

Completing the Circle: Elders speak about end-of-life care with Aboriginal families in Canada

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Abstract / In this article, we share words spoken by Aboriginal elders from Saskatchewan, Canada, in response to the research question, "What would you like non-Aboriginal health care providers to know when providing end-of-life care for Aboriginal families?" Our purpose in publishing these results in a written format is to place information shared by oral tradition in an academic context and to make the information accessible to other researchers. Recent theoretical work in the areas of death and dying suggests that cultural beliefs and practices are particularly influential at the end of life; however, little work describing the traditional beliefs and practices of Aboriginal peoples in Canada exists to guide culturally appropriate end-of-life care delivery. Purposive sampling procedures were used to recruit five elders from culturally diverse First Nations in southern Saskatchewan. Key informant Aboriginal elder participants were videotaped by two Aboriginal research assistants, who approached the elders at powwows. Narrative analysis of the key informant interview transcripts was conducted to identify key concepts and emerging narrative themes describing culturally appropriate end-of-life health care for Aboriginal families. Six themes were identified to organize the data into a coherent narrative: realization; gathering of community; care and comfort/transition; moments after death; grief, wake, funeral; and messages to health care providers. These themes told the story of the dying person's journey and highlighted important messages from elders to non-Aboriginal health care providers.

Résumé / Dans cet article nous rapportons les opinions exprimées par les Anciens vivant dans les tribus autochtones au sud de la Saskatchewan au Canada. À la question: "Qu'aimeriez-vous que les soignants non-autochtones sachent lorsqu'ils prodiguent des soins de fin de vie aux membres des familles autochtones?" Notre objectif en publiant ces réponses verbales sous une forme écrite est d'intégrer l'information issue de la tradition orale dans un document de recherche afin que l'information soit accessible à d'autres chercheurs. Les

récents travaux théoriques dans le domaine de la mort et du mourir laissent penser que les croyances et les coutumes culturelles ont particulièrement une influence en fin de vie; cependant il existe peu de travaux de recherche portant sur les croyances et les coutumes des autochtones qui pourraient aider les professionnels de la santé à dispenser des soins de fin de vie culturellement appropriés. À partir de critères bien précis nous avons recruté, parmi les Premières Nations au sud de la Saskatchewan, cinq Anciens issus de différentes cultures. On les a par la suite interviewés et leurs propos ont été enregistrés sur magnétoscope par deux assistants de recherche d'origine autochtone qui, au préalable, avaient rencontré les Anciens lors de différents powwows. On a par la suite fait l'analyse narrative de la transcription afin d'identifier les concepts et thèmes fondamentaux décrivant le mieux les soins de vie culturellement appropriés pour les familles autochtones. Six thèmes ont émergés dans ces narratifs: la réalisation, le rassemblement de la communauté, les soins et le confort, les moments suivant la mort, le chagrin, la veillée mortuaire, les funérailles et les messages aux professionnels de la santé. Ces thèmes racontent l'histoire et le chemin parcouru de la personne mourante tout en soulignant l'importance des messages des Anciens aux soignants non-autochtone.

INTRODUCTION

In this article, we share words spoken by Aboriginal elders from Saskatchewan, Canada, in response to the research question, "What would you like non-Aboriginal health care providers to know when providing end-of-life care for Aboriginal families?" Care for the aging and dying is an emerging health issue affecting Aboriginal peoples. ("Aboriginal" is defined in the 1982 Constitution Act of Canada as referring to all peoples of Indian, Inuit, and Métis heritage, including non-status Indians. Other terms, such as "Indigenous" or "Native," are also used to refer to First Peoples or the original residents of a land.)

End-of-life health care is a high-priority research topic among Indigenous peoples due to growing Indigenous populations, higher mortality rates in these populations, and types of deaths such as deaths due to accidents and complications of chronic disease (1, 2). Changing demographics throughout much of Canada reflect a growing Aboriginal population; off-reserve rates have quadrupled in Saskatchewan since 1966, which is the highest increase in all of Canada (3, 4). The Aboriginal population of Saskatchewan was estimated to be 14 percent of the total population in 2001 and is projected to increase to 21 percent by 2017 (5). This is a positive trend, since Aboriginal peoples suffered a serious decline in numbers due to colonial initiatives such as residential schools and the disenfranchisement of many Indian peoples (6, 7). However, the continued higher mortality rates and growing chronic illness rates among Aboriginal peoples suggest a need for culturally appropriate end-of-life health care delivery (8, 9). In addition, there is a need for culturally appropriate end-of-life care to assist in the process of dying “healed” (10).

The 1999 standardized death rate for the Saskatchewan registered Indian population indicates that death rates are higher for these peoples. Despite the continued higher morbidity and mortality rates among Aboriginal individuals in Canada, the life expectancy of Aboriginal peoples rose steadily and dramatically between 1996 and 2001, and it continues to increase, suggesting that end-of-life health care needs among elders and those suffering from chronic illnesses are growing (11, 12).

Although seniors 65 and older represent 11 percent of all Canadians, they only account for 3 to 5 percent of Aboriginal people; in every age group Aboriginal mortality rates are four-to-five times those of the non-Aboriginal population (13). Potential years of life lost (PYLL) is a measure of mortality; the PYLL in 2001 was approximately 3.5 times higher for Aboriginal peoples in Canada than for non-Aboriginal people (14, 15). The main contributing factor to this is injury, which includes accidents, suicides, and homicides (15). Suicide and self-injury were the leading causes of death for Aboriginal individuals in 1999; they accounted for 38 percent of deaths among youth and 23 percent of deaths among young adults between the ages of 25 and 35 (16). Research on utilization of services suggests that most Aboriginal individuals receive end-of-life health care in acute care settings due to traumatic deaths as a result of accidents, suicides, and homicides (17). These traumatic deaths can lead to complicated grief reactions in survivors. Although

rates of cancer among Aboriginal peoples are lower than they are among non-Aboriginal people, incidences of other chronic illnesses, such as heart disease and diabetes, are higher; and diabetes often leads to amputations, which results in grief reactions (14).

Recent theoretical work in the areas of death and dying suggests that cultural beliefs and practices are particularly influential at the end of life; however, little work describing the traditional beliefs and practices of Aboriginal peoples in Canada exists to guide culturally appropriate end-of-life care delivery. Globally, there is growing interest in the ways that traditional protocols influence contemporary practices among Indigenous peoples. Although subjective experiences of grief may be similar among various cultural groups, ceremonies and traditional protocols for the expression of grief clearly differ (18-21).

Cultural customs and bereavement protocols help individuals, families, and communities to heal; in Western terms, these customs and protocols “help individuals control their emotions, order their behaviour, link the sufferers more intimately to the social group, and serve as symbols of continuity” (22, p. 403). Researchers suggest that culture protects individuals and communities during times of crisis, such as bereavement; when a culture has been damaged, lack of access to its protocols interferes with the social support and contextual meaning that assists healing from grief and trauma (23). Research documenting communities affected by cultural trauma suggests that communities lose access to the protective healing protocols or grief rituals that facilitate healing (24, 25).

The spiritual search for meaning that appears to confront individuals when they face death is an important aspect of hospice and palliative care in Canada, and it is also a fundamental aspect of Aboriginal ceremonial preparation for death (26). Existing guidelines developed by non-Aboriginal health professionals are often unsuitable for Aboriginal peoples. Critics of dominant Western theories of death and dying (27, 28, 29) argue that these theories are culturally specific. Given that understandings of death and dying are socially and culturally constructed, it seems likely that end-of-life health care needs should also differ between Aboriginal and non-Aboriginal cultures.

METHOD

We organized our overall research plan according to the community action research methodology (30). Our community-, university-, and hospital-based research partners participated in an iterative process of data collection and analysis. All

processes were also guided by two elders. We used qualitative methods of data collection and analysis (31, 32, 33). Once we had received approval from the university ethics board, our recruitment of participants and data collection commenced. The research team conducted open-ended interviews with Aboriginal elders and produced two videos documenting Aboriginal elders speaking about the end of life: one shorter video and an accompanying PowerPoint for non-Aboriginal health care providers; and a 52-minute video documenting traditional end-of-life protocols for Aboriginal families.

Data Collection

Purposive sampling procedures were used to recruit five elders from several culturally diverse First Nations in southern Saskatchewan: Cree, Saulteaux, Anishinabe, Métis, and Lakota/Dakota. As the criterion for study inclusion, we used the definition provided by Steckley and Cummins (1) of “elder”: a person who has significant wisdom in areas of traditional Aboriginal knowledge, who is recognized as having that wisdom by the community and nation, and who has the capacity to transmit this knowledge to others. All of our participants have been recognized by their communities (nations) as elders. Between urban, reserve, Métis, and non-status Aboriginal peoples, there are variations in lifestyle and in access to health care; therefore, our recruitment of elders reflected a research intent to represent these differences (34). By publishing in a written format our interpretation of elders’ sharing of orally transmitted knowledge, we placed information obtained through the oral tradition in an academic context and thus made it accessible to other researchers.

Two Aboriginal research assistants spent time at powwows in communities that were home to a cross-section of potential elder participants. Powwows are community gatherings where people dance, sing, socialize, and honour Aboriginal culture. Using appropriate cultural protocols, the researchers approached elders with respect, offered them tobacco and cloth, and asked them to share their wisdom with our team. At member-checking visits, each elder was given a star-quilt-pattern pillow made by a community member; this was a traditional and culturally appropriate method of recognizing that person’s contribution. We used a relational style of recruitment, and five elders (three female and two male) agreed to participate in the video interview.

Key informant interviews with Aboriginal elders were conducted at powwows using an open-ended format. There was one main interview question: “What would you like health care

providers to know when they are delivering end-of-life health care to Aboriginal people?” (17). The interviewer asked participants to expand on any points that seemed relevant to the overall research purpose. However, each interview was guided by the participant, who often conveyed information about sacred traditional protocols that he or she was moved to share. There was no preparatory conversation prior to the taped interview. Interviews were videotaped by our team of two Aboriginal research assistants and lasted approximately 60 minutes. We adhered to OCAP principles (ownership, control, access, and possession) in our data collection and analysis (35); all recorded interview data were reviewed by participants (36). At the close of the interview, each elder was offered a modest honorarium (forty dollars, as specified on the consent form). All interview data were transcribed for analysis. Following OCAP principles, the research assistants gave a copy of the interview and evolving video to each participant for review and content approval; this was also consistent with the member-checking stage of qualitative research (37). Material that was deemed by the elders to be too sacred or sensitive or private was saved in other video files, which were also analyzed for this project.

Data Analysis

Narrative analyses of the key informant video interview transcripts were conducted to identify holistic themes that answered the research question and described culturally appropriate end-of-life health care for Aboriginal families (38). Storytelling has historically served as a vehicle for transmitting protocols used by Aboriginal communities, so the narrative method of data collection and analysis is appropriate and important for Aboriginal families. Using the community action research method combined with narrative inquiry, the entire research team met and collaborated on all stages of data analysis (39). We watched each video interview and highlighted passages in the transcripts that we felt were important to include in the video. Narrative data that was similar in all interviews was considered appropriate for our purposes, since diversity among First Nations suggests diversity in traditional protocols. However, certain themes were consistent and thus informed our emerging narrative. After three rounds of this method, Aboriginal and non-Aboriginal graduate student research assistants coded the six themes that would be used to organize the data into a coherent narrative: realization; gathering of community; care and comfort/transition; moments after death; grief, wake, funeral; and

message to health care providers. These themes produced a narrative of the dying person's journey and highlighted important messages from elders to non-Aboriginal health care providers. Our research team selected quotations from elders to make a 23-minute video, which we distributed to interested health care providers. We decided on a title for the research: "Completing the Circle: End-of-Life Care with Aboriginal Families." Non-Aboriginal team members learned a great deal about cultural protocols and Aboriginal world views on death and dying during data analysis. Aboriginal team members also heard about protocols that they had learned when young and then forgotten, or they received them now more clearly than they had the first time.

RESULTS

We present our results thematically. They follow the story of dying persons as they make the transition from this life to the next. Elders will be identified by name, as they requested. The purpose of the narrative is described by one of our guiding elders:

Elder Ken: "A friend, a relative, or a community member dying is of special significance to First Nations and Métis peoples. It evokes special responsibilities and obligations that the living feel they have toward those who are about to enter the spirit world. We hope this video will give health care providers some insights into those feelings, and that you will find ways to respect those traditions. We ask you to listen to the following First Nations and Métis men and women to help you develop further insights into the meaning of dying. It is our hope that these messages will help generate a broader understanding of the meaning of passing from this world to...the spirit world."

Completing the Circle

The concept of completing the circle was culturally important. Elders stated that death is not an end to life but merely a completion of the circle of life on this side of the curtain — life continues after death. Elder participants conveyed traditional cultural beliefs that suggest that life is a circle and that spiritual knowledge about the end of life is present from birth. As Elder Lena stated, "When we are born, the day is set for us when to go. The Lord writes it down up here, when to go, you know?" All elders conveyed a deep respect and appreciation for death. Elder Isabel stated that elders "all believe that death is one of the greatest things that God put on Earth...birth and death." When asked what they would like health care providers to know about death and dying among

Aboriginal peoples, all the elders stated one important concept:

Elder Betty: "I think the important thing for the health care providers to know is that for Aboriginal people death is a part of life, it's a part of living. And it's as necessary as birth."

It is important to note that all participants stated that the ideas they conveyed in the interviews represent only their individual knowledge; however, we should also note that the key informants are considered elders in their communities and therefore hold sacred information passed down through generations. The language used by some reflects their Christian belief system, but all of the elders speaking in this research are traditional elders and hold and practice the traditional protocols of their First Nation.

Gathering of Community: Preparing for Death

Elders stated that there is a need to gather community when an Aboriginal person is dying. Generally, participants stated that to prepare for death is to come together as a community. As Elder Isabel said, "That's preparing for death. Telling you what to do, stick together as a family."

Elders stated that they and members of their families and communities had experienced policy restrictions when gathering around a community member dying in hospital. They said that they felt restricted when attempting to practice spiritual traditions such as smudging:

Elder Betty: "Our belief is that what we do here affects them over there and what they do over there affects us here. So we want to keep that communication open and well between the two worlds. So how we conduct ourselves here when they pass on is an important thing. To be respectful of that person and also to be respectful of everybody around you. Everybody goes through that journey differently. Everybody mourns differently. Just because someone doesn't mourn the way you do doesn't mean to say it's wrong. It's just their way. Now we have rooms in hospitals where you can go. We have a room now where we can go and do ceremony in Saskatoon and Regina....but not right in the rooms where the patients are. I know a lot of hospitals yet we can't burn sweet grass."

One solution to the disconnection between the restrictions of Western hospital policy and the need for traditional Aboriginal practice is for hospitals to provide family rooms that can accommodate large numbers of extended family.

Elder Richard: "I know when I got sick and I was in Wynyard Hospital, there was a special room there where I went and ate with all my grandchildren. But

you got to ask. And I didn't know that. And stuff like that, it's got to take place, and I think that they're not providing that information that should be provided to the people."

Many elders have experienced disrespectful and racist treatment by health care providers.

Elder Isabel: *"I believe that the family have that right and the privilege to prepare themselves and the person that's going to leave for another world. To go into another world. And I think Indian families in the traditional way believe that when they gather together at the deathbed and they're praying, they're praying in their own way. And even today, like, in the hospitals, if we go and somebody's dying and we ask, 'Can we go?' 'No, they're in their last hour.' So what? That's why we want to be there. We want to be there when they're dying. 'Just the family, just the husband or...' And I've seen that when my niece died last year. We demanded to be there in that room, where she was dying. We had a heck of a time for them to allow us to all go in there and pray."*

Elders explained that in their traditional world view, many people come to be with a dying person to give energy to the person and to the grieving loved ones.

Elder Art: *"These people stay in the hospital; their loved ones are sick or dying. They know that their loved ones are very, very sick, and they know that they only have a few days left. But some of them don't stay there just for the death of the individual. They stay there because of me and you who need their support and love for one another. And the doctors and nurses misinterpret that. They're there for the living. And they don't understand that, and so what they want to do is try to get rid of these people. And they say 'No, we can't go' because there's still our relatives there who need us."*

They suggested that this differs from the Western perspective, in which visitors to the dying are limited so that the dying person can conserve energy.

Elder Betty: *"Because sometimes things are said and done that we don't understand why. For instance, you know, just the fact that the person is dying yet they want to maintain all this fancy stuff right 'til the end, you know? And it doesn't give a person a chance to be with family. One of the things I don't understand is this five-minute rule with the person that is dying. It's to let...everyone should let...extended family as well...and they'll say just family and there are, like 30 people out there who want to be in the room. You know, because it's important that everybody gives their energy at that time to that person. It's not that they're taking...*

They need to rest. They're dying, you know? It's an important thing to know that we...I guess from my point of view, I just look at it differently. I don't understand the whole concept of keeping it down to a few people and not allowing the things to happen that would happen if they were at home. And if they were, you know, like it was years ago. It doesn't happen that way anymore."

Elder participants said that health care providers need education in order to work effectively with Aboriginal persons who are dying.

Elder Isabel: *"I believe that they need to be taught compassion, compassion when they're training. Maybe they do, but not in a natural way, not in a way that the Creator would want us to care. Of course, a lot of them are different religions, but I think that they should respect Aboriginal people and Indian people when they have them sick in the hospitals. And if they have to pray in their own way, we can get elders to come in and pray for somebody that's dying. And you don't have to understand what they're saying. You know, even if they burn sweet grass and smudge somebody, it's still...it was still done long ago. I can't see why it can't be done in the hospital when our Indian people are dying."*

One example of the way that Aboriginal constructions of death and dying differ from Western ones is that dying Aboriginal persons often know that they are about to "take the journey," and they tell their loved ones about it:

Elder Richard: *"Like my dad knew he was going to go, my mother also. And he said, 'I want all of you here. It's not going to be very long now.' My mother said, 'In three days...I want to hear, I want to talk to all of you.' So we knew. He told us."*

Many Aboriginal persons accept death as a natural part of life, so some dying persons will prepare their family members for the loss they will experience and ask that they not grieve too hard.

Elder Isabel: *"When my dad died, he had us there, and my mother, and we...he talked to us, you know, he talked. And he said, 'Don't cry, don't cry,' he said. 'I'm going back to where God is.' And then that gives you a good feeling. You know — don't cry, I'm going to go to a better place."*

The meaning of "don't cry" is that the person who is dying (taking the journey to the next world) wants to be free to complete the circle. It is not meant to prohibit expressions of grief; it means that there must be an energetic release of the loved one so he or she can take the journey to the other side in peace. If dying persons are concerned about the welfare of their loved ones on

this plane, they will be held back from taking that journey:

Elder Richard: *“‘If you cry,’ he said in Cree, ‘you’re going to hold me back, you’re going to hold me back when I’m going.’”*

Care and Comfort

The next stage in this narrative is providing care and comfort to the dying person and to the family and community who are grieving and will be left behind. Elders suggest that the dying person can benefit from care provided by both Western physicians and traditional Aboriginal healers. Elder Lena said, “Well, I think it’s better to be worked on both ways with a doctor and with the Indian culture, you know?” Elders also suggested that non-Aboriginal health care professionals could ask for assistance from traditional Aboriginal healers. If they do not know where to go for this, they should ask for assistance:

Elder Art: *“Let the health care professionals be educated enough to know that there are people out there in those communities that also...who care for these people. Ask them to come in. Elders, priests, spiritual leaders, women who are very strong in their medicine. You know, they’re out there, waiting to be called. And sometimes these health care professionals will not allow them to come in because it takes away their power and control and their role.”*

Specific suggestions for health care providers to work effectively with Aboriginal persons at the end of life are to encourage them to show feeling and compassion, and to bring in Aboriginal elders or ministers to assist families.

Elder Isabel: *“I would say compassion, with kindness, you know? Say, ‘Look, I don’t think your child is going to last long. Anything you want us to do to provide for you? Getting the last few hours with your...do you want somebody else to come and be with you?’ and it could be our Indian ministers, it could be our elders.”*

Elders emphasized the importance of the heart connection between health care providers and Aboriginal family members.

Elder Art: *“Help us to feel. Help us and listen to us as the First Nations people as we talk from our heart rather than from our minds. And we may talk like simple, uneducated individuals, but we’re not. We’re very articulate, deeply spiritual, intelligent people. But we don’t talk from here, we talk from our heart. Especially if there’s a loved one laying there dying. And we want them to hear that.”*

Another important form of support that hospitals can offer is to permit family members to bring in traditional food that will give comfort to the dying person. Elders disagree with hospital policies dictating that dying individuals receive certain restricted diets to prolong life.

Elder Betty: *“Some of the other ways that I know of that people do things, and one that I particularly know of, this auntie, her nephew was passing away and it was very important to her that she take him his food. She wanted to prepare his food for the last two weeks of his life and it was a very difficult thing for her because the hospital wouldn’t allow her to do that. They didn’t want her bringing in ‘cause he was hooked up to machines and they had him on a certain diet. And I guess the diet would’ve been one to prolong his life, but he was dying, and the auntie knew that, and that was her way of giving him sustenance before he passed on.”*

Elders suggested that offering foods that bring comfort to the dying person may be more spiritually and emotionally healing than restrictive diets meant to prolong the life of that person. Care and comfort of the heart and spirit take precedence at the end of life.

Moments after Death

The moments after an Aboriginal person passes from his or her corporeal state are very sacred. Elders stated that there are traditional protocols (specific practices) within each First Nation to assist the person to take the next step of their journey in peace.

Elder Lena: *“The elder has to talk to the people, and they might say a prayer. You know, a prayer so he’ll go nice. Leave the Earth nice. Like in a funeral, long time ago...when you have a funeral, there used to be an elder that used to sing a song.”*

The elders we consulted stated that the spirit of the dying person was released at the moment of death, and the life force continued on.

Elder Betty: *“We came from somewhere and we’ll go somewhere. That life force, that life energy, doesn’t just dissipate. It just moves on. And when a body can no longer sustain that life force, then that’s what happens. And many times the body is too broken or diseased or ill to maintain that life force, so it has no choice but to go on. And I think that’s an important thing to remember and an important thing for people to know. It’s the cycle of life, it’s on the medicine wheel, and it continues.”*

Grief, Wake, Funeral

Elders generously shared information about culturally appropriate protocols for specific First Nation communities to follow in bereavement.

Elder Richard: *"There's different ceremonies, such as feasts, when we were mentioning death. I had a feast for my son for four years, the day he died for four years we put a feast, and called everybody. That's what's been going on. And right after death, his death, again we had to make a fire for four days by his gravesite."*

The importance of finding and sharing the proper farewell song was emphasized by elders. They also stated that this traditional protocol does not seem to be practised today.

Elder Lena: *"An elder used to sing a song, a farewell song, leaving the Earth, going to Heaven. That was...today you don't hear that, you don't hear that. I sang a song after they buried Leslie. I sang a song over...a farewell song. And I talked to him, I prayed for him to go straight, don't look back, not to look back. I was just a young...17, 18, or 14, 15 — that's when I started going to funeral services, Indian's, you know? That's where I used to hear...so one day I was here on this reserve, that song came to my head, that song came to my head. I still know that song today."*

Elders stated that each person is unique, with his or her own needs at the end of life.

Elder Betty: *"Everybody would have their own way of doing things. Everyone would have their own journey. And it's never going to look the same. It's not like taking the number 1 to Regina, you know, and you're going to see certain things along the way and encounter certain things along the way. Everyone...because the Creator made us so unique that even that way of going is unique. So there's not one way of doing it. Everyone will have their own."*

Elders we consulted suggested that traditional Aboriginal protocols are important, but part of following the protocols is to be aware of differences among individuals and their unique needs at the end of life.

DISCUSSION

The results of our participatory inquiry with Aboriginal elders in Saskatchewan, Canada, add to the growing literature showing that cultural beliefs, values, and needs are important for dying individuals and for their family members (40, 41). Unique methods used in our research include forming a research team that included Aboriginal and non-Aboriginal elders and using a special

methodology (see, for example, 42-49). By adhering to OCAP principles while conducting this research, Aboriginal community members became active participants and leaders in setting the research agenda, conducting the research, and interpreting and implementing the results (50).

Cross-cultural end-of-life health care is an important new research direction (2, 36, 51, 52). End-of-life care principles and practice are influenced by cultural values and must be adapted if ethnic minorities are to have confidence in the care provided (53). Specific suggestions offered by elders may assist health care practitioners improve the holistic health of Aboriginal people dying in hospital. Overcoming barriers to appropriate bereavement care involves appreciating the context in which grief is experienced in Aboriginal cultures as well as developing cross-cultural policies in the health care system that will make culturally appropriate bereavement care possible (13, 52, 54, 55).

A major barrier to Aboriginal peoples receiving appropriate end-of-life care is the fact that understandings of this care differ between Western biomedicine-oriented models and Aboriginal cultures; this results in communication difficulties, discrimination, and institutional policies that interfere with traditional responsibilities. Medical constructions of death depict death as the enemy and treat the death experience in a technical manner (56-58). In contrast, traditional Aboriginal understandings of death depict death as a transition from Mother Earth and recognize family as central to the process, emphasizing spirituality and ceremonies to support the giving of energy and facilitating the transition from corporeal life (21, 59, 60). The modern biomedical understanding of dying is dominated by a focus on biological factors, technology, and professional/institutional failure to cure (61-63). The Western biomedical understanding of dying and death is at odds with traditional Aboriginal ways of knowing death holistically (13, 31, 60, 64, 65).

Providing culturally appropriate care requires restructuring aspects of policies governing hospital and local service delivery systems so that they are sensitive and responsive to cultural needs (13, 54, 55, 66, 67). The elders who collaborated in this study are the keepers of traditional protocol. They have shared traditional Aboriginal practices that promote the well-being of individuals at the end of life and their families with the sincere hope that this will improve understanding and insight and, eventually, educational services for Aboriginal people. Non-Aboriginal health care providers may be able to use these suggestions to reach a better understanding of the needs of dying

Aboriginal persons and their families and provide culturally appropriate care. We must stress that there is much diversity within both Aboriginal and non-Aboriginal cultures, and there is commonality among them as well. Material developed in this project will not only help improve service delivery to Aboriginal peoples, but it may also be useful for non-Aboriginal people. Those who have heard the words of the elders have found a deeper understanding of meaningful practices in end-of-life care.

CONCLUSION AND IMPLICATIONS FOR POLICY AND PRACTICE

Results from this research build on results from a previous study that showed there are barriers to providing culturally appropriate end-of-life care to Aboriginal families in a hospital setting (52). Aboriginal elders in southern Saskatchewan suggested a few ways in which hospital policy and practice could be adapted to facilitate a healing environment for Aboriginal peoples who complete the circle (die) in a hospital setting:

- Provide family rooms where large groups of extended family and community members can gather to cook, pray, support each other, and send energy to the dying individual who is preparing to take the journey; inform family members about these rooms.
- Alter hospital policy to allow for traditional spiritual practices (such as burning sweet grass and smudging) and for the culturally appropriate preparation of the body after death.
- Offer cross-cultural education for health care professionals that facilitates dialogue and a deepened understanding between groups. Aboriginal peoples respond to care offered from the heart. When skilled health care providers engage at the soul level, it is felt and appreciated. Cross-cultural education can generate a greater understanding among hospital staff of conflicts arising from cultural and communication differences (13, 52, 62, 63, 68-71).
- Make health care providers aware of culturally appropriate resources and have them inform Aboriginal families and communities about these resources (69, 72).

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