

What Will it Take?

The Effects of Cultural and Socioeconomic Status on Health

Dr. Denis Marier, MA, ND



The Canadian healthcare system is based on the premise of equal and respectful healthcare for every Canadian citizen, regardless of socioeconomic status, race, religion, gender-identification, sexual orientation, age, or disability. Then why are so many of our marginalized populations struggling to get even their basic health needs met, while professional sports teams jump the queue at the first sign of a pandemic requiring a flu shot that is purported to protect the elderly, immunocompromised, and infants?

Why are rates of HIV infection, tuberculosis, and diabetes doubling at a faster rate on our First Nations reserves than in major cities? Why are gay and lesbian couples wishing to artificially conceive facing longer wait times and increasing costs?

The history of marginalization of distinct populations within Canada's cultural milieu is a shame we can no longer perpetuate. In 2008, Prime Minister Steven Harper's apology on behalf of the government of Canada to all former students of Indian Residential Schools in Canada was a good start to correcting degrading of our First Nations people, but fell far short in addressing the pervasive health and socioeconomic crises affecting this population. This same Prime Minister also strived to rescind the rights of LGBTQ couples to legally marry in Canada after those rights were granted in 2004. With such lack of discernment at the level of national leadership, it becomes imperative that socially and publically established professions, such as ours, strive for equal rights and access to healthcare for all Canadian citizens. Canada's role in providing global assistance to impoverished nations is exemplary, but improvement in caring for our own citizens – whether elders or the next seven generations – has primacy that is ethically imperative.

Naturopathic doctors are philosophically governed to treat the whole person: body, mind, and spirit. In no other modern healthcare profession is this more abundantly emphasized. In going back to the origins of healthcare, it was Hippocrates who urged his students to visit patients in their home, to get a feel for the conditions in which they live, and which may be affecting their health. In my practice as a consultant to the Hospice of Windsor

and Essex County, I am often asked to make home visits for initial consultations. Not only does this afford me a wealth of information regarding the emotional climate of the home, the physical conditions, and opportunities to witness my patients' support network, it also provides an opportunity to ask to look inside their refrigerators and pantries, to get a firsthand look at the staples of their diet. In home visits, patients tend to be more at ease and open with their thoughts and feelings, including the stressors that are impacting their health in a negative way. Through a grant from the Green Shield of Canada Foundation, I was able to initiate a two-year pilot project in providing initial and follow-up consultations to patients of Hospice which was accessed by a large number of clients. Yet, at the completion of the pilot project, this valuable service, like so many in other areas, was not continued due to lack of coverage.

While the idea of sliding scales, reduced rates, barter systems, energy exchange systems, or pro bono work seem like an option, they are unsustainable in the long run for the community-minded naturopathic doctor, and are mostly not permitted by regional and federal governing bodies. How can we, as primary healthcare providers, lobby the national healthcare system to help subsidize naturopathic medicine? What will it take? There are many resources to access in every community for pilot projects, such as the Green Shield project, and I encourage every ND to approach their local charitable foundations; and don't forget about the big businesses. Every major bank in Canada has a civic mandate to fund local community improvement projects.

Working within the community as primary health-care providers, naturopathic doctors are in a position of trust and a position of power. This is a relationship that cannot, under any circumstances, be underestimated, taken for granted, nor transgressed. We have the honour of confidentiality and the expectation of respect to treat every patient that crosses our thresholds with esteem and reverence for the simple fact that they are looking to us to bring balance and wellness into their lives. When sharing their personal stories of angst, illness, conundrum, or physical infirmity, our patients look to us for non-judgmental guidance on bringing their physical wellness into alignment with their emotional and spiritual welfare. It is our imperative to treat every heartbeat we encounter with unconditional acceptance, respect and love. This is the role we have to take; it's the right role to take.

The "Out and Aging Project" in Windsor, Ontario (a satellite program of the 519 Community Centre in Toronto, Ontario) holds workshops for agencies dealing with aging

populations on care and consideration for aging members of the LGBTQ community. Compassionate healthcare workers participating in this program acknowledge the practitioner's need for sensitivity with this population. In contrast, however, it is saddening to know that there are patients who feel unable to access grief services after the death of their same-sex partner "because it just isn't safe." What will it take?

As a CCNM intern at Anishnawbe Health Toronto, I was invited to participate in ceremonies with my patients, and encouraged to explore my own First Nations ancestry. A whole new world of healing was opened up to me which gave meaning and purpose to my training as a naturopathic doctor. I participated in sweetgrass harvest ceremonies and smudged before the start of each clinic with my peers and my supervisor, Dr. Al Denov, ND. And then I listened to stories of drug addiction, sexual abuse, alienation and soul-loss, and wondered, "What will it take?" Everybody and every demographically distinct population has so much to teach us, if only we take the time to listen and learn.

Last night I made a home visit to the home of a quadriplegic patient on disability assistance while his home-care nurse changed the dressing in a festering peri-anal fistula tunneling 5 cm into his pelvic cavity which started as a simple pressure sore four years ago. With naturopathic care, the wound has now begun to show signs of healing, and I was grateful that we have a health-care system that allows for daily home-care for this patient. But weakened by a consistent onslaught of antibiotics, and without adequate timely guidance by a provincially-funded primary health care provider, I left saddened and wondering, "What will it take?"

As naturopathic doctors, we take our cues and harvest our cures from the natural world. Whether observing a wounded stag standing in a cold mountain stream, or diluting poisons used in treating syphilis, our naturopathic ancestors opened the portal to a system of healing that encompasses all the various wonders of human existence, sickness, healing, birth, and death. In nature, a leaf grows from its edges, not its centre. As naturopathic doctors, working with the populations that are marginalized – those people living on the edges – we are growing into the paradigm shift necessary in current medical philosophy; to treat the whole person, regardless of socioeconomic status, disability, gender-identification, sexual orientation, race, age, and religion. It is in these transitional zones, such as where the continental shelf meets the deep ocean, that life is most abundant and emerging – from where our ancestors first crawled onto land. And it is this concept of "emergence" – the unpredictability of outcome – which will guide us into a future of healing a broken society on all levels – body, mind, and spirit.

The Canadian healthcare system has many positive qualities, and is the envy of many nations in our global community. But it cannot grow without acknowledging its shortcomings, mistakes, or the areas in which it can improve. This is simple accountability. Accountability to any system begins with each primary healthcare provider and his/her individual relationship with each patient.

As NDs, we are trained to treat the root cause of each illness. Perhaps, as Canadians, we have been lulled into submissiveness by the original premise that we should trust a national, socialized healthcare program. But isn't that the root cause of our current problem? How can we trust when we encounter blatant disregard for human welfare at the provincial and national levels of healthcare reform consistently? How can we trust a national healthcare system that states that a two-tiered healthcare system does not exist in our own country, while our patients struggle to pay out of pocket for consultations with NDs and naturopathic products? As a practitioner in a border city, I listen daily to tales of cross-border shopping for healthcare, where patients receive what amounts to a 40% discount on services (MRIs, oncology consultations, etc.) when paid for in cash at a medical facility in Detroit, Michigan. These patients are seen by a medical professional in Michigan within days of making an appointment, yet the same tests and consultations are postponed for weeks or months just one kilometre away here in Windsor, Ontario. So, what will it take?

It is going to take a coherent and organized healthcare profession of grassroots naturopathic doctors respecting each and every patient with equality, fairness, and humane guidance towards wellness, regardless of outcome. It is going to take a consistent message and practice of a patient-centered medical paradigm shift across all disciplines. Naturopathic doctors are the leaders in integrative medicine, the ambassadors to the other healing professions, and we need to invite all to celebrate diversity within our communities and strive for universally accessible healthcare without limitation, bias, or disregard for what we all have in common – basic humanness, interconnected with each other, and with our environment. 🌱

About the Author

A graduate of CCNM Class of 2000, **Dr. Denis Marier**, MA, ND has brought a wide array of medical travel, relief-work and Ecopsychology teachings to his clinic in Windsor, Ontario. He taught the Art and Practice of Naturopathic Medicine for several years at CCNM, where he was also a TA for Health Psychology, and supervisor at the RSNC. He has co-facilitated trainings in Core Shamanism, and is a trainer for the Out and Aging Project in Windsor. Dr. Marier has also recently been named to the Advisory Board of the International Network of Integrative Mental Health and is a two-time nominee for the Dr. Roger's Prize for Excellence in Complementary and Alternative Health.