

Indigenous peoples in Canada have higher death rates, complications after surgery

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Indigenous peoples in Canada have higher rates of death and complications after surgery and lower rates of surgeries than other populations, found new research published in *CMAJ (Canadian Medical Association Journal)*.

"Understanding surgical outcomes and access to surgical services is a vital step toward addressing colonialism and structural racism within health care, so we can identify the gaps and determine what needs to be improved," said Dr. Nadine Caron, a general surgeon in Prince George and co-director of the Centre for Excellence in Indigenous Health at the University of British Columbia.

Access to safe and timely [surgery](#) is essential, as surgery is responsible for 65% of cancer cure and control, can prevent death following trauma and, in the case of cesarean births, reduces newborn deaths by up to 70%.

Researchers looked at 28 studies that compared [surgical outcomes](#) across a range of procedures in Indigenous Peoples to outcomes in non-Indigenous peoples in Canada. Combined, the studies included 1.9 million patients, of whom 10.2% (202,056) identified as Indigenous, although few specifically addressed Inuit or Métis populations.

The research team found Indigenous Peoples had higher rates of complications after surgery; were less likely to undergo life-saving surgery, including [cardiac surgery](#) and cesarean deliveries; and

experienced longer wait times for kidney transplants. Four studies indicated that Indigenous Peoples had a 30% increased risk of death after surgery and were less likely to undergo surgeries such as joint replacements that improve [quality of life](#).

These findings are consistent with those for Indigenous Peoples in other high-income countries. As the Canadian data were limited and of [poor quality](#), the research team calls for more research and consistent data collection methods.

"This study tells Canadians two things. We need better data, and the data we have tell us that we need to do better," said Dr. Jason McVicar, a Métis anesthesiologist at The Ottawa Hospital, assistant professor at the University of Ottawa and the lead author of the study. He added, "Better-quality research by Indigenous investigators and real-time outcome monitoring for Indigenous patients are essential to eliminating structural racism in the [health care](#) system."

The research team has concerns about the effect of the COVID-19 pandemic on access to surgery for Indigenous Peoples. "The pandemic has exposed societal disparities and disproportionately affected vulnerable populations," says Dr. Donna May Kimmaliardjuk, a cardiac surgeon and fellow at The Cleveland Clinic. "This research illuminates the inequities built into our surgical systems. When we begin to address the backlog, those with the political agency to strongly advocate for themselves will inevitably get to the front of the line, which will again disproportionately impact First Nations, Inuit and Métis communities."

More information: Jason A. McVicar et al. Postoperative outcomes for Indigenous Peoples in Canada: a systematic review, *Canadian Medical Association Journal* (2021). [DOI: 10.1503/cmaj.191682](https://doi.org/10.1503/cmaj.191682)

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