Critical Review of the Formal Complaints Process

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and details the problems with complaints processes in the health-care system, and the ways that they fail to meet the needs of Indigenous patients and families.

In Plain Sight's Finding #7 states:

> Complaints processes in the health care system do not work well for Indigenous peoples. Review evidence demonstrates that complaints processes are not easily accessible to Indigenous peoples, do not include space for Indigenous cultural processes and methods of dispute resolution, and can be re- traumatizing. The end result is that Indigenous people may be left with little recourse for poor treatment, reproducing past harms and trauma that have been part of the experience of colonialism in the health care system. An integrated, accessible, and culturally appropriate Indigenous complaints process is needed. Indigenous people find the complaints process inaccessible, and this is reflected in a low number of complaints filed.[1]

While *In Plain Sight* was a wake-up call to many non-Indigenous people, health-care organizations, and institutions in British Columbia, it merely reflects what First Nations, Inuit and Métis people in the province have been voicing for a long time. The report's findings on unsafe and inaccessible complaints processes in health care were foundational to the research undertaken within the College's critical review process and helped to ground the findings of the review in the context of BC health care specifically.

Environmental scan and desktop review

The critical review began with an environmental scan of best practices and culturally safe complaints processes currently being implemented by health-related colleges in jurisdictions across Canada, as well as New Zealand and Australia. The Canadian components of the environmental scan included the colleges/licensing bodies within each province and territory, where applicable, for:

- Physicians and surgeons
- Nurses
- Naturopathic doctors
- Chiropractic medicine
- Dentists and dental surgeons
- Registered massage therapists (RMTs)
- Physiotherapists
- Optometrists, and
- Social workers

[1] *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care*, 2020, page 43. https://engage.gov.bc.ca/app/uploads/ sites/613/2020/11/In-Plain-Sight-Summary-Report.pdf.

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Healing and resolution for Indigenous patients

Once a complaint is made by a patient who is First Nation, Inuit or Métis, the potential options for healing and resolve are limited in their capacity to address the harm in ways that are meaningful to the complainant. Currently, remedial, and disciplinary measures made available by the

Examples of this “cold, not feel-good”[10] communication approach includes templated letters, automatic email replies, and standardized forms that do not make complainants feel as though their story is being taken seriously by a person or organization who cares about their experience.

The automated and impersonal nature of these forms and processes means that the burden of explaining or ‘proving’ wrongdoing falls to the patient to prove that harm has occurred. Conversely, Indigenous patient support workers explained that onus should be on the physi

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are carried by Indigenous Peoples in Canada. “Identification is important because we have unique legislative rights as Indigenous Peoples,”[14] explained one interviewee.

The collection of such data can be a powerful tool in advancing human rights, according to the BC Office of the Human Rights Commissioner report*, Disaggregated demographic data collection in British Columbia: The grandmother perspective*. The report considers the benefits and the risks of collecting demographic data and details the principles that must be applied at each stage of data collection in order to ensure it is done in an equitable, just, and safe way.[15]

Ultimately, the report identifies that the collection of race- based data, specifically for Indigenous populations, should be done:

[redacted]

[redacted]

Based on the key themes and outcomes of the critical review process, a series of recommended actions for change have been identified. These recommended changes are intended to paint the picture for a future state of the College's complaints process that will be safer and more accessible for Indigenous patients to fully participate in in a way that is meaningful to them as First Nation, Inuit and/or Métis people. The recommended actions for a future state of the complaints process are grouped into the following categories:

1. a future state of available options
2. a future state of communications
3. a future state of healing and resolution
4. a future state of transparency and accountability

1. Provide in-person options for patients to share experiences

Many Indigenous people are raised within oral cultures and traditions and may be more comfortable telling stories or recounting events in their own words. In addition to this, retelling stories of harm or trauma is a deeply personal experience and using online standardized forms to do so makes the complaints process highly impersonal and feel less humane. Providing patients and families with in-person options to share their experiences before a formal or informal complaint is made is an important initial step in making Indigenous patients feel safer and more heard when they choose to bring a complaint forward. When in-person options are not possible or not preferred by a prospective complainant, phone or video calls are alternative middle-grounds which still add a more human element to the process.

In summary, a future state of the complaints process should include:

> Complaint navigators who offer in-person appointments for patients who would like to make a formal complaint. If an in-person option is not possible or not preferred, complaint navigators should offer phone or video call options.
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> Complaint navigators who are thoroughly trained in Indigenous cultural safety, culturally safe practices, the histories, and realities of Indigenous Peoples in British Columbia, and anti-racism. Training should be renewed annually.
>
> Complaints navigator who are trained to be responsible for:
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> - speaking and behaving with kindness and compassion
> - explaining the standard of care that all patients are entitled to, and understanding whether the standard of care was met
> - providing information and relevant resources to the complainant about the options available to them
> - typing out complaint statements as dictated by the complainant

2. Provide option for sharing 'soft' complaints

"Implement and sustain change by facilitating processes where organizations and individuals can raise and address problems without fear of reprisal."

Even with more personalized options for sharing a complaint, it is likely that some Indigenous people may still decide to not move forward with an official compliant due to the time-consuming and potentially retraumatizing nature of the formal process. The existing lack of trust in the health-care system in general also will likely play a role in patients choosing to forego the College's formal process.

People want access to an alternative process through which they can share a story of improper care with the College one time, feel validated in their experience, and not have to participate in a drawn out and emotionally taxing process. Giving patients a mechanism for sharing soft complaints will encourage more people to come forward and feel safe in doing so.

Communication with patients about this option is extremely important. People need to be given the option of the soft complaints process at the very beginning of the complaints process, and complaint navigators will be responsible for sharing the details of the process with patients to ensure they make the decision that is right for them. Part of the complaint navigator's role will be to immediately establish the patient's expectations for outcomes of soft complaints process. This option is intended as a means of provide patients with a platform to share their experience to 'get it off their chest,' which means that except for extenuating circumstances (i.e. criminal activity has taken place), there will likely not be formal consequences or disciplinary action enforced for the physician or surgeon involved, and this will need to be made clear to patients who choose to submit a soft complaint.

In summary, a future state of the complaints process should include:

A soft complaints process that includes:

- Collecting stories and testimony from patients who feel as though they have received improper care. Records of the soft complaints are to be kept anonymous.
- Allowing patients to share their experiences one time, without having to engage in a formal or long-term process.
- Exploring possible options to have community- led complaints, where the collective membership launches a complaint rather than one individual.

3. Include soft complaints in data and reporting

Despite soft complaints most often not resulting in any firm outcomes or disciplinary action for the physician or surgeon involved, they still capture important experiences and information, and therefore should be recorded and included in the College's annual reporting. Anonymous records of soft complaints will be kept by complaint navigators to be counted and reported on in the College's annual reports.

In summary, a future state of the complaints process should include:

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acknowledging pain and anguish and frustration,"[18] explained an interviewee who supports the public through the complaints process.

It is understood that the College cannot concede guilt or wrongdoing on behalf of an individual physician or surgeon and cannot acknowledge harm done by them without investigating, but that does not mean that the College cannot acknowledge that harm has been experienced by a patient. To build trust with Indigenous people and patients, the College's communications and messaging must show kindness and compassion and set an example for what it means to implement Indigenous ways of caring, understanding, and respectfully communicating in challenging circumstances. While templates and standardized language for communication is often necessary for efficiency purposes, it is also important for the College to be genuine in its communications with complainants.

Public communications materials related to the complaints process should be reviewed and revised with the lens of incorporating language that is more compassionate and sensitive to complainants' experiences. These revised materials should strike a better balance between recognizing that a person feels as though they have experienced harm, and not making statements or assumptions about the culpability of the physician or surgeon in question. These approaches to communication can significantly influence a patient's decision to follow through with their complaint, and the College must do more to make the process more welcoming to those who feel as though they have not received an adequate standard of health care.

In summary, a future state of the complaints process should include:

- a review of all materials that the College uses to communicate with complainants throughout the complaints process
- identification of opportunities to infuse more compassionate language into communications materials
- revisions to communications materials to make them more compassionate and respectful

7. Formalize the partnership with the First Nation Health Authority and/or other Indigenous health organizations.

"Create a climate for change by forming a coalition of influential leaders and champions who are committed to the priority of embedding cultural humility and safety into the regulation of BC health professionals."

including receiving complaints–and currently has an informal working relationship with the College. The FNHA provides culturally safe and region-specific supports to First Nations communities and people across the province. Their approach to working with communities respects the differing region-specific guidelines, protocols for different Nations, and creates space for culturally safe remediation options for patients such as Healing Circles and Learning Circles. According to staff from both the College and the FNHA, this partnership has been largely successful over the last year or so, and they would like to see it continue.[19] To

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During the course of the research, we identified concerns that were out of scope of the complaints process review. Below are some of the concerns that were raised in several interviews, and we felt they should be acknowledged in this report.

We heard from interviewees that staff working in hospitals who see Indigenous people many times made assumptions of health symptoms and based decisions on cause without a thorough medical assessment referred to by what they call “frequent flyers.” One person talked about two Elders complaining of headaches and showing signs of slurring their words, and being confused and unbalanced. The Elders were sent home twice with no medical treatment done. One of the Elders passed away at home and it was later learned he had a stroke.[24] Examples such as this are not the exception. Another person interviewed stated, “We no longer are asking if racism exists we know it does. The question now is how we are going to deal with it.”[25]

Others mentioned that being identified as Indigenous on their medical record

The research suggested there was a correlation between physicians and surgeons' job stress/burnout and signs of racism showing and/or their unconscious bias surfacing around Indigenous patients. There needs to be experiential learning for physicians and surgeons and opportunities for them to have support when experiencing burnout, but it can materialize into signs of racism.

Finally, there needs to better communication, awareness, and coordination among the different complaints processes so that Indigenous patients have a better understanding of all of their options. We found there was a general lack of understanding by Indigenous patients