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That  
Matter



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Thank you.



It's called polypharmacy. That's when you're taking too many medications and those medications start competing with one another to the detriment of your health, it's a problem. Let's say you go to the doctor, complain about an ache or a pain, indigestion or a reaction to a drug you're already taking and then the doctor issues a new prescription.

Now, not to point the finger at the doctor because a lot of patients don't reveal the extent of the medications they're taking. They almost never talk about the vitamins they're taking or their marijuana use, either for pain or recreational reasons, or illegal drugs. And it doesn't stop there, did you know people share drugs? As in, I'm taking this and it works for me. Here, try one.

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Doctors don't hear those stories. There are a host of reasons why people don't have frank conversations with their primary healthcare provider, embarrassment, fear of losing face, a lack of understanding about drug interactions and a worry about challenging the authority of their doctor.

While I hate to add this in but I have to in this case, that is add in the experiences indigenous peoples have with the Canadian medical system. A system that many say does not represent them or respect their perspectives on health, wellness and prevention.

For this episode we invited two members of the team at the First Nations Health Authority, Pharmacist Cindy Preston and Nurse Gina Gaspard to join us for a conversation that matters about the coyote medicine story and how it can help all of us address an important healthcare issue. I'd also like to acknowledge that this program was recorded on the traditional territories of the Squamish, Musqueam, and Tsleil-Waututh nations.

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- Today we're talking about polypharmacy which is an issue that affects all of us and of course we're talking about it in relationship to the impact that it has in indigenous communities, not only in British Columbia, but of course everywhere. But there is an initiative that you're working on through First Nations Health Authority and I know also through the BCPHA but you're all interconnected and this is an issue that we pay attention to. Let's start with what is polypharmacy?

- Well, polypharmacy really is about the medications you're taking and taking more than, multiple medications, and taking more than what are clinically required. And so where this runs into a problem is the more medications you have there's more chance of side effects or adverse drug reactions and sometimes the drugs. add on in their side effects and their actions and the problems that they can cause--

- Like, there's an exponential response.

- Yeah, it might be additive or it might be exponential. But we just wanna make sure that people have physicians and pharmacists and nurses and patients have that conversation about the medications that are being prescribed or dispensed or consumed and making sure they're safe and appropriate and they're doing what they need to do and not causing people harm.

- So how do we get to a point where somebody is all of a sudden now taking 20 different medication and their caregiver isn't even aware of that array of medications is?

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- Well, there's a couple reasons. One is when a person is on a medication often a symptom can happen or a side effect and so they're prescribed another medication for the side effect of the first medication. As opposed to be taken off that medication and trying a different one that has a different side effect profile. Another reason is physicians and nurses work with guidelines, clinical guidelines, and so if you have this disease you have guidelines for that disease. But if you also have another disease you have guidelines for that disease. So all those guidelines recommend medications. So if we're not looking at the whole person and just providing guideline care we're gonna end up providing a lot of medications to the person.

- Well, and I also know that as we age, of course, there's more things to go wrong with us. I was doing a bit of work Dr. Ken Rockwood who has developed the geriatric assessment tool and the frailty scale, and he says, every 15 years the number of things that's wrong with you kinda doubles. When you start to get up in around 60 years of age and older well you start taking more medications. And as he pointed out, you start to have those drug interactions and your body then relies on them. So undoing that can become a challenging process.

- I think, Stu, also we have a situation where a lot of us in society rely so heavily on our prescribers that we don't question it ourselves.

- That's in the general public, but when we take a look at indigenous communities there's another cultural component that comes into that. How do we describe that that is?

- With colonization and the history of Canada and the way First Nations have interacted with healthcare, it isn't always the experience that you and I would enjoy. That experience and the stigma and racism that exists within the system negatively impacts this conversation. We really talk about client empowerment or patient empowerment and being able to ask questions. And feeling free to do that, asking your doctor, asking your pharmacist, asking your nurse. But you can't, you know, when you're told what to do and that's how you have to accept how you're going to receive things you don't challenge or you don't question what you're being told. And so to have that voice and find that strength to question or speak or self advocate, it can be very challenging. And without having the healthcare professional able to talk with you and pull that from you and encourage that type of conversation we never actually address the issue of what is this medication for and do I still need it?

- Gotta get you to hang on for a second while we take a quick commercial break. We'll be right back.

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- I even have that issue, you know, go to the doctor and she says to me, well I think you should take this, whatever it is, and I go, no. And the look from her is like, what do you mean, no?

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Like, you're challenging my authority? You're challenging my wisdom? No, I'm not, but I'm just telling you that it's not something that I plan on taking. Because I don't think that it's something that gonna be long term beneficial to me. Despite the fact that you have the medical degree, so it is a difficult situation. You know, I'm an older guy with enough oomph now at this point in my life to say no, I can't imagine your younger or your in some kind of, and as you pointed out, indigenous communities have been at the very unfortunate receiving end of colonization and racism. How then do you help those people say, okay, how do I now start to take control of my own well being? Because that's really what it comes down to, isn't it, it's about empowering individuals.

- Well really there's two ways, one, we work with healthcare professionals in making sure that they are aware that they can have this conversation another way and how they can have this conversation with indigenous patients and have it actually resonate with them so that they're actually speaking a common language versus trying to use conflicting world views to discuss an issue like polypharmacy. The other issue is within the community itself and community having the opportunity to have that conversation about what polypharmacy is to them and what does it look like.

- So we decided we needed a tool to help us have those conversations.

- Well are you even using the term polypharmacy?

- Yeah, exactly.

- So what is that tool?

- So the tool is, it's called the Coyote's Food Medicine story. And so the coyote story is a traditional way--

- That's this book here, isn't it?

- There you go, yeah.

- Quite a good little book.

- The whole concept of a coyote story is an indigenous traditional way of providing information to people in a fun way, in a not. So in the western way when I wanna give you information or I wanna teach something to somebody it's very didactic. I tell you this is what you need to know and learn it and be off with you.

- And we think that that's effective and not necessarily is.

- Exactly, and there's a lot we can learn that we have yet to learn from indigenous people

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because story telling is a wonderful way to learn, it's fun and playful, but it's also layers and layers of knowledge. So a person could listen to a coyote story and get what they need to get from it and then come back to that story later and hear it again and actually learn different things from it because of the multiple layers in the story. Depending on where the nation is in the province the coyote is a trickster or a transformative character but it may or may not be a coyote, it could be a raven, it could be any animal that nation sees as the trickster or the transformative character.

- Oh okay, so the story has the ability to be flexible in its presentation depending on what the common story telling characters are within that community.

- And so these are very old stories and the coyote story or the trickster story.

- So what is the essence of that story?

- Well, the coyote being the trickster he really wants to really take advantage of everyone else's food, the other animals in the forest and steal or use what they have to gain the advantages that they have, whether it be strong legs to jump like the frog or sharp eyes like the eagle. By eating their food maybe he can obtain those characteristics and him and his family will be that much stronger and advance because of that. At the end of the day he finds out that wasn't the best way to go and he faces reality with the cougar on top of him and really has to face and hear the hard truth that he really needs to pay attention to the ancestral and traditional teachings of his ancestors.

- This is our second break, we'll be back in a moment.

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- Okay, so one of the interesting things that I found in reading the story was it was, okay frog, tell me what it is that you eat that gives your legs the ability to jump? And so you go, okay, good, I'll take that drug because it will help me with this way. But he didn't hang around long enough to understand the context under which the frog consumes, why it's important to the frog, and yet may not be important to the coyote and just having that ability to jump wasn't gonna make him immune to everything else. And so there, I would go, okay, I can see the part where you start to go, okay I need to not only know what it is that you take but why you take it, under what circumstances, what are the benefits, what are the other things that I need to know? And in that I found an incredible amount of wisdom but in very easy to understand and simple story telling.

- But you've also really nicely displayed how you were able to take that story to a different level that maybe somebody else wouldn't take it to.

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- Yeah, but you pointed out that you can come back to the story the second time and discover something new in it.

- Yeah, and deeper.

- And maybe that is the beauty of the story. I think about sometimes when I've been in indigenous communities and I'm listening to story telling and it happens in a much different environment than what we're doing right now. There is the opportunity to think about you know, what is the coyote and maybe the story teller tells you a little bit more about who the coyote is and expands on the personality of that coyote and what it is they're hoping to achieve and so you get taken to a place that you have time to contemplate. Whereas, as you say, if we just share information in a didactic way well you don't have the opportunity to say okay, what exactly does this mean to me? So what's the response been?

- We took 6,000 books to the elders gathering in Cowichan in July last year and it was amazing, people were constantly at us looking for more books.

- Yeah and it was, one of the elders took me aside and says, you came to our community and you did your little presentation on polypharmacy and so now I know what you're talking about.

- He heard your polypharmacy theory, my eyes glazed over.

- Yeah, and I mean, for me I'm like, that was the most amazing moment where it's like, wow, as a healthcare professional I'm speaking my language but I'm not connecting and I can't help, or I'm not empowering people and individuals to really be able to ask those questions. I'm using my lingo and they could pick up on that but the coyote story's a way more powerful way of having that conversation and letting people continue that conversation and building on the coyote story.

- Well, in the video that you produced one of the elders goes, you know, the Coyote's Food Medicine story helps us like to keep up with the white man and they laugh and giggle but this is fundamental I think in being able to say, okay, what are the tools that are gonna empower me to feel like I can now start to ask questions. One story does not change the world, does not change the way people understand it and react, what else do we need to do collectively to help everybody be able to address these issues? Where do we go from here?

- If we don't do something about polypharmacy what does that mean? And we know as Cindy had said that with every medication there's increased interactions but we also know that people who are on multiple medications fall more, they use the hospital more, they use the emergency department more, and they also stop taking their medications more. So people who are on a lot of medications have a tendency to say, I've had enough. And instead of just

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taking a few or maybe taking the ones they really really need they just don't take any of them. So for lots of different reasons people get very sick if they're not on the most appropriate medications. Don't get us wrong, we're not against medications, we're all for the right medication at the right time or the right dose that matches that person's values and wishes with what's important to them. And if we continue on what we're doing right now what we know is that it costs our healthcare system a lot of money. So it's not just the cost to the individual and the cost to their quality of life, but it's also just under a few billion dollars in healthcare costs in Canada per year because we spend so much money on medications, just the medications that are not appropriate.

- Just on the ones that are not appropriate.

- Right, and all the healthcare issues, the hospitalizations and the services that are required because of those medications that weren't appropriate.

- So the Coyote's Food Medicine story is designed to help empower indigenous communities, indigenous individuals. That is gonna have to be an ongoing effort and initiative by First Nations Health Authority and the doctors of BC and various other branches of healthcare in British Columbia. But the other side of the equation of course is that that message also has to be going back out to healthcare providers, that they need to be attuned to this and create that environment that allows for and encourages that dialogue that says here's where I'm at.

- And that's the piece that I think is really important around what is the individual's goals of care? So the guidelines tell us if you have this disease these are the medications you should have. But we also need to ask what's important to the individual to match the right medications, the right dose at the right time to that person because of what's important to them. And I think that's what you were trying to say when you were talking to your doctor is that that's not important to me. And if we don't get back to what's important to the individual then we're not gonna be prescribing and managing our healthcare system in a way that reflects what we call goal concordant care, care that is what the person wants.

- Third and final break, we'll be right back.

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- Well, okay, so that brings up an interesting point and it brings us to this holistic view of the individual that can say, well here are a suite or an array of different healthcare options that are available to me. 'Cause when you listen to the video they talk about, well, you know, we would go out to the earth and we would get roots and we would get plants and we would get a variety of different elements from Mother Earth and we would make up remedies that had been passed down through the years. We can't say, okay, abandon that because that does not

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fit in necessarily with the individual's goals. Is in all of this this sense that we have to now also look at what Dr. Heather Boon who is the Dean of Pharmacy at University of Toronto says, what is that interaction between the prescription medications that we're supplying and other complimentary and alternative forms of therapy. 'Cause we still need to figure that out, don't we?

- Yep. The medicines, like chemicals that we ingest are going to interact. And so that will be one area that could potentially be problematic. When we talk about the coyote story with community we often talk about making sure you have a list of the medications. So you can take it and have that conversation with your pharmacist and your physician. All the medications you're taking, whether they be the over counter ones you can go purchase, ones that are prescribed to you, or traditional medicines. I don't necessarily see the traditional medicines getting scrutinized at the academic level and trying to force it into the western medicine like model and understanding and so forth but there definitely needs to be room for those conversations to happen because there are potentially some interactions and some side effects that could happen when those medications are mixed.

- Well yeah, but I think it comes back to the point of, what are the health goals of the individual? Do I want to subscribe to the ways of my elders and my culture and do I need to let you know that as my healthcare provider in an allopathic model. That I also consume this mushroom and that root and so on because it's been passed down by my elders. I think that there has to be space for that conversation to exist as well.

- Yeah, it has to be a safe conversation where the patients are okay and safe to say the things that they're taking, right, and not felt that they're not doing what they need to because are using traditional medicines. So that safe space and that humility around the traditional medicines is very important with our healthcare professionals. And even in that conversation in encouraging our community members to really try to be brave and have that conversation with your healthcare professionals too and let them learn that they need to understand what you are taking.

- Yeah, this is really everybody's involved in this. We have to create the space, we have to be open to it, we have to say, you require different things to have the right frame of mind to ensure that you have the best possible health outcomes.

- I'm aware we've got a pharmacist and a nurse here but we don't have a prescriber here and I'm thinking if Dr. White were sitting here as well I'm hearing his voice in my head as we're having this conversation and when we would go to communities and the three of us would talk to community members something that he would often say is, it's okay to give, when you sit down with a physician and tell them what's wrong with you it's okay to start off the conversation with, I don't want any medication but I wanna tell you what's going on with me. So that by starting off with that then it gives the physician permission not to feel like they have to prescribe something. Because they also feel pressure by society to do something

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when somebody comes to them and says that they have problem.

- Well that's why you go to the doctor, listen, I got a problem, I want you to fix it.

- So it's I think the accountability is on both sides. This is such a complicated problem and it's not that a prescriber's gonna fix it or a pharmacist's gonna fix it or a nurse's gonna fix it. But we all need to work together as a team with the client to make sure that we're understanding what's really important to that person and how do we provide the care that reflects their wishes.

- Well, and to bring it sort of back to the whole Coyote's Food Medicine story book is to also empower people in indigenous communities to say you are allowed to speak up, you're allowed to ask questions, you're allowed to say this is what I want.

- Exactly.

- Well, and it's going to be a journey, it's going to be a process. I think that this is a powerful start and the more people start to understand this the more the word gets out, it's good. Thank you very much for coming in and sharing this.

- Thank you.

- Thank you.