providers in delivering equitable and culturally safe care.

College of Family Physicians of Canada (CFPC)

The College of Family Physicians of Canada released the following statement against racism in June 2020.

THE COLLEGE OF FAMILY PHYSICIANS OF CANADA | LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA

CFPC Statement Against Racism

June 2020

The College of Family Physicians of Canada (CFPC) is heartbroken and disgusted by the killings of George Floyd, Ahmaud Arbery, and all other victims of racially motivated violence in the United States as well as in Canada. The pain, destruction, and brutality that racism has caused are unfathomable. As family physicians working in a privileged profession, it's important to use our voices to condemn racism everywhere it exists.

. . .

. . .

Further, we know COVID-19 is having a disproportionately large effect on marginalized and vulnerable populations as well as on racialized communities. The pandemic is exposing racism and inequalities that are deeply entrenched in our society, and we must not ignore what is happening now in North America.

The CFPC will continue to address racism in all its forms, including through the creation of guides such as *Health and Health Care Implications of Systemic Racism on Indigenous Peoples in Canada*. As a member of the Canadian Coalition for Public Health in the 21st Century, we also support its position statement on racism and health. The CFPC will continue to reflect as an organization on how we can strive to do better.

In the face of these tragic events, we share in this pain together as fellow human beings.

Sincerely,

Shirley Schipper, MD, CCFP, FCFP
President

Francine Lemire, MD CM, CCFP, FCFP, CAE, ICD.D
Executive Director and CEO

Medical Council of Canada (MCC)

MCC supports the emerging National Consortium for Indigenous Medical Education (NCIME) and its goals for assessment and anti-racism, with a focus on helping the Consortium achieve self-determination (see page 18 of the MCC's recent Annual Report).

Federation of Medical Regulatory Authorities of Canada (FMRAC)

FMRAC has identified as priority principles and values the provision of cultural safety to Indigenous Peoples, as well as the nurturing of EDI (equity, diversity, and inclusivity) and the need to address implicit bias and systemic racism and discrimination. It has established a Working Group dedicated to these issues, which has considered, to date, the draft statement and principles quoted on the following page.

"FMRAC and the MRAs [medical regulatory authorities] will be guided and abide by the following principles (the six Rs):

Relationship

The establishment and maintenance of a mutually respectful and helpful relationship between Indigenous and non-Indigenous People as a key element for reconciliation to take place.

Reconciliation

The result brought about by an awareness of the past and an acknowledgement of the harm done to Indigenous People that leads to atonement for the causes and a commitment to ongoing action to change behaviour.

Respect

The due regard for the rights, traditions, feelings and wishes of Indigenous People. (N.B.: This principle will be modified to incorporate the need to acknowledge the truth from the perspective of the person who experienced the harm, and not to distort or misinterpret it.)

Recognition

The solemn and formal acknowledgement of Indigenous People and their right to self-determination, their languages and their cultures, and a commitment to honouring all treaties.

Reciprocity

The wise practice through which Indigenous and non-Indigenous People and communities exchange with each other for mutual benefit, including knowledge and the granting of privileges.

Responsibility

The ability or custom of Indigenous People and communities to act independently and make decisions without authorization."

* * *

In 2018, CPSNL allocated an unrestricted educational grant to the Faculty of Medicine, Memorial University, Office of Professional and Education Department (OPED), tasking it with developing—with Indigenous Peoples and other consultants—a cultural safety and awareness continuing medical education (CME) module. The development of this module was completed in 2021.

This module is, to the best of our knowledge, the first accredited CME learning module pertaining to Indigenous cultural safety and awareness to be created for physicians (and others) in Canada. It is now a requirement for physicians licensed to practise in Newfoundland and Labrador. The OPED/CPSNL partnership has worked extremely well and CPSNL is pleased to have sponsored this work.

DOCUMENT HISTORY

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APPENDICES

APPENDIX A – STANDARD PRINCIPLES

Physicians licensed with CPSNL must:

1. Acknowledge there is an inherent power imbalance between physicians and patients, and actively work to achieve a balance of power in the physician–patient relationship.
2. Treat all individuals with respect and acknowledge that all patients are deserving of equitable treatment, care, knowledge, and compassion.
3. Seek to understand how Newfoundland and Labrador's colonial history, systemic racism, and inequities have impacted Indigenous Peoples' health outcomes, and ensure that interactions with and care of Indigenous patients do not perpetuate such outcomes.
4. Understand that past traumatic experiences may influence how patients interact with the health care system.
5. Understand that patients' past experiences, cultural beliefs, values, and practices influence:
    - patients' perceptions of health, well-being, illness, and disease
    - how patients respond to and manage their health
    - patients' treatment decisions and interactions with physicians and the wider health-care system.
6. Recognize the presence and understand the root causes of health inequities, including social determinants of health, and be aware that physicians may have implicit biases and may not be fully knowledgeable about other cultural beliefs, values, and practices, and be open to learning from their patients.
7. Acknowledge that general cultural information may not apply to specific patients and that patients must not be stereotyped.
8. Actively avoid imposing their own cultural beliefs, values, and practices on patients.
9. Avoid criticizing cultural practices that may differ with the physician's own expected plans of care and seek to learn and understand how plans of care can be adapted to fit with patients' cultural practices.
10. Recognize the limitations in their own knowledge and create a safe environment by:
    - understanding that they may have gaps in knowledge about patients' past experiences, cultures, values, and beliefs
    - reflecting on how they can make situations safe for patients and for others involved in their care
    - seeking knowledge about patients' past experiences, cultures, values, and beliefs from other sources
    - acting in a manner that is respectful, curious, and open to learning about patients' past experiences, cultures, values, and beliefs.

11. Formulate treatment plans in partnership with patients. Integrate, when possible, Indigenous healing practices with Western health-care approaches.
12. Communicate effectively with all patients by
    - recognizing that patients' verbal and non-verbal communication styles may differ from their own, including the need for empty space during conversations
    - working effectively with interpreters when required
    - seeking help to better understand patients' needs to experience cultural safety
13. Report to the appropriate authority any unprofessional conduct by colleagues or other health care professionals. This may include instances of implicit or explicit racism or systemic racism within health care services, including drawing attention to any policies, procedures, or practices that directly or indirectly contribute to systemic racism.

APPENDIX B – RESOURCES

The College of Physicians and Surgeons of British Columbia (BPSBC) has provided its policy document ("The College's commitment to cultural safety and humility") to the College of Physicians and Surgeons of Newfoundland and Labrador (CPSNL) for use in developing a similar paper. Without CPSBC's willingness to share its work, developing this CPSNL document would have been daunting. We thank CPSBC greatly for sharing and allowing us to review and adapt their ideas and texts—and even adopt some specific language—into this CPSNL policy paper.

We also note that the Canadian Truth and Reconciliation Commission of Canada has directed Medical Regulatory Authorities to address issues of Indigenous Peoples separately from the general societal issues of inclusivity, diversity, equity, and systemic racism.

ASSOCIATION MÉDICALE CANADIENNE | CANADIAN MEDICAL ASSOCIATION

CMA CODE OF ETHICS AND PROFESSIONALISM

The CMA Code of Ethics and Professionalism articulates the ethical and professional commitments and responsibilities of the medical profession. The Code provides standards of ethical practice to guide physicians in fulfilling their obligation to provide the highest standard of care and to foster patient and public trust in physicians and the profession. The Code is founded on and affirms the core values and commitments of the profession and outlines responsibilities related to contemporary medical practice.

In this Code, ethical practice is understood as a process of active inquiry, reflection, and decision-making concerning what a physician's actions should be and the reasons for these actions. The Code informs ethical decision-making, especially in situations where existing guidelines are insufficient or where values and principles are in tension. The Code is not exhaustive; it is intended to provide standards of ethical practice that can be interpreted and applied in particular situations. The Code and other CMA policies constitute guidelines that provide a common ethical framework for physicians in Canada.

In this Code, medical ethics concerns the virtues, values, and principles that should guide the medical profession, while professionalism is the embodiment or enactment of responsibilities arising from those norms through standards, competencies, and behaviours. Together, the virtues and commitments outlined in the Code are fundamental to the ethical practice of medicine.

Physicians should aspire to uphold the virtues and commitments in the Code, and they are expected to enact the professional responsibilities outlined in it.

Physicians should be aware of the legal and regulatory requirements that govern medical practice in their jurisdictions.

A. VIRTUES EXEMPLIFIED BY THE ETHICAL PHYSICIAN

Trust is the cornerstone of the patient–physician relationship and of medical professionalism. Trust is therefore central to providing the highest standard of care and to the ethical practice of medicine. Physicians enhance trustworthiness in the profession by striving to uphold the following interdependent virtues:

COMPASSION. A compassionate physician recognizes suffering and vulnerability, seeks to understand the unique circumstances of each patient and to alleviate the patient's suffering, and accompanies the suffering and vulnerable patient.
HONESTY. An honest physician is forthright, respects the truth, and does their best to seek, preserve, and communicate that truth sensitively and respectfully.
HUMILITY. A humble physician acknowledges and is cautious not to overstep the limits of their knowledge and skills or the limits of medicine, seeks advice and support from colleagues in challenging circumstances, and recognizes the patient's knowledge of their own circumstances.
INTEGRITY. A physician who acts with integrity demonstrates consistency in their intentions and actions and acts in a truthful manner in accordance with professional expectations, even in the face of adversity.
PRUDENCE. A prudent physician uses clinical and moral reasoning and judgement, considers all relevant knowledge and circumstances, and makes decisions carefully, in good conscience, and with due regard for principles of exemplary medical care.

B. FUNDAMENTAL COMMITMENTS OF THE MEDICAL PROFESSION

Commitment to the well-being of the patient

Consider first the well-being of the patient; always act to benefit the patient and promote the good of the patient.
Provide appropriate care and management across the care continuum.
Take all reasonable steps to prevent or minimize harm to the patient; disclose to the patient if there is a risk of harm or if harm has occurred.
Recognize the balance of potential benefits and harms associated with any medical act; act to bring about a positive balance of benefits over harms.

Commitment to respect for persons

Always treat the patient with dignity and respect the equal and intrinsic worth of all persons.
Always respect the autonomy of the patient.
Never exploit the patient for personal advantage.
Never participate in or support practices that violate basic human rights.

Commitment to justice

Promote the well-being of communities and populations by striving to improve health outcomes and access to care, reduce health inequities and disparities in care, and promote social accountability.

Commitment to professional integrity and competence

Practise medicine competently, safely, and with integrity; avoid any influence that could undermine your professional integrity.
Develop and advance your professional knowledge, skills, and competencies through lifelong learning.

Commitment to professional excellence

Contribute to the development and innovation in medicine through clinical practice, research, teaching, mentorship, leadership, quality improvement, administration, or advocacy on behalf of the profession or the public.
Participate in establishing and maintaining professional standards and engage in processes that support the institutions involved in the regulation of the profession.
Cultivate collaborative and respectful relationships with physicians and learners in all areas of medicine and with other colleagues and partners in health care.

Commitment to self-care and peer support

Value personal health and wellness and strive to model self-care; take steps to optimize meaningful co-existence of professional and personal life.
Value and promote a training and practice culture that supports and responds effectively to colleagues in need and empowers them to seek help to improve their physical, mental, and social well-being.
Recognize and act on the understanding that physician health and wellness needs to be addressed at individual and systemic levels, in a model of shared responsibility.

Commitment to inquiry and reflection

Value and foster individual and collective inquiry and reflection to further medical science and to facilitate ethical decision-making.
Foster curiosity and exploration to further your personal and professional development and insight; be open to new knowledge, technologies, ways of practising, and learning from others.

C. PROFESSIONAL RESPONSIBILITIES

PHYSICIANS AND PATIENTS

Patient–physician relationship

The patient–physician relationship is at the heart of the practice of medicine. It is a relationship of trust that recognizes the inherent vulnerability of the patient even as the patient is an active participant in their own care. The physician owes a duty of loyalty to protect and further the patient's best interests and goals of care by using the physician's expertise, knowledge, and prudent clinical judgment.

In the context of the patient–physician relationship:

1. Accept the patient without discrimination (such as on the basis of age, disability, gender identity or expression, genetic characteristics, language, marital and family status, medical condition, national or ethnic origin, political affiliation, race, religion, sex, sexual orientation, or socioeconomic status). This does not abrogate the right of the physician to refuse to accept a patient for legitimate reasons.
2. Having accepted professional responsibility for the patient, continue to provide services until these services are no longer required or wanted, or until another suitable physician has assumed responsibility for the patient, or until after the patient has been given reasonable notice that you intend to terminate the relationship.
3. Act according to your conscience and respect differences of conscience among your colleagues; however, meet your duty of non-abandonment to the patient by always acknowledging and responding to the patient's medical concerns and requests whatever your moral commitments may be.
4. Inform the patient when your moral commitments may influence your recommendation concerning provision of, or practice of any medical procedure or intervention as it pertains to the patient's needs or requests.
5. Communicate information accurately and honestly with the patient in a manner that the patient understands and can apply, and confirm the patient's understanding.
6. Recommend evidence-informed treatment options; recognize that inappropriate use or overuse of treatments or resources can lead to ineffective, and at times harmful, patient care and seek to avoid or mitigate this.
7. Limit treatment of yourself, your immediate family, or anyone with whom you have a similarly close relationship to minor or emergency interventions and only when another physician is not readily available; there should be no fee for such treatment.
8. Provide whatever appropriate assistance you can to any person who needs emergency medical care.
9. Ensure that any research to which you contribute is evaluated both scientifically and ethically and is approved by a research ethics board that adheres to current standards of practice. When involved in research, obtain the informed consent of the research participant and advise prospective participants that they have the right to decline to participate or withdraw from the study at any time, without negatively affecting their ongoing care.
10. Never participate in or condone the practice of torture or any form of cruel, inhuman, or degrading procedure.

Decision-making

Medical decision-making is ideally a deliberative process that engages the patient in shared decision-making and is informed by the patient's experience and values and the physician's clinical judgment. This deliberation involves discussion with the patient and, with consent, others central to the patient's care (families, caregivers, other health professionals) to support patient-centred care.

In the process of shared decision-making:

11. Empower the patient to make informed decisions regarding their health by communicating with and helping the patient (or, where appropriate, their substitute decision-maker) navigate reasonable therapeutic options to determine the best course of action consistent with their goals of care; communicate with and help the patient assess material risks and benefits before consenting to any treatment or intervention.
12. Respect the decisions of the competent patient to accept or reject any recommended assessment, treatment, or plan of care.
13. Recognize the need to balance the developing competency of minors and the role of families and caregivers in medical decision-making for minors, while respecting a mature minor's right to consent to treatment and manage their personal health information.
14. Accommodate a patient with cognitive impairments to participate, as much as possible, in decisions that affect them; in such cases, acknowledge and support the positive roles of families and caregivers in medical decision-making and collaborate with them, where authorized by the patient's substitute decision-maker, in discerning and making decisions about the patient's goals of care and best interests.
15. Respect the values and intentions of a patient deemed incompetent as they were expressed previously through advance care planning discussions when competent, or via a substitute decision-maker.
16. When the specific intentions of an incompetent patient are unknown and in the absence of a formal mechanism for making treatment decisions, act consistently with the patient's discernable values and goals of care or, if these are unknown, act in the patient's best interests.
17. Respect the patient's reasonable request for a second opinion from a recognized medical expert.

PHYSICIANS AND THE PRACTICE OF MEDICINE

Patient privacy and the duty of confidentiality

18. Fulfill your duty of confidentiality to the patient by keeping identifiable patient information confidential; collecting, using, and disclosing only as much health information as necessary to benefit the patient; and sharing information only to benefit the patient and within the patient's circle of care. Exceptions include situations where the informed consent of the patient has been obtained for disclosure or as provided for by law.
19. Provide the patient or a third party with a copy of their medical record upon the patient's request, unless there is a compelling reason to believe that information contained in the record will result in substantial harm to the patient or others.
20. Recognize and manage privacy requirements within training and practice environments and quality improvement initiatives, in the context of secondary uses of data for health system management, and when using new technologies in clinical settings.

21. Avoid health care discussions, including in personal, public, or virtual conversations, that could reasonably be seen as revealing confidential or identifying information or as being disrespectful to patients, their families, or caregivers.

Managing and minimizing conflicts of interest

22. Recognize that conflicts of interest may arise as a result of competing roles (such as financial, clinical, research, organizational, administrative, or leadership).
23. Enter into associations, contracts, and agreements that maintain your professional integrity, consistent with evidence-informed decision-making, and safeguard the interests of the patient or public.
24. Avoid, minimize, or manage and always disclose conflicts of interest that arise, or are perceived to arise, as a result of any professional relationships or transactions in practice, education, and research; avoid using your role as a physician to promote services (except your own) or products to the patient or public for commercial gain outside of your treatment role.
25. Take reasonable steps to ensure that the patient understands the nature and extent of your responsibility to a third party when acting on behalf of a third party.
26. Discuss professional fees for non-insured services with the patient and consider their ability to pay in determining fees.
27. When conducting research, inform potential research participants about anything that may give rise to a conflict of interest, especially the source of funding and any compensation or benefits.

PHYSICIANS AND SELF

28. Be aware of and promote health and wellness services, and other resources, available to you and colleagues in need.
29. Seek help from colleagues and appropriate medical care from qualified professionals for personal and professional problems that might adversely affect your health and your services to patients.
30. Cultivate training and practice environments that provide physical and psychological safety and encourage help-seeking behaviours.

PHYSICIANS AND COLLEAGUES

31. Treat your colleagues with dignity and as persons worthy of respect. Colleagues include all learners, health care partners, and members of the health care team.
32. Engage in respectful communications in all media.
33. Take responsibility for promoting civility, and confronting incivility, within and beyond the profession. Avoid impugning the reputation of colleagues for personal motives; however, report to the appropriate authority any unprofessional conduct by colleagues.
34. Assume responsibility for your personal actions and behaviours and espouse behaviours that contribute to a positive training and practice culture.

35. Promote and enable formal and informal mentorship and leadership opportunities across all levels of training, practice, and health system delivery.
36. Support interdisciplinary team-based practices; foster team collaboration and a shared accountability for patient care.

PHYSICIANS AND SOCIETY

37. Commit to ensuring the quality of medical services offered to patients and society through the establishment and maintenance of professional standards.
38. Recognize that social determinants of health, the environment, and other fundamental considerations that extend beyond medical practice and health systems are important factors that affect the health of the patient and of populations.
39. Support the profession's responsibility to act in matters relating to public and population health, health education, environmental determinants of health, legislation affecting public and population health, and judicial testimony.
40. Support the profession's responsibility to promote equitable access to health care resources and to promote resource stewardship.
41. Provide opinions consistent with the current and widely accepted views of the profession when interpreting scientific knowledge to the public; clearly indicate when you present an opinion that is contrary to the accepted views of the profession.
42. Contribute, where appropriate, to the development of a more cohesive and integrated health system through inter-professional collaboration and, when possible, collaborative models of care.
43. Commit to collaborative and respectful relationships with Indigenous patients and communities through efforts to understand and implement the recommendations relevant to health care made in the report of the Truth and Reconciliation Commission of Canada.
44. Contribute, individually and in collaboration with others, to improving health care services and delivery to address systemic issues that affect the health of the patient and of populations, with particular attention to disadvantaged, vulnerable, or underserved communities.

Approved by the CMA Board of Directors Dec 2018

The College of Physicians and Surgeons of Newfoundland and Labrador

By-Law 5: Code of Ethics

By-Law 5: Code of Ethics

The College's Code of Ethics is made pursuant to paragraph 15(1)(i) of the *Medical Act, 2011* to establish a definition of "professional misconduct", "conduct unbecoming a medical practitioner", "professional incompetence" and "incapacity or unfitness to engage in the practice of medicine" for the purposes of sections 39-56 of the *Act*, and to identify the standards governing the practice of medicine.

In addition to this Code of Ethics, physicians are expected to be familiar with the Canadian Medical Association's Code of Ethics and Professionalism (as amended) which has been adopted by the College as a compilation of guidelines providing a common ethical framework for physicians.

1. Definitions

For the purposes of this By-law:

(1) "*Act*" means the *Medical Act, 2011* (as amended).

(2) "Adjudication Tribunal" means a tribunal appointed pursuant to s. 45 of the *Act*.

(3) "By-Laws" means by-laws made by the College, pursuant to s. 15 of the *Act*.

(4) "College" means the College of Physicians and Surgeons of Newfoundland and Labrador.

(5) "Complaints Authorization Committee" means the committee appointed pursuant to s. 40 of the *Act*.

(6) "Practice Guideline" means a statement by the College of best practices and recommendations in relation to a particular issue, which may have variable applicability on a case-by-case basis, depending on individual patient circumstances, local resources and the professional judgment of the medical practitioner, and includes College advisories ("Notices to College Members").

(7) "Quality Assurance Committee" means the committee appointed pursuant to s. 69 of the *Act*.

(8) "Regulations" means regulations having effect under the *Act*.

(9) "Standard of Practice" means principles of patient care and management that are generally accepted and recognized by the medical profession in Canada, or that are expressed in a College statement of Standard of Practice.

All Practice Guidelines and Standards of Practice, as defined by this By-Law, shall be deemed to be incorporated by reference into, and to form part of, this By-Law.

2. Professional Misconduct

Professional misconduct for the purposes of s. 39 to 56 of the *Act* shall include:

Laws, regulations, and by-laws, applicable to practice

(1) Contravening the *Act*, *Regulations*, or By-Laws.

(2) Contravening the Canadian Medical Association "Code of Ethics and Professionalism", as it may be amended from time to time (hereinafter referred to as the "CMA Code"), provided that where a provision of the CMA Code, is or may be inconsistent with any provision of the *Act*, *Regulations* or the By-Laws of the College, then the latter shall apply in the stead of such provision of the CMA Code.

(3) Contravening a federal, provincial or territorial law, a municipal by-law or a by-law or rule of a public hospital if the purpose of the law, by-law or rule is to protect the health of the public and the contravention is relevant to the medical practitioner's suitability to practice.

(4) Being subjected to the withdrawal or restriction of rights or privileges under the *Controlled Drugs and Substances Act* (Canada) or the *Food and Drugs Act* (Canada), or under any successor legislation.

Practising while impaired

(5) Practising the profession while the medical practitioner's ability is impaired by drugs or alcohol.

Standards of Practice

(6) Failing to apply and maintain standards of practice expected by the profession in the branches or areas of medicine in which a medical practitioner is practising, unless the departure or modification was made in accordance with the following conditions:

(a) there was a reasonable basis for the departure or modification;

(b) the departure or modification is an exceptional circumstance and does not represent the norm for patient management by the medical practitioner;

(c) the departure or modification is limited, in extent and duration, to the minimum necessary to respond to the exceptional circumstance;

(d) the departure or modification, and the reasons for it, are documented in the patient's chart; and

(e) the medical practitioner has complied with any other conditions for departing from the standard.

Prescribing and Dispensing

(7) Prescribing, dispensing, or selling medication for an improper purpose.

(8) Prescribing medication contrary to a Standard of Practice or Practice Guideline.

(9) Dispensing medication contrary to a Standard of Practice or Practice Guideline.

Responsibilities to Patients

(10) Discontinuing professional services contrary to a Standard of Practice or Practice Guideline.

(11) Discontinuing the practice of medicine in the Province contrary to a Standard of Practice or Practice Guideline.

(12) Performing without consent, a professional service for which consent is required.

(13) Providing personal health information concerning a patient to a person other than the patient, except with the consent of the patient or as required or permitted by law.

Responsibilities to the Profession

(14) Failing to reveal the exact nature of a secret remedy or treatment used by the medical practitioner following a proper request to do so.

Responsibilities to the College

(15) Failing to respond appropriately or within a reasonable time to a written inquiry from the College.

(16) Contravening or failing to comply with:

(a) an undertaking or agreement with the College;

(b) a term, condition, restriction, or limitation on a licence or registration with the College;

(c) a caution or counsel issued by the Complaints Authorization Committee*;*

(d) an order made by the College's Adjudication Tribunal; or

(e) a directive issued by the Quality Assurance Committee.

Misrepresentations

(17) Making a misrepresentation to the College or to a representative or agent of the College.

(18) Using a name other than the medical practitioner's name, or variation thereof accepted by the College, as set out in the applicable register under the *Act*, in the course of providing or offering professional medical services.

(19) Using a term, title or designation relating to a specialty or subspecialty of the profession in respect of his or her practice of the profession unless the medical practitioner has been:

(a) certified by the Royal College of Physicians and Surgeons of Canada in a specialty or subspecialty of the profession to which the term, title or designation relates;

(b) certified by the College of Family Physicians of Canada in a specialty or subspecialty of the profession to which the term, title or designation relates; or

(c) formally recognized in writing by the College as specialist in the specialty or subspecialty of the profession to which the term, title or designation relates.

(20) Making a misrepresentation respecting a remedy, treatment, or device.

(21) Making a claim respecting the utility of a remedy, treatment, device, or procedure other than a claim which can be supported as reasonable professional opinion.

(22) Advertising professional services in a manner which is contrary to a Standard of Practice or Practice Guideline.

Records and Documents

(23) Failing to make or maintain a record in accordance with the By-Laws.

(24) Falsifying a record relating to the medical practitioner's practice.

(25) Creating, altering, or destroying a record relating to the medical practitioner's practice other than in the manner prescribed by the By-Laws or the *Personal Health Information Act* (as amended).

(26) Failing without reasonable cause to prepare a report or certificate relating to an examination or treatment performed by the medical practitioner to the patient or the patient's authorized representative within 90 days after the patient or the patient's authorized representative has requested such a report or certificate.

(27) Signing or issuing, in the medical practitioner's professional capacity, a document that the medical practitioner knows or ought to know is false or misleading.

(28) Failing to provide a patient or a patient's authorization representative with access to, or copies of, all medical records in the medical practitioner's custody or control upon request, unless an exception to disclosure applies.

Fees

(29) Sharing fees with a person who has referred a patient or receiving fees from any person to whom a medical practitioner has referred a patient or requesting or accepting a rebate or commission for the referral of a patient.

(30) Refusing to provide medical care, if urgently needed and to the extent clinically required to address the urgent need, for the reason that the collection of fees for the service is uncertain or not possible.

(31) Charging a fee for services not performed.

(32) Charging a fee that is excessive in relation to the services performed.

(33) Charging a fee for a non-insured service contrary to a Standard or Practice of Practice Guideline.

(34) Failing to itemize an account for service if requested to do so by the patient or the person or agency who is to pay, in whole or in part, for the services.

(35) Failing to issue a statement or receipt for fee for services to a patient or the person or agency who is to pay, in whole or in part, for the services if requested by a patient, person or agency.

Boundary Violations, Impropriety, Abuse, and Sexual Misconduct

(36) Engaging in a boundary violation contrary to a Standard of Practice or Practice Guideline.

Conflict of Interest

(37) Having a conflict of interest contrary to a Standard of Practice or Practice Guideline.

(38) Providing Treatment to him/herself, a family member, or another person close to the medical practitioner contrary to a Standard of Practice or Practice Guideline.

General

(39) Permitting, counselling or assisting a person who is not a medical practitioner licensed by the College to perform acts which should only be performed by a medical practitioner.

(40) Permitting or acquiescing in any act or omission of a professional medical corporation which would be considered professional misconduct if such act or omission were committed by a medical practitioner, while a shareholder, director, officer or employee of that corporation.

(41) An act or omission made in the course of the practice of medicine that, having regard to all the circumstances, is contrary to a standard or expectation of professional conduct generally recognized by the medical profession or generally recognized within the applicable medical specialty or branch of medicine, and which is harmful or potentially harmful to a patient, to the public interest or to the medical profession.

3. Conduct Unbecoming a Medical Practitioner

Conduct unbecoming a medical practitioner for the purposes of s. 39 to 56 of the *Act* shall include:

(1) An act or omission that, having regard to all the circumstances, would reasonably be regarded by medical practitioners as disgraceful, dishonourable, or harmful to the standing or reputation of the medical profession.

(2) Permitting or acquiescing in any act or omission of a professional medical corporation which would be considered conduct unbecoming a medical practitioner if such act or omission were committed by a medical practitioner, while a shareholder, director, officer or employee of that corporation.

(3) Conviction of a criminal act that would reasonably be regarded by medical practitioners as disgraceful, dishonourable, or harmful to the standing or reputation of the medical profession.

(4) Persistent or egregious unprofessional conduct towards professional colleagues.

4. Professional Incompetence

Professional incompetence for the purposes of sections 39 to 56 of the Act shall include:

(1) The demonstration by a medical practitioner's care of one or more patients that the medical practitioner lacks skill or judgment, of a nature or to an extent that the

medical practitioner is unfit to continue to practice, or that their practice should be restricted.

5. Incapacity or unfitness to engage in the practice of medicine

Incapacity or unfitness to engage in the practice of medicine for the purposes of sections 39 to 56 of the Act shall include:

(1) Continuing to practise the profession in circumstances where a medical practitioner knows, ought to know, or has been advised that they have a deficient clinical ability as a result of a physical or mental condition, disease, or disorder.

Document History

Reviewed & Updated	June 19, 2021 December 7, 2019 June 16, 2018 December 10, 2016 November 20, 2012
Expected Review Date	June 19, 2026
Publication Date	June 21, 2021

Standards of Practice and Practice Guidelines

Standards of Practice

A **Standard of Practice** is the minimum standard of professional behaviour and ethical conduct on a specific issue expected by the College.

- Accepting New Patients (2017)
- Bloodborne Viruses (2021)
- Boundary Violations (2021)
- Complementary & Alternative Medicine (2017)
- Conflict of Interest (2018)
- Consent to Treatment (2019)
- Dispensing of Medications by Physicians (2018)
- Ending the Physician-Patient Relationship (2017)
- Medical Assistance in Dying (2017)
- Medical/Surgical Procedures in Non-Hospital Facilities (2018)
- Methadone Maintenance Treatment (2018)
- Physical Examinations (2021)
- Physician Treatment of Self, Family Members or Other Close to Them (2017)
- Prescribing (2018)
- Professional Responsibilities in Medical Education (2017)
- Virtual Care (2021)
- Withdrawal of Physician Services During a Job Action (2018)

A **Practice Guideline** is a recommendation developed by the College with which members should be familiar and follow whenever and wherever possible and appropriate.

- Advertising (2021)
- Chaperones (2021)
- Closure of Medical Practice and Extended Leave from Practice (2017)
- Continuity of Care (2021)
- Disclosure of Harm (2021)
- Independent Medical Examinations (2019)
- Medical Marihuana: Advisory and Interim Guideline
- Opioid Prescribing (2017)
- Physician Use of Social Media (2018)
- Prescribing Opioids for Acute Pain (2017)
- Suboxone (2017)
- Uninsured Services (2017)

Mandatory Reporting

Physicians have a legal and professional obligation to maintain the confidentiality of patient information. There are circumstances, however, where physicians are required to report particular events or clinical conditions to the appropriate government or regulatory agency.

The list below does not represent an exhaustive list of physicians' legal responsibilities with respect to mandatory reporting. Physicians must stay informed of their duties and should seek the guidance of legal counsel or the Canadian Medical Protective Association (CMPA) where necessary.

- Duty to Report a Colleague (2018)
- Adult Abuse and Neglect
- Child and Youth Abuse and Neglect
- Gunshot and Stab Wound
- Highway Traffic Act
- Notifiable Diseases
- Public Health Protection and Promotion Act

Code of Ethics and Professionalism

The College has adopted the Canadian Medical Association's Code of Ethics and Professionalism as a compilation of guidelines providing a common ethical framework for physicians.

- CMA Code of Ethics and Professionalism (2018)

Truth and Reconciliation
Commission of Canada

Truth and Reconciliation Commission of Canada: Calls to Action

2015

Truth and Reconciliation Commission of Canada, 2012
1500–360 Main Street
Winnipeg, Manitoba
R3C 3Z3
Telephone: (204) 984-5885
Toll Free: 1-888-872-5554 (1-888-TRC-5554)
Fax: (204) 984-5915
E-mail: info@trc.ca
Website: www.trc.ca

Calls to Action

In order to redress the legacy of residential schools and advance the process of Canadian reconciliation, the Truth and Reconciliation Commission makes the following calls to action.

Legacy

Child welfare

1. We call upon the federal, provincial, territorial, and Aboriginal governments to commit to reducing the number of Aboriginal children in care by:
    i. Monitoring and assessing neglect investigations.
    ii. Providing adequate resources to enable Aboriginal communities and child-welfare organizations to keep Aboriginal families together where it is safe to do so, and to keep children in culturally appropriate environments, regardless of where they reside.
    iii. Ensuring that social workers and others who conduct child-welfare investigations are properly educated and trained about the history and impacts of residential schools.
    iv. Ensuring that social workers and others who conduct child-welfare investigations are properly educated and trained about the potential for Aboriginal communities and families to provide more appropriate solutions to family healing.
    v. Requiring that all child-welfare decision makers consider the impact of the residential school experience on children and their caregivers.
2. We call upon the federal government, in collaboration with the provinces and territories, to prepare and publish annual reports on the number of Aboriginal children (First Nations, Inuit, and Métis) who are in care, compared with non-Aboriginal children, as well as the reasons for apprehension, the total spending on preventive and care services by child-welfare agencies, and the effectiveness of various interventions.
3. We call upon all levels of government to fully implement Jordan's Principle.
4. We call upon the federal government to enact Aboriginal child-welfare legislation that establishes national standards for Aboriginal child apprehension and custody cases and includes principles that:
    i. Affirm the right of Aboriginal governments to establish and maintain their own child-welfare agencies.
    ii. Require all child-welfare agencies and courts to take the residential school legacy into account in their decision making.
    iii. Establish, as an important priority, a requirement that placements of Aboriginal children into temporary and permanent care be culturally appropriate.
5. We call upon the federal, provincial, territorial, and Aboriginal governments to develop culturally appropriate parenting programs for Aboriginal families.

Education

6. We call upon the Government of Canada to repeal Section 43 of the *Criminal Code of Canada*.
7. We call upon the federal government to develop with Aboriginal groups a joint strategy to eliminate

educational and employment gaps between Aboriginal and non-Aboriginal Canadians.

8. We call upon the federal government to eliminate the discrepancy in federal education funding for First Nations children being educated on reserves and those First Nations children being educated off reserves.

9. We call upon the federal government to prepare and publish annual reports comparing funding for the education of First Nations children on and off reserves, as well as educational and income attainments of Aboriginal peoples in Canada compared with non-Aboriginal people.

10. We call on the federal government to draft new Aboriginal education legislation with the full participation and informed consent of Aboriginal peoples. The new legislation would include a commitment to sufficient funding and would incorporate the following principles:

    i. Providing sufficient funding to close identified educational achievement gaps within one generation.

    ii. Improving education attainment levels and success rates.

    iii. Developing culturally appropriate curricula.

    iv. Protecting the right to Aboriginal languages, including the teaching of Aboriginal languages as credit courses.

    v. Enabling parental and community responsibility, control, and accountability, similar to what parents enjoy in public school systems.

    vi. Enabling parents to fully participate in the education of their children.

    vii. Respecting and honouring Treaty relationships.

11. We call upon the federal government to provide adequate funding to end the backlog of First Nations students seeking a post-secondary education.

12. We call upon the federal, provincial, territorial, and Aboriginal governments to develop culturally appropriate early childhood education programs for Aboriginal families.

Language and culture

13. We call upon the federal government to acknowledge that Aboriginal rights include Aboriginal language rights.

14. We call upon the federal government to enact an Aboriginal Languages Act that incorporates the following principles:

    i. Aboriginal languages are a fundamental and valued element of Canadian culture and society, and there is an urgency to preserve them.

    ii. Aboriginal language rights are reinforced by the Treaties.

    iii. The federal government has a responsibility to provide sufficient funds for Aboriginal-language revitalization and preservation.

    iv. The preservation, revitalization, and strengthening of Aboriginal languages and cultures are best managed by Aboriginal people and communities.

    v. Funding for Aboriginal language initiatives must reflect the diversity of Aboriginal languages.

15. We call upon the federal government to appoint, in consultation with Aboriginal groups, an Aboriginal Languages Commissioner. The commissioner should help promote Aboriginal languages and report on the adequacy of federal funding of Aboriginal-languages initiatives.

16. We call upon post-secondary institutions to create university and college degree and diploma programs in Aboriginal languages.

17. We call upon all levels of government to enable residential school Survivors and their families to reclaim names changed by the residential school system by waiving administrative costs for a period of five years for the name-change process and the revision of official identity documents, such as birth certificates, passports, driver's licenses, health cards, status cards, and social insurance numbers.

Health

18. We call upon the federal, provincial, territorial, and Aboriginal governments to acknowledge that the current state of Aboriginal health in Canada is a direct result of previous Canadian government policies, including residential schools, and to recognize and implement the health-care rights of Aboriginal people as identified in international law, constitutional law, and under the Treaties.

19. We call upon the federal government, in consultation with Aboriginal peoples, to establish measurable goals to identify and close the gaps in health outcomes

between Aboriginal and non-Aboriginal communities, and to publish annual progress reports and assess long-term trends. Such efforts would focus on indicators such as: infant mortality, maternal health, suicide, mental health, addictions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury incidence, and the availability of appropriate health services.

20. In order to address the jurisdictional disputes concerning Aboriginal people who do not reside on reserves, we call upon the federal government to recognize, respect, and address the distinct health needs of the Métis, Inuit, and off-reserve Aboriginal peoples.

21. We call upon the federal government to provide sustainable funding for existing and new Aboriginal healing centres to address the physical, mental, emotional, and spiritual harms caused by residential schools, and to ensure that the funding of healing centres in Nunavut and the Northwest Territories is a priority.

22. We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients.

23. We call upon all levels of government to:

    i. Increase the number of Aboriginal professionals working in the health-care field.

    ii. Ensure the retention of Aboriginal health-care providers in Aboriginal communities.

    iii. Provide cultural competency training for all health-care professionals.

24. We call upon medical and nursing schools in Canada to require all students to take a course dealing with Aboriginal health issues, including the history and legacy of residential schools, the *United Nations Declaration on the Rights of Indigenous Peoples*, Treaties and Aboriginal rights, and Indigenous teachings and practices. This will require skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism.

Justice

25. We call upon the federal government to establish a written policy that reaffirms the independence of the Royal Canadian Mounted Police to investigate crimes in which the government has its own interest as a potential or real party in civil litigation.

26. We call upon the federal, provincial, and territorial governments to review and amend their respective statutes of limitations to ensure that they conform to the principle that governments and other entities cannot rely on limitation defences to defend legal actions of historical abuse brought by Aboriginal people.

27. We call upon the Federation of Law Societies of Canada to ensure that lawyers receive appropriate cultural competency training, which includes the history and legacy of residential schools, the *United Nations Declaration on the Rights of Indigenous Peoples*, Treaties and Aboriginal rights, Indigenous law, and Aboriginal–Crown relations. This will require skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism.

28. We call upon law schools in Canada to require all law students to take a course in Aboriginal people and the law, which includes the history and legacy of residential schools, the *United Nations Declaration on the Rights of Indigenous Peoples*, Treaties and Aboriginal rights, Indigenous law, and Aboriginal–Crown relations. This will require skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism.

29. We call upon the parties and, in particular, the federal government, to work collaboratively with plaintiffs not included in the Indian Residential Schools Settlement Agreement to have disputed legal issues determined expeditiously on an agreed set of facts.

30. We call upon federal, provincial, and territorial governments to commit to eliminating the overrepresentation of Aboriginal people in custody over the next decade, and to issue detailed annual reports that monitor and evaluate progress in doing so.

31. We call upon the federal, provincial, and territorial governments to provide sufficient and stable funding to implement and evaluate community sanctions that will provide realistic alternatives to imprisonment for Aboriginal offenders and respond to the underlying causes of offending.

32. We call upon the federal government to amend the Criminal Code to allow trial judges, upon giving reasons, to depart from mandatory minimum sentences and restrictions on the use of conditional sentences.

33. We call upon the federal, provincial, and territorial governments to recognize as a high priority the need to address and prevent Fetal Alcohol Spectrum Disorder (FASD), and to develop, in collaboration with Aboriginal people, FASD preventive programs that can be delivered in a culturally appropriate manner.

34. We call upon the governments of Canada, the provinces, and territories to undertake reforms to the criminal justice system to better address the needs of offenders with Fetal Alcohol Spectrum Disorder (FASD), including:

    i. Providing increased community resources and powers for courts to ensure that FASD is properly diagnosed, and that appropriate community supports are in place for those with FASD.

    ii. Enacting statutory exemptions from mandatory minimum sentences of imprisonment for offenders affected by FASD.

    iii. Providing community, correctional, and parole resources to maximize the ability of people with FASD to live in the community.

    iv. Adopting appropriate evaluation mechanisms to measure the effectiveness of such programs and ensure community safety.

35. We call upon the federal government to eliminate barriers to the creation of additional Aboriginal healing lodges within the federal correctional system.

36. We call upon the federal, provincial, and territorial governments to work with Aboriginal communities to provide culturally relevant services to inmates on issues such as substance abuse, family and domestic violence, and overcoming the experience of having been sexually abused.

37. We call upon the federal government to provide more supports for Aboriginal programming in halfway houses and parole services.

38. We call upon the federal, provincial, territorial, and Aboriginal governments to commit to eliminating the overrepresentation of Aboriginal youth in custody over the next decade.

39. We call upon the federal government to develop a national plan to collect and publish data on the criminal victimization of Aboriginal people, including data related to homicide and family violence victimization.

40. We call on all levels of government, in collaboration with Aboriginal people, to create adequately funded and accessible Aboriginal-specific victim programs and services with appropriate evaluation mechanisms.

41. We call upon the federal government, in consultation with Aboriginal organizations, to appoint a public inquiry into the causes of, and remedies for, the disproportionate victimization of Aboriginal women and girls. The inquiry's mandate would include:

    i. Investigation into missing and murdered Aboriginal women and girls.

    ii. Links to the intergenerational legacy of residential schools.

42. We call upon the federal, provincial, and territorial governments to commit to the recognition and implementation of Aboriginal justice systems in a manner consistent with the Treaty and Aboriginal rights of Aboriginal peoples, the *Constitution Act, 1982*, and the *United Nations Declaration on the Rights of Indigenous Peoples*, endorsed by Canada in November 2012.

Reconciliation

Canadian Governments and the *United Nations Declaration on the Rights of Indigenous People*

43. We call upon federal, provincial, territorial, and municipal governments to fully adopt and implement the *United Nations Declaration on the Rights of Indigenous Peoples* as the framework for reconciliation.

44. We call upon the Government of Canada to develop a national action plan, strategies, and other concrete measures to achieve the goals of the *United Nations Declaration on the Rights of Indigenous Peoples*.

Royal Proclamation and Covenant of Reconciliation

45. We call upon the Government of Canada, on behalf of all Canadians, to jointly develop with Aboriginal peoples a Royal Proclamation of Reconciliation to be issued by the Crown. The proclamation would build on the Royal Proclamation of 1763 and the Treaty of Niagara of 1764, and reaffirm the nation-to-nation relationship between Aboriginal peoples and the Crown. The proclamation would include, but not be limited to, the following commitments:

i. Repudiate concepts used to justify European sovereignty over Indigenous lands and peoples such as the Doctrine of Discovery and *terra nullius*.

ii. Adopt and implement the *United Nations Declaration on the Rights of Indigenous Peoples* as the framework for reconciliation.

iii. Renew or establish Treaty relationships based on principles of mutual recognition, mutual respect, and shared responsibility for maintaining those relationships into the future.

iv. Reconcile Aboriginal and Crown constitutional and legal orders to ensure that Aboriginal peoples are full partners in Confederation, including the recognition and integration of Indigenous laws and legal traditions in negotiation and implementation processes involving Treaties, land claims, and other constructive agreements.

46. We call upon the parties to the Indian Residential Schools Settlement Agreement to develop and sign a Covenant of Reconciliation that would identify principles for working collaboratively to advance reconciliation in Canadian society, and that would include, but not be limited to:

i. Reaffirmation of the parties' commitment to reconciliation.

ii. Repudiation of concepts used to justify European sovereignty over Indigenous lands and peoples, such as the Doctrine of Discovery and *terra nullius*, and the reformation of laws, governance structures, and policies within their respective institutions that continue to rely on such concepts.

iii. Full adoption and implementation of the *United Nations Declaration on the Rights of Indigenous Peoples* as the framework for reconciliation.

iv. Support for the renewal or establishment of Treaty relationships based on principles of mutual recognition, mutual respect, and shared responsibility for maintaining those relationships into the future.

v. Enabling those excluded from the Settlement Agreement to sign onto the Covenant of Reconciliation.

vi. Enabling additional parties to sign onto the Covenant of Reconciliation.

47. We call upon federal, provincial, territorial, and municipal governments to repudiate concepts used to justify European sovereignty over Indigenous peoples and lands, such as the Doctrine of Discovery and *terra nullius,* and to reform those laws, government policies, and litigation strategies that continue to rely on such concepts.

Settlement Agreement Parties and the *United Nations Declaration on the Rights of Indigenous Peoples*

48. We call upon the church parties to the Settlement Agreement, and all other faith groups and interfaith social justice groups in Canada who have not already done so, to formally adopt and comply with the principles, norms, and standards of the *United Nations Declaration on the Rights of Indigenous Peoples* as a framework for reconciliation. This would include, but not be limited to, the following commitments:

i. Ensuring that their institutions, policies, programs, and practices comply with the *United Nations Declaration on the Rights of Indigenous Peoples*.

ii. Respecting Indigenous peoples' right to self-determination in spiritual matters, including the right to practise, develop, and teach their own spiritual and religious traditions, customs, and ceremonies, consistent with Article 12:1 of the *United Nations Declaration on the Rights of Indigenous Peoples*.

iii. Engaging in ongoing public dialogue and actions to support the *United Nations Declaration on the Rights of Indigenous Peoples*.

iv. Issuing a statement no later than March 31, 2016, from all religious denominations and faith groups, as to how they will implement the *United Nations Declaration on the Rights of Indigenous Peoples*.

49. We call upon all religious denominations and faith groups who have not already done so to repudiate concepts used to justify European sovereignty over Indigenous lands and peoples, such as the Doctrine of Discovery and *terra nullius*.

Equity for Aboriginal People in the Legal System

50. In keeping with the *United Nations Declaration on the Rights of Indigenous Peoples*, we call upon the federal government, in collaboration with Aboriginal organizations, to fund the establishment of Indigenous law institutes for the development, use, and

understanding of Indigenous laws and access to justice in accordance with the unique cultures of Aboriginal peoples in Canada.

51. We call upon the Government of Canada, as an obligation of its fiduciary responsibility, to develop a policy of transparency by publishing legal opinions it develops and upon which it acts or intends to act, in regard to the scope and extent of Aboriginal and Treaty rights.

52. We call upon the Government of Canada, provincial and territorial governments, and the courts to adopt the following legal principles:

    i. Aboriginal title claims are accepted once the Aboriginal claimant has established occupation over a particular territory at a particular point in time.

    ii. Once Aboriginal title has been established, the burden of proving any limitation on any rights arising from the existence of that title shifts to the party asserting such a limitation.

National Council for Reconciliation

53. We call upon the Parliament of Canada, in consultation and collaboration with Aboriginal peoples, to enact legislation to establish a National Council for Reconciliation. The legislation would establish the council as an independent, national, oversight body with membership jointly appointed by the Government of Canada and national Aboriginal organizations, and consisting of Aboriginal and non-Aboriginal members. Its mandate would include, but not be limited to, the following:

    i. Monitor, evaluate, and report annually to Parliament and the people of Canada on the Government of Canada's post-apology progress on reconciliation to ensure that government accountability for reconciling the relationship between Aboriginal peoples and the Crown is maintained in the coming years.

    ii. Monitor, evaluate, and report to Parliament and the people of Canada on reconciliation progress across all levels and sectors of Canadian society, including the implementation of the Truth and Reconciliation Commission of Canada's Calls to Action.

    iii. Develop and implement a multi-year National Action Plan for Reconciliation, which includes research and policy development, public education programs, and resources.

    iv. Promote public dialogue, public/private partnerships, and public initiatives for reconciliation.

54. We call upon the Government of Canada to provide multi-year funding for the National Council for Reconciliation to ensure that it has the financial, human, and technical resources required to conduct its work, including the endowment of a National Reconciliation Trust to advance the cause of reconciliation.

55. We call upon all levels of government to provide annual reports or any current data requested by the National Council for Reconciliation so that it can report on the progress towards reconciliation. The reports or data would include, but not be limited to:

    i. The number of Aboriginal children—including Métis and Inuit children—in care, compared with non-Aboriginal children, the reasons for apprehension, and the total spending on preventive and care services by child-welfare agencies.

    ii. Comparative funding for the education of First Nations children on and off reserves.

    iii. The educational and income attainments of Aboriginal peoples in Canada compared with non-Aboriginal people.

    iv. Progress on closing the gaps between Aboriginal and non-Aboriginal communities in a number of health indicators such as: infant mortality, maternal health, suicide, mental health, addictions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury incidence, and the availability of appropriate health services.

    v. Progress on eliminating the overrepresentation of Aboriginal children in youth custody over the next decade.

    vi. Progress on reducing the rate of criminal victimization of Aboriginal people, including data related to homicide and family violence victimization and other crimes.

    vii. Progress on reducing the overrepresentation of Aboriginal people in the justice and correctional systems.

56. We call upon the prime minister of Canada to formally respond to the report of the National Council for Reconciliation by issuing an annual "State of Aboriginal Peoples" report, which would outline the government's plans for advancing the cause of reconciliation.

Professional Development and Training for Public Servants

57. We call upon federal, provincial, territorial, and municipal governments to provide education to public servants on the history of Aboriginal peoples, including the history and legacy of residential schools, the *United Nations Declaration on the Rights of Indigenous Peoples*, Treaties and Aboriginal rights, Indigenous law, and Aboriginal–Crown relations. This will require skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism.

Church Apologies and Reconciliation

58. We call upon the Pope to issue an apology to Survivors, their families, and communities for the Roman Catholic Church's role in the spiritual, cultural, emotional, physical, and sexual abuse of First Nations, Inuit, and Métis children in Catholic-run residential schools. We call for that apology to be similar to the 2010 apology issued to Irish victims of abuse and to occur within one year of the issuing of this Report and to be delivered by the Pope in Canada.

59. We call upon church parties to the Settlement Agreement to develop ongoing education strategies to ensure that their respective congregations learn about their church's role in colonization, the history and legacy of residential schools, and why apologies to former residential school students, their families, and communities were necessary.

60. We call upon leaders of the church parties to the Settlement Agreement and all other faiths, in collaboration with Indigenous spiritual leaders, Survivors, schools of theology, seminaries, and other religious training centres, to develop and teach curriculum for all student clergy, and all clergy and staff who work in Aboriginal communities, on the need to respect Indigenous spirituality in its own right, the history and legacy of residential schools and the roles of the church parties in that system, the history and legacy of religious conflict in Aboriginal families and communities, and the responsibility that churches have to mitigate such conflicts and prevent spiritual violence.

61. We call upon church parties to the Settlement Agreement, in collaboration with Survivors and representatives of Aboriginal organizations, to establish permanent funding to Aboriginal people for:

    i. Community-controlled healing and reconciliation projects.

    ii. Community-controlled culture- and language-revitalization projects.

    iii. Community-controlled education and relationship-building projects.

    iv. Regional dialogues for Indigenous spiritual leaders and youth to discuss Indigenous spirituality, self-determination, and reconciliation.

Education for Reconciliation

62. We call upon the federal, provincial, and territorial governments, in consultation and collaboration with Survivors, Aboriginal peoples, and educators, to:

    i. Make age-appropriate curriculum on residential schools, Treaties, and Aboriginal peoples' historical and contemporary contributions to Canada a mandatory education requirement for Kindergarten to Grade Twelve students.

    ii. Provide the necessary funding to post-secondary institutions to educate teachers on how to integrate Indigenous knowledge and teaching methods into classrooms.

    iii. Provide the necessary funding to Aboriginal schools to utilize Indigenous knowledge and teaching methods in classrooms.

    iv. Establish senior-level positions in government at the assistant deputy minister level or higher dedicated to Aboriginal content in education.

63. We call upon the Council of Ministers of Education, Canada to maintain an annual commitment to Aboriginal education issues, including:

    i. Developing and implementing Kindergarten to Grade Twelve curriculum and learning resources on Aboriginal peoples in Canadian history, and the history and legacy of residential schools.

    ii. Sharing information and best practices on teaching curriculum related to residential schools and Aboriginal history.

    iii. Building student capacity for intercultural understanding, empathy, and mutual respect.

    iv. Identifying teacher-training needs relating to the above.

64. We call upon all levels of government that provide public funds to denominational schools to require such schools to provide an education on comparative religious studies, which must include a segment on

Aboriginal spiritual beliefs and practices developed in collaboration with Aboriginal Elders.

65. We call upon the federal government, through the Social Sciences and Humanities Research Council, and in collaboration with Aboriginal peoples, post-secondary institutions and educators, and the National Centre for Truth and Reconciliation and its partner institutions, to establish a national research program with multi-year funding to advance understanding of reconciliation.

Youth Programs

66. We call upon the federal government to establish multi-year funding for community-based youth organizations to deliver programs on reconciliation, and establish a national network to share information and best practices.

Museums and Archives

67. We call upon the federal government to provide funding to the Canadian Museums Association to undertake, in collaboration with Aboriginal peoples, a national review of museum policies and best practices to determine the level of compliance with the *United Nations Declaration on the Rights of Indigenous Peoples* and to make recommendations.

68. We call upon the federal government, in collaboration with Aboriginal peoples, and the Canadian Museums Association to mark the 150th anniversary of Canadian Confederation in 2017 by establishing a dedicated national funding program for commemoration projects on the theme of reconciliation.

69. We call upon Library and Archives Canada to:

    i. Fully adopt and implement the *United Nations Declaration on the Rights of Indigenous Peoples* and the *United Nations Joinet-Orentlicher Principles*, as related to Aboriginal peoples' inalienable right to know the truth about what happened and why, with regard to human rights violations committed against them in the residential schools.

    ii. Ensure that its record holdings related to residential schools are accessible to the public.

    iii. Commit more resources to its public education materials and programming on residential schools.

70. We call upon the federal government to provide funding to the Canadian Association of Archivists to undertake, in collaboration with Aboriginal peoples, a national review of archival policies and best practices to:

    i. Determine the level of compliance with the *United Nations Declaration on the Rights of Indigenous Peoples* and the *United Nations Joinet-Orentlicher Principles*, as related to Aboriginal peoples' inalienable right to know the truth about what happened and why, with regard to human rights violations committed against them in the residential schools.

    ii. Produce a report with recommendations for full implementation of these international mechanisms as a reconciliation framework for Canadian archives.

Missing Children and Burial Information

71. We call upon all chief coroners and provincial vital statistics agencies that have not provided to the Truth and Reconciliation Commission of Canada their records on the deaths of Aboriginal children in the care of residential school authorities to make these documents available to the National Centre for Truth and Reconciliation.

72. We call upon the federal government to allocate sufficient resources to the National Centre for Truth and Reconciliation to allow it to develop and maintain the National Residential School Student Death Register established by the Truth and Reconciliation Commission of Canada.

73. We call upon the federal government to work with churches, Aboriginal communities, and former residential school students to establish and maintain an online registry of residential school cemeteries, including, where possible, plot maps showing the location of deceased residential school children.

74. We call upon the federal government to work with the churches and Aboriginal community leaders to inform the families of children who died at residential schools of the child's burial location, and to respond to families' wishes for appropriate commemoration ceremonies and markers, and reburial in home communities where requested.

75. We call upon the federal government to work with provincial, territorial, and municipal governments, churches, Aboriginal communities, former residential school students, and current landowners to develop and implement strategies and procedures for the ongoing identification, documentation, maintenance, commemoration, and protection of residential school cemeteries or other sites at which residential school children were buried. This is to include the provision of

appropriate memorial ceremonies and commemorative markers to honour the deceased children.

76. We call upon the parties engaged in the work of documenting, maintaining, commemorating, and protecting residential school cemeteries to adopt strategies in accordance with the following principles:

    i. The Aboriginal community most affected shall lead the development of such strategies.

    ii. Information shall be sought from residential school Survivors and other Knowledge Keepers in the development of such strategies.

    iii. Aboriginal protocols shall be respected before any potentially invasive technical inspection and investigation of a cemetery site.

National Centre for Truth and Reconciliation

77. We call upon provincial, territorial, municipal, and community archives to work collaboratively with the National Centre for Truth and Reconciliation to identify and collect copies of all records relevant to the history and legacy of the residential school system, and to provide these to the National Centre for Truth and Reconciliation.

78. We call upon the Government of Canada to commit to making a funding contribution of $10 million over seven years to the National Centre for Truth and Reconciliation, plus an additional amount to assist communities to research and produce histories of their own residential school experience and their involvement in truth, healing, and reconciliation.

Commemoration

79. We call upon the federal government, in collaboration with Survivors, Aboriginal organizations, and the arts community, to develop a reconciliation framework for Canadian heritage and commemoration. This would include, but not be limited to:

    i. Amending the Historic Sites and Monuments Act to include First Nations, Inuit, and Métis representation on the Historic Sites and Monuments Board of Canada and its Secretariat.

    ii. Revising the policies, criteria, and practices of the National Program of Historical Commemoration to integrate Indigenous history, heritage values, and memory practices into Canada's national heritage and history.

    iii. Developing and implementing a national heritage plan and strategy for commemorating residential school sites, the history and legacy of residential schools, and the contributions of Aboriginal peoples to Canada's history.

80. We call upon the federal government, in collaboration with Aboriginal peoples, to establish, as a statutory holiday, a National Day for Truth and Reconciliation to honour Survivors, their families, and communities, and ensure that public commemoration of the history and legacy of residential schools remains a vital component of the reconciliation process.

81. We call upon the federal government, in collaboration with Survivors and their organizations, and other parties to the Settlement Agreement, to commission and install a publicly accessible, highly visible, Residential Schools National Monument in the city of Ottawa to honour Survivors and all the children who were lost to their families and communities.

82. We call upon provincial and territorial governments, in collaboration with Survivors and their organizations, and other parties to the Settlement Agreement, to commission and install a publicly accessible, highly visible, Residential Schools Monument in each capital city to honour Survivors and all the children who were lost to their families and communities.

83. We call upon the Canada Council for the Arts to establish, as a funding priority, a strategy for Indigenous and non-Indigenous artists to undertake collaborative projects and produce works that contribute to the reconciliation process.

Media and Reconciliation

84. We call upon the federal government to restore and increase funding to the CBC/Radio-Canada, to enable Canada's national public broadcaster to support reconciliation, and be properly reflective of the diverse cultures, languages, and perspectives of Aboriginal peoples, including, but not limited to:

    i. Increasing Aboriginal programming, including Aboriginal-language speakers.

    ii. Increasing equitable access for Aboriginal peoples to jobs, leadership positions, and professional development opportunities within the organization.

    iii. Continuing to provide dedicated news coverage and online public information resources on issues of concern to Aboriginal peoples and all Canadians,

including the history and legacy of residential schools and the reconciliation process.

85. We call upon the Aboriginal Peoples Television Network, as an independent non-profit broadcaster with programming by, for, and about Aboriginal peoples, to support reconciliation, including but not limited to:

    i. Continuing to provide leadership in programming and organizational culture that reflects the diverse cultures, languages, and perspectives of Aboriginal peoples.

    ii. Continuing to develop media initiatives that inform and educate the Canadian public, and connect Aboriginal and non-Aboriginal Canadians.

86. We call upon Canadian journalism programs and media schools to require education for all students on the history of Aboriginal peoples, including the history and legacy of residential schools, the *United Nations Declaration on the Rights of Indigenous Peoples*, Treaties and Aboriginal rights, Indigenous law, and Aboriginal–Crown relations.

Sports and Reconciliation

87. We call upon all levels of government, in collaboration with Aboriginal peoples, sports halls of fame, and other relevant organizations, to provide public education that tells the national story of Aboriginal athletes in history.

88. We call upon all levels of government to take action to ensure long-term Aboriginal athlete development and growth, and continued support for the North American Indigenous Games, including funding to host the games and for provincial and territorial team preparation and travel.

89. We call upon the federal government to amend the Physical Activity and Sport Act to support reconciliation by ensuring that policies to promote physical activity as a fundamental element of health and well-being, reduce barriers to sports participation, increase the pursuit of excellence in sport, and build capacity in the Canadian sport system, are inclusive of Aboriginal peoples.

90. We call upon the federal government to ensure that national sports policies, programs, and initiatives are inclusive of Aboriginal peoples, including, but not limited to, establishing:

    i. In collaboration with provincial and territorial governments, stable funding for, and access to, community sports programs that reflect the diverse cultures and traditional sporting activities of Aboriginal peoples.

    ii. An elite athlete development program for Aboriginal athletes.

    iii. Programs for coaches, trainers, and sports officials that are culturally relevant for Aboriginal peoples.

    iv. Anti-racism awareness and training programs.

91. We call upon the officials and host countries of international sporting events such as the Olympics, Pan Am, and Commonwealth games to ensure that Indigenous peoples' territorial protocols are respected, and local Indigenous communities are engaged in all aspects of planning and participating in such events.

Business and Reconciliation

92. We call upon the corporate sector in Canada to adopt the *United Nations Declaration on the Rights of Indigenous Peoples* as a reconciliation framework and to apply its principles, norms, and standards to corporate policy and core operational activities involving Indigenous peoples and their lands and resources. This would include, but not be limited to, the following:

    i. Commit to meaningful consultation, building respectful relationships, and obtaining the free, prior, and informed consent of Indigenous peoples before proceeding with economic development projects.

    ii. Ensure that Aboriginal peoples have equitable access to jobs, training, and education opportunities in the corporate sector, and that Aboriginal communities gain long-term sustainable benefits from economic development projects.

    iii. Provide education for management and staff on the history of Aboriginal peoples, including the history and legacy of residential schools, the *United Nations Declaration on the Rights of Indigenous Peoples*, Treaties and Aboriginal rights, Indigenous law, and Aboriginal–Crown relations. This will require skills based training in intercultural competency, conflict resolution, human rights, and anti-racism.

Newcomers to Canada

93. We call upon the federal government, in collaboration with the national Aboriginal organizations, to revise the information kit for newcomers to Canada and its citizenship test to reflect a more inclusive history of the diverse Aboriginal peoples of Canada, including

information about the Treaties and the history of residential schools.

94. We call upon the Government of Canada to replace the Oath of Citizenship with the following:

    I swear (or affirm) that I will be faithful and bear true allegiance to Her Majesty Queen Elizabeth II, Queen of Canada, Her Heirs and Successors, and that I will faithfully observe the laws of Canada including Treaties with Indigenous Peoples, and fulfill my duties as a Canadian citizen.