Dear Aboriginal Students Health Sciences Office

June 18, 2006

I would like to take this moment to express my deep gratitude for this year’s Aboriginal Health Elective. The impact of this elective was truly transformative and I have no doubt that the experience I gained will continue to help shape and inform my development as a physician.

Without doubt, this elective, at its very least, provided a positive insight into the diverse nature of modern Aboriginal culture. It succeeded in grounding the present day reality of First Nations’ people within the lived historical context of its previous generations. This elective artfully wove a systemic view of the strengths and challenges embodied by Canada’s Aboriginal people. Ultimately, rather than providing the right answers, this course has aided us, as medical students, to start asking the right questions. If this were all the aboriginal health elective did, this alone would have been a great success.

Beyond this, however, the elective was more than just an investigation into Aboriginal health issues. Through interactions with community members, the various encounters cut across cultural boundaries and shed light on what it means to be in deep relationships with each other as human beings. Together, we experientially explored values and virtues of trust, honesty, respect, reciprocity, courage and truthfulness just to name a few. Our time spent together, ultimately, I believe, gave us some insight into the nature and mystery of what true healing is about. For that, I will always be thankful.

In closing, I want to close with a quote that speaks to what I feel is the essential message of the Aboriginal Health Elective:

Service is not the same as helping. helping is based on inequality; it’s not a relationship between equals. When you help, you use your own strength to help someone with less strength. It’s a one up, one down relationship, and people feel this inequality. When we help, we may inadvertently take away more than we give, diminishing the person’s sense of self worth and self esteem. Now, when I help I am very aware of my own strength, but we don’t serve with our strength, we serve with ourselves. We draw from all our experiences: our wounds serve, our limitations serve, and even our darkness serves. The wholeness in us serves the wholeness in the other, and the wholeness in life. Helping incurs debt: when you help someone, they owe you. But service is mutual. When I help I have a feeling of satisfaction, but when I serve I have a feeling of gratitude. Serving is also different to fixing. We fix broken pipes, we don’t fix people. When I set about fixing another person, it’s because I see them as broken. Fixing is a form of judgement that separates’ us from one another; it creates distance. So fundamentally, helping, fixing and serving are ways of seeing life. When you help, you see life as weak; when you fix, you see life as broken; and when you serve, you see life as whole. When we serve in this way, we understand that this person’s suffering is also my suffering, that their joy is my joy and then the impulse to serve arises naturally – our natural wisdom and compassion presents
itself quite simply. A server knows that they’re being used and has the willingness to be used in the service of something greater. We may help or fix many things in our lives, but when we serve, we are always in the service of wholeness.
by Rachel Remen, Palliative Care Physician

Once again, let me say thank-you to all who took the time to share with us in such a deep and personal way. It is my hope, Dr. Hill, that you will share this letter with the administration as I feel that this elective has an essential place in the medical curriculum. In the future if I can assist in any manner, please do not hesitate to ask.