

Guide to Disclosure of Harm with Indigenous Patients and Families

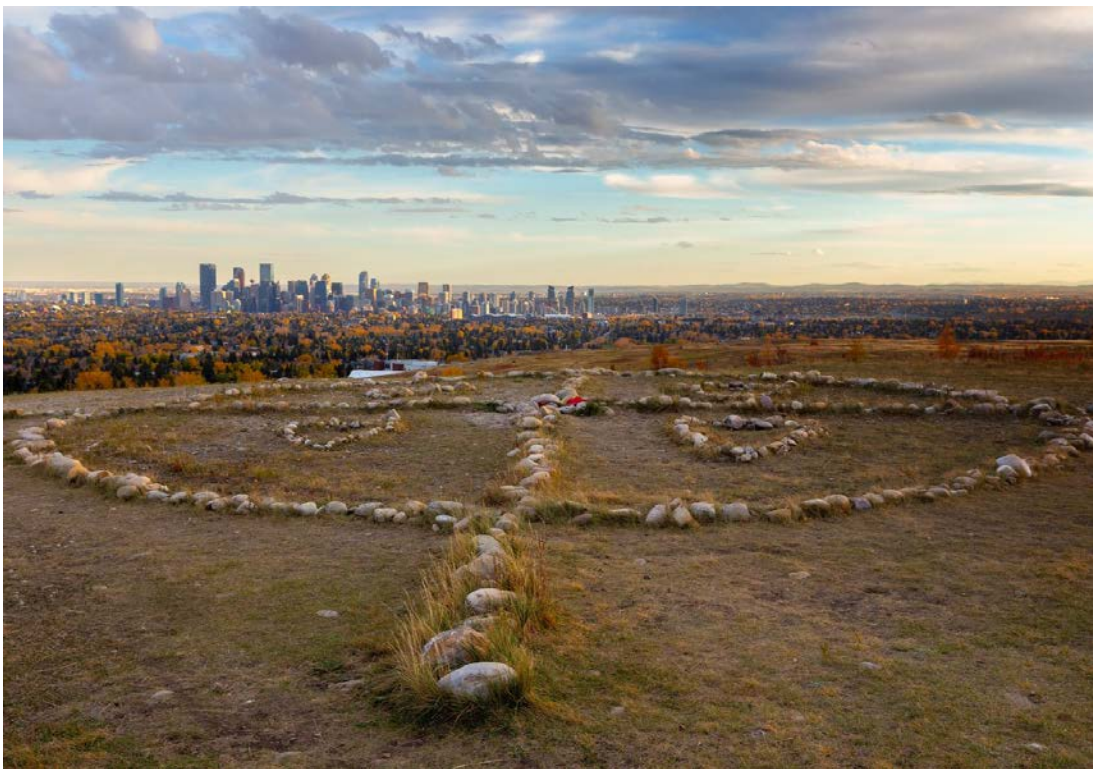
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Territorial Acknowledgment

We acknowledge that we are located on the traditional territories of the many First Nations, Métis, and Inuit whose footsteps have marked these lands for centuries.

In particular, we recognize that Alberta is home to Treaty 6, Treaty 7, and Treaty 8 territory, and the homeland of the Métis Nation of Alberta. We honour and respect the diverse Indigenous peoples who have lived, traveled, and gathered on these lands for thousands of years.



Overview

The disclosure of harm is a vital, ethically grounded process involving open, honest and compassionate communication between healthcare providers and patients following an event that has resulted in harm. When engaging in this process with Indigenous patients and their families, it is essential to acknowledge and address the longstanding impacts of colonialism, including intergenerational trauma and a well-documented mistrust of healthcare systems.

Alberta Health Services is committed to delivering culturally safe care, as outlined in its Indigenous Health Commitments: Roadmap to Wellness. While we strive for safe and high-quality care, we recognize that adverse events may still occur. When they do, it is our moral and professional responsibility to respond with empathy and to take restorative steps that support the healing journey of Indigenous patients and communities.

This guide is developed to support healthcare professionals in navigating these complex, emotionally charged conversations with cultural sensitivity and respect. It underscores the need for thoughtful planning and a trauma-informed approach that honors the spiritual, cultural, and healthcare needs of Indigenous peoples. While no single resource can encompass the full diversity of Indigenous cultures, this guide offers a foundational framework for culturally appropriate disclosure practices.

Acknowledging that the relationship between settler healthcare systems and Indigenous communities is complex, evolving, and rooted in ongoing history, this document, and the recommendations within it, are intended to be living and adaptable. They will continue to evolve through ongoing reflection, engagement, mutual learning, and a shared commitment to reconciliation and health equity.

Understanding Disclosure of Harm

Disclosure of harm refers to a required communication process that explains an unexpected clinical outcome that negatively affects a patient's health or quality of life. This includes the context and contributing factors of the event. As defined in the AHS Disclosure of Harm Procedure (2022), disclosure is necessary when:

- A patient has experienced any level of harm.
- There is a potential risk of future harm.
- A change in care or monitoring is needed due to a Clinical Adverse Event (CAE).

Timely and transparent disclosure promotes trust, facilitates emotional healing, and reflects Alberta Health Services' commitment to ethical, patient-centered care.

Preparing for Disclosure Conversations

Disclosure conversations are often challenging and should be approached with careful preparation. The Disclosure Done Well video series and supporting tools such as the [Three Needs + Follow-Up Disclosure Model Reminder Checklist](#) provide actionable guidance.

Initial Disclosure Conversations should include:

1. Clear acknowledgment of the CAE and its implications.
2. A sincere and culturally sensitive apology.
3. A factual explanation without speculation or medical jargon.

4. Active listening to the concerns and questions of the patient and family.
5. A commitment to investigating the incident and sharing updates.
6. Explanation of any changes to treatment or monitoring.
7. Identification of a consistent contact person for follow-up.

When engaging Indigenous patients and families, be mindful of cultural protocols, language barriers, and emotional safety. Consider involving Indigenous Health Liaisons or Elders where appropriate.

The Three Needs Checklist

This evidence-based checklist supports clinicians through disclosure by focusing on:

1. **Meeting Clinical Needs:** Ensuring physical safety and informed consent.
2. **Planning the Conversation:** Gathering facts, anticipating emotional responses, and preparing culturally appropriate support.
3. **Conducting the Disclosure:** Communicating with empathy and clarity, followed by thorough documentation and continuous support.

The checklist, along with other tools like the [Tips for Supporting Staff Involved in a Clinical Adverse Event](#), is available on the [AHS Patient Safety –Disclosure of Harm](#) page.

Documenting the Conversation

All disclosure discussions must be documented in the patient's health record by the lead provider, including who was present, what was discussed, and any next steps or follow-up plans.

Additional Learning Resources

To further enhance your understanding and practice, healthcare professionals are encouraged to:

- Review [AHS's Disclosure of Harm Procedure](#).
- Participate in online training such as:
 - [Communicating Unexpected Outcomes –Disclosure Skills for Teams](#).
 - [Communicating Unexpected Outcomes –Disclosure Skills for Leaders](#).

Disclosure Conversation with Indigenous Patients and Family

Now that we have introduced the general concept of disclosure of harm conversations, we will share guidance to help support meaningful and culturally safe disclosure of harm conversations with Indigenous patients and their families.

The information provided here highlights key considerations that may help facilitate these conversations, however, it is not meant to prescribe a one-size-fits-all approach. We recognize that each Indigenous Nation and community is unique, with its own cultural values, traditions, and ways of understanding health and healing. It is essential to approach each conversation with openness, humility, and a willingness to listen and learn from the patient and their family.

Steps for Planning a Disclosure of Harm Meeting with Indigenous Patients and Families

1. Preparation for the Meeting

- **Honor patient and family wishes** by engaging with them to understand and respect their preferences, allowing their voices to shape the process.
- **Encourage Family Involvement:** Families are crucial in Indigenous healthcare. Ask the patient who they want present and ensure their participation is supportive and culturally appropriate.
- **Acknowledge Emotional and Family Dynamics:** Recognize the patient's emotions, such as fear, anger, or mistrust from past healthcare experiences. Approach conversations with empathy and understanding. Use [trauma-informed care approaches](#) to ensure safety, trust, collaboration, and a respectful environment for the patient and their family.
- **Anticipate patient questions** and provide clear, compassionate answers in simple language, avoiding medical jargon.
- **Be aware of non-verbal communication.** Maintain a calm presence and adapt to cultural preferences, like avoiding direct eye contact if it aligns with the patient's comfort.
- **Recognize Power Imbalances:** Acknowledge the historical and ongoing impacts of colonialism in healthcare, which may contribute to feelings of fear or hesitation. Promote a safe and respectful space where the patient feels heard and valued.
- **Identify patient and family needs for follow-up care:** Explore local health and social resources, discuss barriers to access, and check for medical transportation options for specialized care. Collaborate with an [Indigenous Wellness Coordinator](#) to provide guidance on accessing support services.

2. Meeting Setup - Physical Space and Cultural Considerations

- **Location:** If possible, hold the meeting where the patient and their family feel comfortable and safe, for example, in the patient’s community or a culturally safe space.
- **Room Setup:** Arrange seating in a circle to avoid physical or symbolic divides. Avoid rectangular tables that may reinforce hierarchical relationships.
- **Cultural Elements:** Include meaningful items (e.g., Indigenous artwork, smudging kits, tissues, water, and snacks) to create a welcoming environment.
- **Prepare Documentation:** Have relevant medical documents ready while ensuring they are presented in an accessible and understandable way.
- **Comfort Items:** Provide tissues, water, and other comfort items to support emotional responses.
- **Pre-Meeting Discussion:** Discuss space and cultural accommodations in advance, to meet the needs of the patient and the family.

3. Introductions and Interactions

- **Introduce Everyone:** Clearly state each person’s role in the meeting.
- **Respect Non-Verbal Greetings:** Handshakes may not always be welcomed; allow the family to initiate or choose an alternative greeting.
- **Family Sharing:** Give the family space to speak first, acknowledging that Indigenous knowledge systems value oral traditions.
- **Build Trust:** Reference personal experiences the patient has shared and acknowledge their lived experiences with healthcare systems.
- **Acknowledge Power Imbalances:** Express empathy for the patient and family's experiences and be mindful of hierarchy in introductions. Using your first name instead of a title like "Doctor" can help promote a more inclusive and welcoming environment.

4. Communication Strategies

- **Use Clear Language:** Avoid medical jargon and explain concepts simply. Say “the surgeon had to rush to the operating room for an emergency” instead of “the surgeon had been called to a STAT OR.” Many Indigenous patients may hesitate to ask for clarification, so check understanding gently and frequently.
- **Center the Patient’s Experience:** Indigenous patients and families offer valuable insights based on their personal experiences and cultural beliefs. Respect and prioritize these perspectives in conversations, listening deeply and allowing the patient’s voice to guide the care process.
- **Encourage Two-Way Knowledge Sharing:** Indigenous communication values storytelling, silence, and non-verbal cues. Use open-ended questions like “Can you

tell me more about what you've noticed?" and give space for responses. Avoid interrupting, as silence may indicate reflection or respect.

- **Be Attuned to Communication Styles:** Recognize that some Indigenous patients may prefer indirect communication and might not make direct eye contact or respond immediately. This is not disengagement; respect non-verbal cues and adjust your body language and tone to build trust.
- **Acknowledge Past Harms and Build Trust:** Historical experiences of colonization and racism have damaged trust in healthcare among Indigenous populations. It is crucial to recognize this context while fostering culturally safe environments that empower patients. Healthcare providers should implement trauma-informed care principles, promoting safety, trustworthiness, choice, and collaboration to create a respectful atmosphere for engagement and healing.
- **Use the Three Needs Checklist** to ensure patient safety, emotional support, and clear communication during disclosures. It helps address key conversation elements respectfully, rebuild trust, and promote healing.
- **TIP:** Use the FIFE Model for Open Communication: The Feelings, Ideas, Function, Expectations (FIFE) model fosters patient-centered dialogue by encouraging patients to share their emotions and experiences, aiding in understanding and decision-making.

5. Cultural Sensitivity

- **Offering Smudging or Ceremonies:** Smudging is a sacred practice, and its significance varies among communities. Respectfully offer smudging or other ceremonies before or after the meeting based on the preferences of the patient and their family. Refer to your organization's internal policy. Within AHS refer to the [Indigenous Spiritual Ceremonies](#) for guidance.
- **Logistical Support for Ceremonies:** Provide adequate time and space for ceremonies, acknowledging their vital role in the healing process.
- **Indigenous Representation:** Facilitate the presence of an [Indigenous Wellness Coordinator](#), Elder, or Knowledge Keeper to offer cultural support. They can help bridge communication between healthcare professionals (HCPs) and the patient by incorporating Indigenous perspectives and ensuring the family's wishes are respected during the disclosure meeting.

6. Disclosure Content

- **Ask permission to discuss the harm:** Begin by expressing gratitude and respect, then explain that an unexpected event occurred during care that may have caused harm. Ask for the patient's permission to talk about it, ensuring they feel emotionally ready and in control of the conversation. Example: "Thank you for

meeting with us. Something unexpected happened during your care that may have impacted you. Is it okay if we talk about that now?"

- **Acknowledge the Harm:** Express genuine acknowledgment and apologize for the harm experienced.
- **Explain Findings Clearly:** Provide information in a way that is accessible and aligns with the patient's understanding.
- **Highlight Errors and Solutions:** Address errors transparently, explaining how future occurrences will be prevented if known, or if investigations are still ongoing, commit to additional follow up with the patient and family
- **Respect Patient Autonomy:** Ensure the patient feels able and ready to make decision, rather than coerced into accepting medical recommendations.

7. Addressing Systemic Barriers in Informed Consent

- **Recognize Colonial Legacies:** Many Indigenous patients may distrust the healthcare system due to historical practices such as forced medical treatments, child apprehensions, and past experiences where informed consent was compromised by a lack of explanation and limited access to information.
- **Acknowledge Power Imbalances:** Be aware that Indigenous patients may feel pressured to comply with medical recommendations without truly feeling they can say "no."
- **Time and Relationship Building:** Trust cannot be built in one meeting. Ongoing relationship-building is crucial for achieving informed and meaningful consent.
- **Align with Indigenous Self-Determination:** Recognize that informed consent must be based on Indigenous definitions of health and well-being, not solely Western frameworks.

8. Cultural Safety and Best Practices

- **Continuous Reflection and Learning:** Encourage healthcare providers to educate themselves on Indigenous health perspectives, colonial histories, and trauma-informed care approaches.
- **TIP:** Review the resources freely available in the AHS webpage for [Disclosure of Harm conversation](#), such as the three needs checklist and the Disclosure Done Well video series.

9. Post-Meeting Actions

- **Coordinate Community Resources:** Consult with an Indigenous Coordinator/ Liaison/ Navigator or a Social Worker to coordinate culturally relevant health and support services. Based on where the patient or family resides determine what type of services are available via the First Nations or Inuit Care Teams, the Metis

Care Teams, and the off-reserve or urban care services. Determine what Non-Insured Health Benefits might be available.

- **Time for Reflection:** Allow time for families to process information and provide follow-up opportunities.
- **Follow-Up on Lessons Learned:** Ask permission and discuss with the patient and the family how deidentified lessons from this case may be used to improve care and prevent future harm.
- **TIP:** Create a package for the patient and family with information about services and resources available in their community. When available, include information about medical transportation and travel assistance if patient and family need to travel to attend care. For First Nations's children ensure you aware of products and services available under [Jordan's Principle](#).

In Alberta, information about the [Primary Care Indigenous Support Line](#) should be provided to patients and families, as it offers First Nations, Métis, and Inuit individuals, including youth and Elders, culturally appropriate guidance, answers to questions, and assistance throughout their healthcare journey. Indigenous listeners, who are healthcare advisors, can also arrange translators, support family members seeking help for loved ones, and assist healthcare providers in referring patients who need additional support, ensuring no one navigates the system alone.

Conclusion

This guide integrates both culturally safe disclosure practices and an awareness of historical and systemic barriers Indigenous patients face in accessing informed consent. By centering Indigenous perspectives, acknowledging colonial harm, and promoting trust through relationship-based care, healthcare providers can create a more inclusive and respectful approach to disclosure.

Reading Recommendations and Resources Available Alberta Health Services

- [Continuing Care in Indigenous Communities](#)
- [Disclosure of Harm](#)
- [Indigenous Support Line](#)
- [Indigenous Health Resources](#)
- [Indigenous Health Commitments: Roadmap to Wellness](#)
- [Patient Access to Indigenous Spiritual Ceremony Policy](#)
- [The Three Needs + Follow-up Disclosure Model Reminder Checklist](#)
- [Trauma Training Initiative](#)

External

- [Patient-Centred Communication](#) (Canadian Medical Protective Association)
- [Cultural Safety](#) (Canadian Medical Protective Association)
- [Indigenous Access to Informed Consent](#) (Canadian Association of Occupational Therapists)
- [Jordan's Principle](#) (Government of Canada)

This guide was co-developed by AHS's Provincial Patient Safety team in collaboration with the Indigenous Wellness Core, reflecting a shared commitment to respectful, culturally safe care that acknowledges past harms while promoting trust and healing for the future.

For more information or assistance, contact Provincial Patient Safety at ProvincialPatientSafety@ahs.ca or access resources on the [Patient Safety](#) webpage.