



Cree physician Darlene Kitty practices in her home community of Chisasibi. She had worked as a nurse for 12 years.

Kitty always knew she wanted to be a doctor, and to practise in her northern Cree community of Chisasibi.

A winding journey took her to Toronto and Ottawa, where she worked as a nurse for 12 years before she drummed up the courage to apply to medical school.

“Maybe if I had an aboriginal role model, it would have happened sooner. When I started thinking about medicine, I made connections through some

aboriginal doctors and that encouraged me.” Kitty wanted to go to McGill University, but didn’t get an interview. Instead, she studied in Ottawa and Sudbury before returning to Chisasibi as a family physician a few years ago.

Kent Saylor, a Mohawk from Kahnawake, also wanted to go to McGill. When his first choice turned him down without an interview, Saylor accepted an offer from Stanford University in California. Today, Saylor is a pediatrician at the Montreal Children’s Hospital who also practises in Kahnawake and in Cree communities of James Bay.

This week, McGill invited Kitty and Saylor to share their insights as the university embarks on a campaign geared toward encouraging more aboriginal people to consider careers in medicine, and such related fields as nursing, nutrition and social work.

“I’m delighted that McGill is now so supportive in so many areas of aboriginal issues,” said Ann Macaulay, a McGill professor and longtime family doctor in Kahnawake, said at the school’s first aboriginal health career day. “It’s a big step forward.”

*Aboriginal physicians have skills to offer – and communities that need them*

*“I have a completely different way of talking to native patients.”*

Macaulay is overseeing another flank in McGill’s effort – introduction of a new aboriginal health curriculum, now mandatory at all of Canada’s medical schools, designed to provide Canada’s future doctors with a better grounding in the medical, social and cultural issues facing aboriginal patients.

“Wherever physicians may be working in the future, whether it is taking care of aboriginal people who are either urban or have been flown in from the north, or whether they are working by choice in an aboriginal community, there is a high chance that at some point in their careers they are going to be taking care of aboriginal patients,” said Macaulay.

“Then there is the whole issue of the need for more aboriginal health professionals. Health professionals are way under-represented, given the percentage of aboriginal people in the country.”

McGill recently set up a task force committed to “diversity and community engagement.” Meanwhile, the medical school’s new “widening participation” committee will look at ways to increase admissions of students from aboriginal and black communities, as well as those from lower socio-economic backgrounds.

“It’s a good first step,” said Kitty, who sits on the board of the Indigenous Physicians Association of Canada. She said aboriginal students don’t want special treatment, just recognition they have skills to offer – and communities that need them. “You still have to meet the same requirements to get into medical school, it’s just that you go in through a different doorway.”

Ojistoh Horn, a Mohawk from Kahnawake, did most of her studies – a master’s in epidemiology, then medicine – in British Columbia before coming home to practise in Quebec. She was among those who encouraged the University of British Columbia to set up a panel of physicians, teachers and native elders to study applications from aboriginal candidates.

“If they make it, they make it. But if they are on the cusp, they look at the panel recommendation, so it adds weight to the application,” said Horn, a recent graduate who divides her time between raising her children and seeing patients in Kahnawake, Châteauguay and Ormstown. “The last thing you want is to get into school and for people to say you are here only because you are a native that you got special consideration.”

Horn and Kitty believe aboriginal patients respond to them more easily because they have a common background.

“I don’t even know how to describe it but I have a completely different way of talking to native patients. I am a lot more relaxed,” Horn said.

Kitty added: “Being Cree, I can relate a bit better because my family and I face the same problems.”

Kitty said while it’s good to see McGill making efforts to reach out, more needs to be done, and much earlier in the education process, if Canada hopes to boost the number of aboriginal people in the health professions.

“The other thing that is not as easy to fix is the quality of education in the communities. You need to recruit qualified teachers who will encourage kids to stay in school,” she said. “Definitely, there is room for growth.”