

First Nations patients report racism, but cultural safety training improves care

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Systemic racism within healthcare systems continues to undermine the health and well-being of First Nations people, leading to profound disparities in access, treatment, and outcomes. This pervasive issue manifests as discrimination, disrespect, and a lack of understanding of Indigenous cultures and histories, often resulting in First Nations individuals avoiding necessary medical care. Addressing this requires more than just acknowledging the problem; it demands a fundamental shift in how healthcare is delivered, focusing on creating environments where First Nations patients feel respected and safe.

KEY TAKEAWAYS

- **The Pivot:** Culturally safe healthcare, specifically when delivered by trained providers, directly addresses the pervasive racism experienced by First Nations patients.
- **The Data:** Patients receiving culturally safe care reported significantly higher satisfaction and improved health outcomes compared to those in standard care settings.
- **The Action:** Healthcare institutions must implement mandatory, comprehensive cultural safety training for all staff, integrating First Nations perspectives and leadership into its design and delivery.

First Nations people in Canada, like Indigenous populations globally, face deeply entrenched racism within the healthcare system. This racism is not merely individual prejudice; it is systemic, embedded in policies, practices, and institutional structures that perpetuate inequities. The consequences are dire, contributing to poorer health outcomes, reduced life expectancy, and a profound distrust in healthcare providers and institutions. Patients often report experiences of being dismissed, stereotyped, or having their pain underestimated, leading many to delay or forgo essential medical attention. This cycle of discrimination exacerbates chronic conditions and prevents effective management of acute illnesses, creating a public health crisis that demands immediate and sustained intervention.

Understanding the historical context is crucial. Colonial policies, including residential schools and forced displacement, severed First Nations communities from their traditional health practices and created intergenerational trauma that continues to impact health today. The healthcare system, largely designed without Indigenous input, often fails to acknowledge or accommodate these unique cultural and historical factors. This disconnect manifests in communication barriers, a lack of culturally appropriate services, and an environment where First Nations patients feel invisible or misunderstood. The burden of navigating a system that often feels hostile falls disproportionately on those already facing significant health challenges.

A critical intervention emerging from First Nations advocacy and research is the concept of cultural safety. Cultural safety moves beyond cultural awareness or sensitivity, which often focus on knowledge acquisition about other cultures. Instead,

cultural safety emphasizes the power dynamics inherent in healthcare encounters and requires healthcare providers to reflect on their own biases and the systemic factors that create unsafe environments for patients. It is defined by the patient's experience, meaning that care is culturally safe only if the patient perceives it to be so. This patient-centered approach shifts the responsibility from the patient to the provider and the institution to create a respectful and inclusive space.

Implementing cultural safety training programs for healthcare professionals has shown tangible benefits. These programs typically involve a multi-faceted curriculum, often co-developed and delivered by First Nations educators and Elders. Key components include education on the history of Indigenous peoples, the impacts of colonialism and racism on health, First Nations worldviews and health practices, and practical skills for respectful communication and engagement. The training encourages self-reflection on personal biases and systemic inequities, fostering a deeper understanding of how healthcare practices can inadvertently perpetuate harm. Participants learn to recognize and challenge discriminatory practices, advocate for First Nations patients, and contribute to a more inclusive organizational culture. This is not a one-off workshop; it is an ongoing process of learning, unlearning, and adapting.

What the evidence actually shows

While specific randomised controlled trials on cultural safety are challenging to design due to the intervention's systemic nature, a substantial body of qualitative and mixed-methods research consistently demonstrates its positive impact. Studies involving First Nations patients and healthcare providers across various settings, including emergency departments, primary care clinics, and maternal health services, have documented significant improvements in patient experiences and reported health outcomes. Patients who received care from culturally safe providers reported feeling heard, respected, and understood, leading to increased trust in the healthcare system. This enhanced trust translates directly into better engagement with treatment plans, improved adherence to medication, and a greater willingness to seek care proactively.

One consistent finding across multiple qualitative studies is the reduction in perceived discrimination. First Nations patients often describe a palpable difference when interacting with a provider who has undergone cultural safety training. They report feeling less judged, experiencing more empathetic communication, and observing a genuine effort by providers to understand their unique circumstances. This shift in perception is critical, as the fear of discrimination is a major barrier to accessing care. When patients feel safe, they are more likely to disclose sensitive information, ask questions, and participate actively in their own healthcare decisions. This collaborative approach is fundamental to effective care, particularly for complex or chronic conditions.

Beyond patient satisfaction, cultural safety interventions have been linked to improved clinical outcomes. For example, in maternal health, culturally safe care has been associated with higher rates of prenatal care attendance and improved birth outcomes for First Nations mothers and infants. In chronic disease management, patients receiving culturally safe care have shown better adherence to treatment regimens for conditions like diabetes and hypertension, leading to more stable disease control. While direct causal links are difficult to establish definitively in observational studies, the consistent correlation between cultural safety and better health indicators strongly suggests a beneficial relationship. The mechanism is clear: when patients feel safe and respected, they are more likely to engage with care, which in turn improves health.

The implementation of cultural safety training is not without its challenges. Resistance from some healthcare

professionals, who may feel defensive or believe they are already culturally competent, can impede progress. Institutions also face the logistical and financial hurdles of developing and sustaining comprehensive training programs. But the evidence suggests that these challenges are surmountable and the investment is worthwhile. Effective programs often involve ongoing education, mentorship, and opportunities for healthcare providers to engage directly with First Nations communities. This experiential learning deepens understanding and fosters genuine relationships, moving beyond theoretical knowledge to practical application.

A significant limitation in the current evidence base is the lack of large-scale, quantitative studies with hard clinical endpoints. Most data relies on patient self-report, qualitative interviews, and proxy measures of health outcomes. While these methods provide invaluable insights into lived experiences, they do not offer the same statistical power as randomised trials. But the ethical considerations of withholding cultural safety interventions in a control group, given the known harms of racism, make such trials difficult to justify. Still, the consistent qualitative findings, coupled with improvements in patient engagement and intermediate health markers, provide a compelling case for widespread implementation.

The impact extends beyond individual patient encounters. Institutions that embrace cultural safety often see broader organizational changes, including the recruitment of more First Nations staff, the development of culturally appropriate resources, and the integration of First Nations perspectives into policy-making. This systemic transformation is essential for creating truly equitable healthcare systems. It requires leadership commitment, dedicated resources, and a willingness to confront uncomfortable truths about historical and ongoing racism. The goal is not just to mitigate harm, but to actively promote the health and well-being of First Nations people, recognizing their inherent rights and unique cultural strengths.

CLINICAL IMPLICATIONS

The evidence is clear: racism in healthcare harms First Nations patients, and cultural safety is a critical antidote. Clinicians cannot simply be 'aware' of cultural differences; they must actively work to create environments where patients feel safe, respected, and understood. This requires a deep, ongoing commitment to self-reflection and systemic change, not just a one-off training module.

For healthcare systems, this means moving beyond token gestures. Mandatory, comprehensive cultural safety training, co-designed and delivered by First Nations experts, must become standard. This is an investment in health equity, and the return on investment will be seen in improved patient outcomes and reduced disparities. Patients, particularly First Nations individuals, have a right to culturally safe care. When institutions fail to provide it, they perpetuate harm and undermine trust. This is not merely a matter of politeness; it is a fundamental aspect of quality care and ethical practice.

The path forward demands accountability. We need to see clear metrics on the implementation and effectiveness of cultural safety initiatives, moving beyond anecdotal evidence to demonstrate tangible improvements in patient experience and health outcomes. Anything less is a disservice to First Nations communities.

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