The sleepovers

Loyal readers of this publication will recall that in 2021 and 2022 I was Mother of the Year (MOTY).[1-3] In 2023, I was the runner-up, temporarily losing my crown to Jennifer Garner when she was able to get the sugar content of her white broccoli brown sugar cookies below 1 gram while mine remained at 4 grams. Nonetheless, you can understand my confidence heading into 2024 that my children were in excellent hands.

Stating the obvious, I also assumed that other people's children were in excellent hands with me. So, when my son's 9-year-old friend chose our house to attempt his first sleepover, it seemed like the natural choice.

To make the experience unsurpassable, I began by making sure the four mandatory criteria were met: 1. Pizza: Pepperoni (if you have to ask what type of crust, you probably shouldn't be entrusted with the care of children) and also cheese pizza (to allow for last-minute changes of taste). 2. Movie: *Home Alone* (the original with the swear words) but not *The Dark Knight* (I am not *that* kind of parent). 3. Privacy: Interruptions are to be kept to a minimum (Q47-61 minutes to facilitate tech support and bubbly water refills). 4. Bedtime: Begin with an opening offer of 8:00 p.m. to give the perception of submission to the cleverer party when you settle on 9:30 p.m.

After the hangout portion of the sleepover went perfectly, I navigated bedtime with the kids, taking care to be warm but not suffocating. Both boys gave me a hug and dutifully turned out the lights after reading about the latest from my favorite role model and protagonist, Greg Heffley, in *Diary of a Wimpy Kid*. It went seamlessly, and I remarked to my husband, "See, kids just feel safe here."

Given the thoroughness of my planning, I was unsurprised when the kids awoke happy and refreshed the next morning, already planning their next sleepover. My son's friend even remarked to his mother that our house was "the best" because we let them spray whipped cream into their mouths directly from the can (organic, of course).

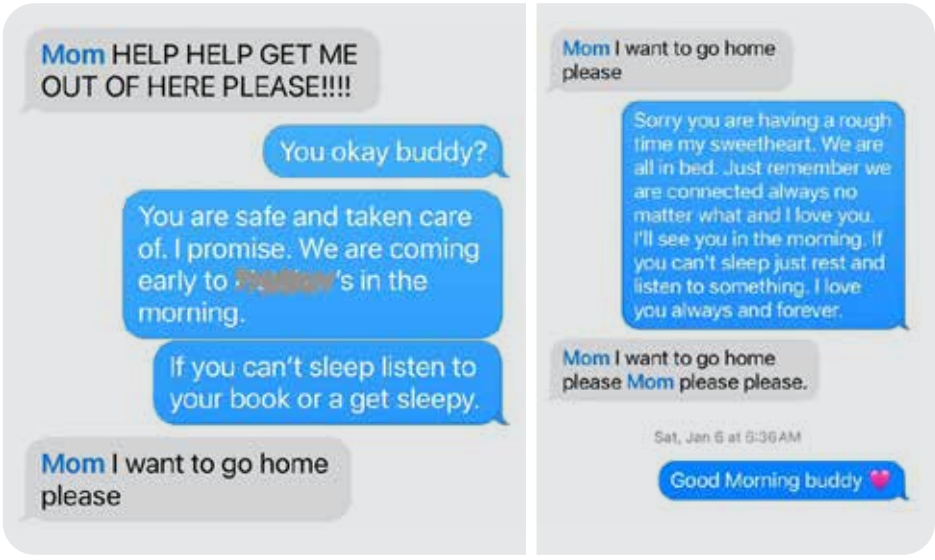

FIGURE. The texts my son's 9-year-old friend sent to his mom.

You can imagine the damage to my osteoporotic psyche when the boy's mom later playfully showed me his texts **[Figure]**.

Determined not to let one setback derail my bid for MOTY 2024, I offered to host two of my daughter's friends for their first sleepovers a couple months later. My daughter is 2 years younger, so, to the untrained host, this might have seemed like more of a challenge. However, the infinite wisdom of my experience has taught me that younger children, while more agile during the daylight, are more exhaustible and, therefore, fall into sleep more quickly, increasing the chances of success.

The girls' sleepover began with some free time while I carefully prepped the ingredients for Nutella chocolate chunk cookies. The three children then self-sufficiently prepared the dough while I stood guard to ensure there was no double-dipping in the Nutella jar and the mixer-driver role was allotted evenly. Following that, there was paint-by-numbers and then a movie with pizza (in this case, obviously not from the place with the pure-sugar crust and the green stuff on top).

Bedtime was a breeze with the 7-year-olds as they all read their books independently, followed by a couple of stories read by me and a quick song. (Oh, did I mention that I sing?) One of the girls had expressed some nervousness about being away from her mom, so at her request I stayed in the room for bedtime. We had been texting with the girl's mother throughout the evening, and we phoned her together at bedtime to say goodnight. A nice touch, I thought.

Naturally, I want a better life for my children than the hardships I faced during my childhood sleepovers, so I happily dragged a mattress in from another room rather than having them suffer through sharing a bed. (A sleeping bag on the floor is out of the question.) The girls fell asleep quickly, and I congratulated myself on a mission accomplished.

A long while later, as I lay on the floor

Continued on page 74

Indigeneity is healing

I am a Dakelh (Carrier) physician who grew up in Northern BC close to my traditional territories in both rural and inner-city communities. We were always with family and community, helping one another, participating in gathering traditional foods, and sharing whatever we had. Teachings like "the pride of one is the pride of all" guided me to continuously work to be the best version of myself, as I knew that I reflected onto my family and community. In turn, I knew my culture, family, and ancestors always walked with me. Many weekends were spent at celebrations and cultural revival events. During the week we would organize time for the youth to learn to bead, sew, and drum from our Elders. Even during the darkest moments, my Indigeneity and my culture provided me with the roots I needed to continue to grow. My Indigeneity is my strength and continuous source of health and healing.

The intergenerational impacts of colonialism and anti-Indigenous racism were also present in my family. I have an adverse childhood experiences score of 6/10.[1] I'm the granddaughter of a residential school survivor, and we often struggled to make ends meet. I often heard stories of my family and community members experiencing harm and discrimination when they tried to access services. I saw how my fair-skinned relatives were often treated with more dignity and respect than my darker relatives. I didn't understand that the discrimination was rooted in associating poverty, trauma, and addiction with Indigenous heritage rather than being oppressed and underserved. I wasn't alone; tragically, the outcomes of intergenerational trauma (addiction, abuse, poverty, and high rates of disease) form the most common stereotypes about Indigenous people in Canada.

When I entered medical school, lecture after lecture would identify Indigenous heritage as a risk factor for many different conditions or cite Indigenous populations as having higher rates of illness and disease. Every time, I felt a tightness develop in my chest and throat, and I felt sad and angry. It didn't feel just. I was well aware of the health disparities Indigenous people faced, and I recognized that bringing awareness was important advocacy. The injustice I felt was due to the fact that who I am as an Indigenous person, which is a source of great strength and pride for me, was being outlined as the risk factor rather than the colonial systems and structures that resulted in generations of trauma, displacement, and cultural loss for me and my family.

Medical education continues to frame Indigenous ancestry as a risk factor, and this perpetuates the narrative of Indigenous people being sick, harboring disease, and being at fault for their ill health. Although unintentional, this can form biases that Indigenous people are inferior and less deserving of care. However, there is no evidence to suggest the health disparities Indigenous people face are due to their Indigeneity at all; instead, there is a wealth of information that identifies systemic oppression, marginalization, and colonialism as the root causes of the growing health disparity gap.[2]

Conversely, having a strong Indigenous identity and connection to culture has often been found to be a protective factor for Indigenous people. For example, one study showed that the more cultural practices Indigenous youth engaged in, the lower their rates of suicide.[3] Traditional diets have been linked to improvements in health outcomes, including a reduction in chronic diseases like type 2 diabetes.[4,5] Perhaps most profoundly, the science of how trauma impacts people and how it can be healed also points to Indigenous ways of knowing and being as helping to heal. The work of Yellow Bird on neurodecolonization outlines that Indigenous cultural practices like drumming, vocalizing, loud singing/chanting, rhythmic and repetitive dancing, and being connected to nature are all powerful practices that support healing.[5] Colonial laws that outlawed and demonized our culture restricted the very practices that could help us heal.

In my last year of residency, I was burned out and struggling with the weight of the traumas I carried from before and throughout my training. At that time, I had the honor of participating in a ceremony that helped me unpack the burdens I was carrying. I received clarity that my commitment to giving back to my community now included my profession, and I couldn't do that while holding onto the pain. I returned to my rotations reinvigorated and with an open mind and heart, which helped me become a better doctor. My Indigeneity continues to be a source of great strength personally and professionally, which helps mitigate the traumatic effects of colonialism and racism. ■

—Terri Aldred, MD

References

1. Felitti VJ, Anda RF, Nordenberg D, et al. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. Am J Prev Med 1998;14:245-258.
2. Allan B, Smylie J. First Peoples, second class treatment: The role of racism in the health and well-being of Indigenous peoples in Canada. Toronto, ON: The Wellesley Institute, 2015. Accessed 28 February 2024. www.wellesleyinstitute.com/wp-content/uploads/2015/02/Summary-First-Peoples-Second-Class-Treatment-Final.pdf.
3. Chandler MJ, Lalonde CE. Cultural continuity as a protective factor against suicide in First Nations youth. Horizons 2008;10:68-72.
4. Sarkar D, Walker-Swaney J, Shetty K. Food diversity and Indigenous food systems to combat diet-linked chronic diseases. Curr Dev Nutr 2019;4 (Suppl 1):3-11.
5. Reeds J, Mansuri S, Mamakeesick M, et al. Dietary patterns and type 2 diabetes mellitus in a First Nations community. Can J Diabetes 2016;40:304-310.

Continued from page 72

next to the mattress, I heard a knock at the door. I went downstairs and was confused to find one girl's father at the door. Somehow, she had maneuvered her Apple watch under the sheets to conceal the light and sent an emergency sleepover pickup SOS text. She later described to me how the process was additionally complicated when she learned that her mom "had gone out with the ladies for sushi, so she knew she'd be drinking sake, so she also had to text her dad." With ninja speed, the little girl came down the stairs, bag packed, and was out the door.

"Okay! Bye! I'll bring your cookies to school on Monday!" I called after her.

"There's no nuts allowed at school," she promptly reminded me, and closed the car door.

When I asked my daughter if she thought I was a good mom for hosting a sleepover, she told me I was "pretty okay." In her experience, the best of the moms was the one who let them push the cart at Ikea before they got to lick envelopes and put the stamps on Christmas cards. It appears that the MOTY competition is fierce this year. I am thinking of buying a puppy. ■

—Caitlin Dunne, MD, FRCSC

References

1. Dunne C. Does working part-time mean I've failed as a feminist? BCMJ 2023;65:277.
2. Dunne C. Gratitude—the Christmas gift that keeps on giving. BCMJ 2022;64:420.
3. FakeNewsPapers.com. Fake newspaper article: Local mother wins "mother of the year." Accessed 22 February 2024. https://fakenewspapers.com/products/fake-joke-newspaper-article-local-mother-wins-mother-of-the-year.

Letters to the editor

We welcome original letters of less than 500 words; we may edit them for clarity and length. Letters may be emailed to journal@doctorsofbc.ca or submitted online at bcmj.org/submit-letter and must include your city or town of residence, telephone number, and email address. Please disclose any competing interests.

Re: Stop, collaborate, and listen

Thank you, Dr Chahal, for your editorial "Stop, collaborate, and listen" [*BCMJ* 2024;66:5]. I would suggest that many of us in family medicine and beyond have been doing this for many years, and now that we have the Longitudinal Family Physician Payment Model, we can dust off some of the projects we've dreamed about for years that stalled and failed due to inadequate remuneration.

Here in Victoria, we have been collaborating and listening since the formation of the Victoria Division of Family Practice 13 years ago. We started with great excitement and ambition, and our community benefited enormously from the new collegiality. How many meetings did I attend in which family physicians were paid by the Ministry of Health to sit down to collaborate with each other, our specialist colleagues, and our health authority? Unfortunately, as the years rolled by, it became apparent that many of the wonderful ideas and projects that we created could not be sustained. The basic element of remuneration to sustain the time to communicate was missing, even if we painstakingly (and expensively) managed to make changes to the system to enable this communication. There was no investment in sustainable action.

For example, my colleagues and I created a care transitions committee 13 years ago to address the communication gaps our patients experience as they transition into and out of acute care. For the last 8 years we have worked with our health authority and EMR vendors to create the primary care provider patient summary, a document created by primary care physicians and uploaded into the hospital EMR. To incentivize the work, our Shared Care Committee funder paid family physicians a modest fee to create these thoughtful documents. The summaries flowed for three iterations over 7 years, and we collected good data, which showed their value to patient care.

The bad news is that, despite our best efforts, we could not find a way to sustain remuneration of this work under the fee-for-service model. When the money dried up, the summaries stopped flowing, and they currently remain at a trickle. The new Longitudinal Family Physician Payment Model has given us hope, and my colleagues and I are working with BC's Digital Health Strategy to create a provincial system that will allow this sort of information exchange for everyone.

I imagine there are many collaborative projects around BC that can now be dusted off, revitalized, and hopefully sustained. I look forward to hearing what they may be!

—Lisa Veres, MD
Victoria