The art of medicine

Confronting medical colonialism and obstetric violence in Canada

On Sept 28, 2020, just moments before her death, 37-year-old Joyce Echaquan sent a message to her family via Facebook Live, expressing her distress about treatment administered by hospital staff at an emergency department in Joliette, QC, Canada. She had been admitted there a few days earlier with severe abdominal pain. Echaquan was entitled to respectful, dignified care. Instead, capturing health-care workers treating her disdainfully with slurs and taunts based on degrading stereotypes of Indigenous women, Echaquan's live-stream video made headlines worldwide, exposing the racist and sexist violence Indigenous women face all too often in the Canadian health-care system. However, initial media coverage did not reveal the repeated discrimination Echaquan had experienced during her encounters with the medical establishment over the years.

A member of the Atikamekw Nation from the community of Manawan and the beloved mother of seven children, Echaquan was also a survivor of obstetric violence. On the first day of the coroner's inquiry into Echaquan's death, her spouse, Carol Dubé, testified about these experiences, including how Echaquan had been pressured to undergo an abortion on more than one occasion, as well as a tubal ligation after the birth of their last child. In her 2021 report, coroner Géhane Kamel stated that Echaquan's "death could have been avoided", and concluded that the "racism and prejudice that Mrs Echaquan faced was certainly a contributing factor to her death". Accordingly, Kamel's first recommendation called for the Government of Quebec to commit to eliminating systemic racism. Disturbingly, Echaquan's experiences are not unique among Indigenous women in Canada.

Colonialism continues to have destructive impacts on Indigenous birthing people's health and wellbeing, their connection to the land, and the intergenerational transmission of knowledge. In her book, *An Act of Genocide: Colonialism and the Sterilization of Aboriginal Women*, women and gender studies professor Karen Stote provided political and historical context to colonial obstetric violence in Canada. Stote described how formal eugenics legislation in Alberta and British Columbia existed for decades during the 20th century, resulting in the sterilisation of at least 3000 people in these two provinces alone. The Alberta Eugenics Board disproportionately targeted Indigenous teenage girls and young women via the Sexual Sterilization Act (1928–72). Meanwhile, similar practices existed in different Canadian jurisdictions without formal legislation, continuing even after eugenics fell out of favour in public health and policy. For example, more than 25% of Inuit women aged 30–50 years in Igloolik, Nunavut, were coercively sterilised during the 1970s, a practice of "extorted consent" motivated at least in part, according to some advocates at the time, by the federal government's desire to control Inuit birth rates to maintain access to resources in parts of Inuit Nunangat. Whether through formal legislation or "invisible policies", the unwanted sterilisation of Indigenous birthing people typically occurred in publicly funded and administered hospitals.

Such events unfolded in the context of the long history of medical colonialism, which has been described in *Fighting for A Hand to Hold: Confronting Medical Colonialism against Indigenous Children in Canada* as "a culture or ideology, rooted in systemic anti-Indigenous racism, that uses medical practices and policies to establish, maintain, and/or advance a genocidal colonial project". Dominant medical culture—anchored in patriarchy, white supremacy, and settler-colonialism—has shaped clinical practice since the meteoric rise in the social status of the physician in 19th-century North America. As Rupa Marya and Raj Patel point out in *Inflamed: Deep Medicine and the Anatomy of Injustice:* "The history of modern medicine *is* the history of colonialism." Indeed, the Eurocentric medical establishment has not simply been complicit, but has had an integral role in the foundational violence of colonial conquest by settler nation states.

Physicians wielding power in medicine have shaped curricula and medical culture. For example, as bioethicist Harriet A Washington documented in her book *Medical Apartheid*, surgeon James Marion Sims (1813–83) is regarded by many as the "father of American gynecology", despite being a staunch defender of US slavery. Sims developed surgical instruments and techniques while experimenting with brutal procedures on enslaved Black women and adolescent girls without consent or anaesthesia. Rooted in racist framings of Eurocentric medicine, the colonial imagination invented the idea that Black and Indigenous women have a higher pain threshold than white women with class privilege. Sims cultivated a storied reputation through this work involving medical exploitation. He has been memorialised in statues, buildings, and paintings, but, as Washington writes, "history has silenced" the voices of those he made to suffer (Anarcha, Betsey, Lucy, among many others). The legendary Canadian physician William Osler (1849–1919) is often referred to as the "father of modern medicine". However, medical textbooks and journals have rarely addressed his racist beliefs, including his nationalist proclamations about making Canada "a white man's country". In 1882, Osler wrote an essay, "Professional Notes Among the Indian Tribes about Gt. Slave Lake, NWT", under a pseudonym in which he explored "tribal marital and obstetrical customs", contrasting the practices of "civilized communities" with those of "primitive tribes" through unsubstantiated descriptions of Indigenous birthing customs and traditions. As the medical

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historian Jenna Healey has argued, a "group of elite white [male] physicians forged their identity through the collective denigration of Indigenous bodies" by treating the initially unpublished "Professional Notes" as an inside joke, fostering a medical culture that has remained hostile to women and racialised communities for generations.

Systemic anti-Indigenous racism is tolerated, enabled, and perpetuated by a paternalistic, colonial medical culture with far-reaching consequences. Discriminatory misogynist practices in Canadian health care that target birthing Indigenous people have continued to this day. In 2014, a joint statement released by UN agencies recognised that Indigenous Peoples around the world "are particularly vulnerable to acts of violence including coercive sterilization". Indigenous Peoples in Canada are no exception. In 2018, the UN Committee Against Torture expressed concern about the "extensive forced or coerced sterilization of Indigenous women and girls dating back to the 1970s and including recent cases" in Canada. In 2019, the Inter-American Commission on Human Rights (IACHR) confirmed it had "received, in a consistent and systematic manner, reports from indigenous women, girls and adolescents who claim to have been subjected to sterilizations without their full, free and informed consent in Canada". The IACHR stated that "this form of gender-based violence must immediately stop", calling for "adequate reparations". Speaking in the House of Commons in response to such damning findings, Canadian opposition party Member of Parliament (MP) Niki Ashton bluntly affirmed: "Let us be clear. This is what genocide looks like." Indeed, a July, 2022 Canadian Standing Senate Committee on Human Rights report, *The Scars that We Carry*, affirmed that "several survivors and expert witnesses described this practice as amounting to genocide". Testimonies in the report highlighted the lasting impacts of such practices. Melika Pop, a survivor of forced sterilisation, stated: "Where the violated have Indian status, such as myself, the repercussions reflect an inability to pass that status on to future generations and decreases the numbers of our people." Nicole Rabbit, a survivor of coerced sterilisation, explained how these practices "limited the number of family to take care of our family, especially our elderly". Morningstar Mercredi, forced to undergo an abortion and a sterilisation when she was 14 years old, said: "We will never adequately be able to determine the number of women, men, girls and boys that were sterilized in residential schools and in Indian hospitals", referring to the latter as "institutes of genocide".

According to article II of the UN Convention on the Prevention and Punishment of the Crime of Genocide (Genocide Convention), ratified by Canada in 1952, "imposing measures intended to prevent births within the group" is one of five acts constituting genocide. In its 2019 report, the National Inquiry into Missing and Murdered Indigenous Women, Girls and 2SLGBTQQIA people (MMIWG) found "that a state's specific intent to destroy a protected group can only be proved by the existence of a genocidal policy or manifest pattern of conduct". The institutionalised nature of forced and coerced sterilisations across time and space is one such example, among others. Based on a legal analysis of the Genocide Convention, MMIWG Commissioners described how, in the case of colonial genocide, "the internationally wrongful act is slower, more insidious, structural, systemic, and often spans multiple administrations and political leadership", using "varied tactics against distinct Indigenous communities". And as the Canadian Historical Association (CHA) highlighted in July, 2021: "Genocide does not simply refer to mass killings committed over a relatively short time period". The Canada Day Statement by the CHA's governing council recognised that "the long history of violence and dispossession Indigenous Peoples experienced…fully warrants our use of the word genocide".

The Canadian political class is finally beginning to come to terms with this history. In October, 2022 the country's House of Commons unanimously passed MP Leah Gazan's motion that the federal government "recognize what happened in Canada's Indian residential schools as genocide, as acknowledged by Pope Francis and in accordance with article II of the United Nations Convention on the Prevention and Punishment of the Crime of Genocide". The Canadian Government may also eventually come to recognise the forced and coerced sterilisations of Indigenous birthing people as an act of genocide, but, until then, concerted efforts are needed to ensure that the survivors obtain reparations and that no one else is harmed.

In 2015, several courageous Indigenous women spoke out publicly about their strikingly similar experiences of coercion to undergo tubal ligation surgery at the time of childbirth in Saskatoon, Saskatchewan, dating from the 1970s onwards. An independent review of these invasive procedures was conducted by now Senator Yvonne Boyer, a Métis lawyer with a background in nursing, and Judith Bartlett, a Métis physician and researcher. Their 2017 report revealed a deep-seated distrust of the Canadian medical system: Indigenous women felt profiled, coerced, and powerless when navigating health-care institutions rife with systemic anti-Indigenous racism. A class-action lawsuit was also started against physicians, health authorities, the provincial government of Saskatchewan, and the federal government of Canada, based on the violation of ethical and legal requirements to obtain free, prior, and informed consent for procedures that affect bodily autonomy and medical self-determination of Indigenous birthing people as guaranteed by the Canadian Charter of Rights and Freedoms. In February, 2023 Senator Boyer reported that her office had "documented over 12 000 Indigenous women in Canada who have had coerced or forced sterilization between 1971 and 2018", signalling the enduring nature of these practices due to deficient state action to prevent, punish, or repair, despite many calls to action over decades.

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Only recently have there been first steps towards change. In 2019, the federal government invited all provinces and territories to form a working group to examine the issue of Indigenous women being sterilised against their will. While the Coalition Avenir Québec (CAQ) government declined the invitation, Quebec's National Assembly finally adopted a motion to condemn such practices, but only in response to a shocking 2021 investigative news report exposing the existence of forced and coerced sterilisations in the province. A 2022 study, *Free and Informed Consent and Imposed Sterilizations among First Nations and Inuit women in Quebec*, confirmed dozens more cases, including as recently as 2019.

But government working groups and parliamentary motions are not enough. The Canadian medical establishment must respect *primum non nocere* obligations inherent in medical ethics by heeding the Indigenous voices that are confronting colonial violence, including medical colonialism. We must act now. In what Cindy Blackstock, a member of the Gitxsan First Nation and Executive Director of the First Nations Child and Family Caring Society, has called an "extraordinary act of kindness and compassion", Joyce Echaquan's family, with her community of Manawan and the Atikamekw Nation, have provided a blueprint to end systemic racism in clinical care and decolonise Canadian health-care education through Joyce's Principle, which "aims to guarantee to all Indigenous people the right of equitable access, without any discrimination, to all social and health services, as well as the right to enjoy the best possible physical, mental, emotional and spiritual health". A brief was presented to the Quebec and Canadian governments in November, 2020, highlighting that "Joyce's Principle requires the recognition and respect of Indigenous people's traditional and living knowledge in all aspects of health". The federal government has committed support for Joyce's Principle, but the provincial CAQ government has not, based on its harmful assertion that systemic racism does not exist in Quebec, despite provincially mandated reports by a public inquiry commission in 2019 and the coroner's office in 2021 concluding otherwise. Medical, nursing, and health science faculties, hospitals, health-care unions, professional regulatory bodies, and universities, among others, have defied the CAQ's regressive stance and adopted Joyce's Principle to honour Joyce Echaquan's memory and to promote foundational cultural and epistemic shifts that have the potential to ensure dignified and respectful services for everyone needing health care.

Notably, Joyce's Principle was inspired by Jordan's Principle, which was named in honour of Jordan River Anderson, a child from the Norway House Cree Nation in Manitoba who was born in 1999 with complex medical needs and died in hospital when he was 5 years old without ever having spent a day at home because of bureaucratic wrangling over who should pay for his care. Jordan's Principle is a child-first principle to ensure that First Nations children are not denied public health care and social services, when and where they need them, because of jurisdictional disputes between the federal and provincial governments. When it was adopted by Canada's House of Commons in 2007, Jordan's father, Ernest Anderson, said: "Do not let the good being done today in my son's name just be a moral victory." Unfortunately, it remained precisely that until the Caring Society and the Assembly of First Nations took legal action to the Canadian Human Rights Tribunal, which found the Canadian Government to be discriminating against First Nations children, youth, and their families in its landmark 2016 decision, and has since ordered the federal government to properly implement Jordan's Principle in multiple rulings in this ongoing case. A similar level of mobilising, advocacy, and litigation—with health-care providers having a part to play—may be necessary to fully implement Joyce's Principle.

Joyce otci (For Joyce)/© Enuoma Awashish and Meky Ottawa

Despite Canada's reconciliation narrative, the lives impacted by genocidal practices, including gender-based medical violence, are often forgotten, ignored, or ended prematurely. Canada's reconciliation with Indigenous Peoples cannot happen without truth, reparations, restitution, and decolonisation. Genuine reconciliation, including in health care, requires respecting the full autonomy, self-determination, and sovereignty of Indigenous Peoples. There is no space for practices such as forced sterilisations, colonial health-care policies, or genocidal ideologies more broadly, in working towards that future.

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