

The Shock of Diagnosis

(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.)

A cancer diagnosis can be a really hard time for anyone. Some people say it is “shocking” and “numbing”. Others say they don’t hear anything else after the word “cancer”. For a First Nations person, there can be more factors that can make the shock even bigger.

“Cancer mean to me is something really dangerous, and you know cancer kills people, so as soon as you hear somebody got cancer already you think of death to the family so it’s really scary. Had it really badly in Fort Good Hope so you’re living every day thinking of who’s going to be next, it might be you. So it was really scary and the word cancer is really scary. And right away if someone, if a nurse or a doctor says someone has cancer right away you think of death, the story gets around really fast in a town.” – Vicki, Fort Good Hope, NT

“One thing that came clear from the videos was the long shadow of the residential school program on our Elders and how that impacts of subsequent generations, the long term and long shadow that the residential school experience has wrote in the terms of cancer care is the effect that it has made people more hesitant to self-advocate and to interact with what they perceive as authority figures from different systems.” – Dr. Fourier, Terrace, BC

What you should know

- A doctor may not realize that giving a cancer diagnosis can make someone even more afraid and alone, especially if they are away from their home community and family.
- Health care providers need to understand that historical trauma experienced by many First Nations people means that they may mistrust of the medical system. Therefore a person hearing “cancer” may be afraid and stay quiet.
- It is important for doctors to take the time to make sure people get the information they want. Doctors should listen carefully and answer all questions clearly. Doctors should tell people who they can talk to later if they have more questions. All of this requires the doctor to know something about the person, their experiences, their family, and their community.
- Some people from a rural, remote or isolated community may choose not talk about a cancer diagnosis when they get home. They may be afraid or have ideas about cancer that may not be right.

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?

Suggested Practice: Consider if these would be helpful for a better cancer journey

1. My health care providers took my family and my culture into account when helping me plan to go to the cancer centre or back to my community.
2. When I left my community or the cancer centre, my health care providers helped me plan who would be involved in my health when I arrived.
3. When I arrived in my community or at the cancer centre, the plan my health care providers helped me with worked out.
4. I believe that the health care providers in my community and in the cancer centre have communicated well.

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.