

Family

(Although the Storywork and Dialogues videos and guides were developed with First Nations people, they may also resonate with experiences of Inuit and Métis people.)

For many First Nation people there is a very strong connection to and between their culture, land, communities, and people. Understanding these connections is fundamental to understanding the impact that an illness like cancer has on families. Family is often inclusive of not only immediate family but also the extended family and others in their community.

*“Well when I first heard about me having my cancer in 2003 I didn’t tell anyone but my husband ... my oldest brother and my sister. We were the only ones that knew about it, so I didn’t want to say anything to anybody”
Catherine, Fort Resolution*

“One of the things that seem to come across to me was the sometimes difficult choices that those family members had to make. Her mom was really sick and being shipped out away from the community and she had to make a choice between staying and providing some joy to her son in terms of allowing him to go and trick or treat or going with your sick mother, where she knew she was critically ill.” Dr. Butts, Northwest Territories

What you should know

- An individual with cancer may choose to keep their cancer a secret from their family and community. This may be due to misconceptions about cancer in their community, or uncertainty about a diagnosis. It may be because of an elder’s perspective about what is right for a person or a family.
- It is important that care providers understand that the individual with cancer and their family members may have a pre-existing mistrust of the medical system. This mistrust can come from previous experience, rates of cancer within families, and communities, and from historical injustices, including residential schools. Therefore although family is present with the individual during discussions with the care provider they may be fearful and remain silent.
- For those individuals with cancer who return to the community may be relying on their families for caregiving. This can be very challenging for families as they may not have the information and resources needed to adequately care for the individual in their specific circumstances.

To think about and act on

- What was interesting about the video?
- Are the stories and reactions like what you already know from your family or your community?
- What ideas are in the video to help a person and families better?
- Are other ways people and families should be helped?
- What could you do to help a person who hears they have cancer? What could your community do?
- Who else could make things better where you are?

Wise Practice: How primary care and cancer care organizations can make sustainable changes to improve cancer journeys

- **National Health Service Sustainability Model:** <http://online.ideasontario.ca/wp-content/uploads/2015/08/NHS-Sustainability-Guide.pdf>

Suggested Practice: Consider including this check list when a person's transition to a cancer centre or back home occurs

1. I took my patient's family and culture into account when helping him/her plan to go to [the cancer centre/his or her community].
2. When my patient left [the community/the cancer centre], I helped him/her plan who would be involved in my health when I arrived.
3. When my patient arrived [in the community/at the cancer centre], the plan I helped him/her with worked out.
4. I believe that I communicated well with my patient's health care providers in his/her community and in the cancer centre.

About the Transition Support Resources

Eight Transition Support Resources were produced to promote dialogue and discussion about the cancer journey by families, communities, primary care providers, and cancer care providers in cities. They come from stories from 28 individuals representing the First Nations patient and family perspective and from responses from 17 primary and oncology care providers in British Columbia, Alberta, Manitoba, and Northwest Territories.

About the project

The Government of the Northwest Territories Department of Health and Social Services and Cancer Control Alberta, Alberta Health Services, were the lead implementing partners working with CancerCare Manitoba, the British Columbia Cancer Agency Centre for the North, and Saint Elizabeth Health Care, as well as First Nations communities in the Northwest Territories, British Columbia, Alberta, and Manitoba. The project was funded by the Canadian Partnership Against Cancer.