THEATRE FOR LIVING report Vancouver – Doctors/First Nations Patients

Organizers:	Leah-May Walker, Dr. Lindsay Crowshoe, Dr. Betty Calam
Sponsor:	The Division of Aboriginal People's Health, in the Department of Family Practice, UBC Faculty of Medicine in collaboration with The University of Calgary, Department of Family Medicine
Focus:	Doctors and First Nations Patients
Facilitator:	David Diamond
Dates:	May 29, 2003
Participants:	12
Counselors	n/a
Venue(s)	UBC Longhouse
Forum(s):	**Rainbow of Desire**
Attendance	72

As in all of Headlines' published reports, organizers/sponsors have been identified by name, participants have not, in order to protect their identity.

This event took a great deal of meetings to make happen. It began with e-mail from Leah almost a year ago – then a group dinner with faculty from UBC, St. Paul's, and Lindsay who is a First Nations Doctor who lives in Calgary. Then we had about six telephone meetings, a 'dry run' event about two months ago – another meeting and a re-jigging of the format a bit, a pre-event meeting last night and then the event this morning.

The desire was to build an experiential process in which young doctors – residents – could gain insight into dealing with First Nation's patients. Leah knows Headlines' work and suggested that they bring me in to run some kind of theatre workshop.

At the dinner, the conversation was far-ranging and out of that I suggested, partly because the whole event was going to have to happen in no more than 4 hours, that we use **Rainbow of Desire** to look at the complexities between the doctor and patient.

We had many conversations about who the focus of the event was; was it the doctors? Or the patients? The decision was that it was the doctors. So, when it came time to do a 'dry run' of the event, about twenty people came together – almost all doctors, (some of them First Nations doctors) but only one First Nations person who was not a doctor – i.e. only a patient. I say this because we are all, of course patients. Not all of us are doctors.

The dry run was positive – but we agreed that the First Nations' voice had not emerged in it. One of the reasons, of course, was that these people were not in the room in great enough numbers to be comfortable participating. Another, underlying reason, though, that came out of conversation, was that perhaps we had been wrong in thinking the focus of the event was the doctors. We decided, at the real event, to take the stories for the rainbow from First Nations patients.

In order to facilitate this, we met the night before the event – about 12 people, some doctors and some patients, and I did some warm-up games with the group and

explained what would happen in **Rainbow of Desire**, and asked for three people to offer stories. It took processing 5 or 6 stories to get three. The reason I turned back some stories was that one of them was more suitable for **Cops in the Head** – in that it was about a moment when the patient became paralyzed by the doctor – unable to respond, shut down. The other two were instances where the story-teller wanted to offer a story, but wanted someone else to play him in the exercise.

If our task is to facilitate a 'true voice' then fulfilling this request for someone else to play the storyteller is impossible. As Evan Adams, an old theatre friend who is now a doctor said: "If Betty wanted to explain what childbirth is like, I couldn't do that for her. She has to tell her own story." Because this exercise is about reacting inside an improvisation, with a true response, no one can play us, we have to play ourselves. Thanks, Evan.

And so we got three powerful stories. About 60 residents came (some First Nations) and about 20 other First Nations people came, including the 12 from the previous night.

The story the room picked was from a man, a well-respected educator. We'll call him "the patient" from now on. His mother is very old. She needs to go into extended care. Everyone agrees about this. The doctor, though, does not understand that the action cannot be just his own – that he has to engage in a process with the woman's husband (the patient's father, who is an Elder) and family, where everyone gets to sit together and agree – and not in Eurocentric medical terms, but (in this case Blackfoot) traditional Native terms. It may involve the use of song, or of other ritual – that has the same currency for the community as the doctor's medical certificate.

The doctor circumvents this process and puts the woman in care. When he does this, her husband goes and gets her out. The doctor, nonplussed, puts her back in care. The husband, frustrated, gets her out. If he does not, his own credibility and authority in the community is at stake. He must, publicly, be part of the decision-making process. The patient finally has to confront the doctor, who has a very hard time understanding what the problem is – not only does he not have the time in his schedule to hear about the cultural reality in which he is working, he does not have the ears and eyes to perceive it. In the process he is both disrespecting his patients and is also in danger of losing them as patients.

Having been asked to do so by the organizers, I made a point of asking that only First Nations people make up the patient's rainbow. This is an unusual restriction, but this event, if it was to be useful, needed to be very culturally specific. I realize, in retrospect, that this also implied (although it was not a stated restriction) that only doctors make up the doctor's rainbow. In fact, in this particular case, with two distinct worlds coming together for the investigation, the separation was very positive.

There were some beautiful moments in the exercise. One of the desires of the patient is to leave. The desire has his hand on the doorknob. But he never does leave. He is frozen there. He could leave. We see him want to, and choose not to. What is happening? One of the 'programmed responses' in the patient, a result of Residential School, is that if the patient walks out on the authority figure (the

doctor) he fears getting arrested. This was a very big 'aha' moment for the doctors – and there were many of these moments. This fear is not something the doctor is creating, or would even be aware of, without knowing a lot about the culture – but it is active inside the relationship – one in which the doctor is wielding a lot of power.

Two of the doctor's rainbow fragments are very different from each other: One is standing with her arms over her chest – very confrontational – another is on his chair, his head in his hands. In animating these two, the confrontational aspect of the doctor drove the patient away immediately and then had to work very hard to try to get him back. The very vulnerable one – had a series of movements, from a kind of despair, to asking the patient for help – hands outstretched – which allowed the patient to take the doctor's hand, they stood up – and agreed to go to the patient's home! (Something revolutionary – to get out of the office and into the community). What made this possible was the doctor's vulnerability – something that was discussed – and is, of course, very hard for the doctor to do – it goes against his/her training.

In another moment a doctor ran out of the room on the patient, saying he had to go check on another patient, and then came back in immediately. He then started to talk, without stop, about the structure of the relationship, about how they were both human beings, about how they had to get along, and every time the patient tried to say something, he couldn't get a word in! It was a very 'true' moment. When I asked the doctor where he had gone and come back so quickly – he said I just went outside to breath, to get rid of my frustration. Oh – so when you said you had to go check on a patient -- 'that was a lie' – he finished my sentence for me. So I posed an obvious question: what does it mean to start off a conversation about how we need to get along and be human….with a lie?? The room went very quiet. It had been funny until now. What would happen, I wondered, if, instead of lying, the doctor could have told the patient how frustrated he was – actually ***been human*** instead of talking about it – would the conversation have been different? The patient thought that indeed it would been. The doctor was less certain..

This was an interesting moment for me because I could see in the audience some of the residents talking about how it was only a little lie – did it really matter? Well – in this theatrical moment it was the basis of the relationship – they are trying to navigate very difficult cultural territory. Does it matter if we start the conversation with a lie? I believe it does. This moment is an insight, I believe, into the culture of Doctors that is problematic for all of us. The doctor / patient relationship must be a partnership, and that is very hard to accomplish if one side feels an entitlement to so much more power than the other.

A different desire of the doctor is to gain wisdom from the patient. The character is on her knees, arms outstretched in a kind of worshipping way to the patient. As the improvisation got going, the patient got out of his chair and moved over one chair. He was hoping that this aspect of the doctor would keep focused on the now empty chair – so they could talk about "wisdom" together – not the patient's wisdom. But the doctor's rainbow fragment moved her focus and kept it on the patient – it was as if she was worshipping him – the fount of wisdom. This made him very uncomfortable and frustrated. Such a complex moment.

In discussing this, it became apparent that the doctor was trying to show the patient respect by saying, 'OK – I know you are the expert about this here – give me your wisdom'. But the patient doesn't feel he has or is the wisdom – the wisdom is something larger than both of them, and if they focus on it together, they can both depersonalize the conflict and work to solve the problem. The doctor's innocent ignorance in this moment, trying to 'show respect', is actually being disrespectful, by turning the First Nation's patient into something he is not, and has no desire to be.

The patient talked about the 'third person' who is in the room at this moment – an invisible person – 'wisdom' and that by both of them talking to this third person, they can take the focus off their differences, and find a common solution. Lots of silence in the room.

The feedback from both the organizers and many of the audience was enormously positive. I believe they were challenged today – both by the process and by the honesty of the patient and his story – to think outside their training – to see and hear in a different way.

One of the Elders came to me after, a man who had been at the meeting the previous night and the event, he came and thanked me, we shook hands a few times in the conversation. He was very taken with how the process used body language and thought it was very effective, and also mentioned that what we had managed to talk about in it was very important. It was a lovely thing for him to do.

I am hoping there is also feedback much later on, as this event is going to percolate for the residents for some time to come.