

Dr. Alika Lafontaine reimagines the narrative of medicine

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Dr. Alika Lafontaine thinks a lot about narratives and how the stories we tell can shape outcomes. His own success — as an anesthesiologist, a leader in transforming Indigenous health care, and soon, the first Indigenous president of the Canadian Medical Association — can be traced to his parents' refusal to accept an early narrative about him.

In grade one, Lafontaine was labelled developmentally delayed due to a speech impediment. School administrators told his parents they'd be lucky if he graduated from high school.

For his mom, Manusiu, the news hit particularly hard. As a child, she emigrated from the Pacific Islands to California, where she delivered the *San Francisco Chronicle* with her family in the early hours of the morning before her father started his day loading cargo at an airport. "My grandfather taught my mom that his sacrifice was so she could have more choices in life through education," Lafontaine explains. She wanted the same for her children.

So Manusiu chose to homeschool Lafontaine with support from his father, Chris, a university instructor of Cree and Anishinaabe heritage. Lafontaine says his mother taught him how to read and pronounce words, and then "she pretty much just filled my world with books, filling my mind with endless possibilities of the person I could become."

As incoming president-elect of the CMA, Lafontaine wants to open up new possibilities for others in medicine by tackling "barriers due to racism, sexism, classism, or ableism."

"The real beauty of the changes that have been happening recently, especially



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As the first Indigenous nominee for president of the Canadian Medical Association, Dr. Alika Lafontaine aims to open the profession to new possibilities.

in regards to gender and racial equality, is they're allowing people to be what they always were by just opening up our expectations," Lafontaine says.

Too often, when doctors raise concerns about oppression, colleagues and supervisors ask, "Where's your proof?" Lafontaine says he wants to create a "space where one's lived experiences are respected as a good enough starting point to say we need to solve the problem."

The late Dr. Tom Dignan, a Mohawk physician who co-chaired the Royal College of Physicians and Surgeons of Canada's Indigenous Health Committee, was a model for Lafontaine when it came

to dismantling barriers. After hearing Lafontaine speak at a roundtable discussion in 2011, Dignan walked up to him and said, "You're going to serve in my committee." Lafontaine recalls, "I said, 'Oh, really?' and he said, 'Yeah, you'll get an email from me,' and he walked away."

Lafontaine says Dignan taught him "that there was a time to listen and there was a time to talk. And if you could figure out the difference between those two times, you'd be much more effective."

Ted Quewezance, former chief of the Keeseekoose First Nation in northern Saskatchewan, says Lafontaine has learned to do that. "He respects everybody's opinion."

As national medical lead of the Indigenous Health Alliance (IHA) from 2013 to 2017, Lafontaine helped communities advocate for cultural safety, quality improvement and patient-centred health care. With the IHA's support, Keeseekooseland and two neighbouring communities are about to build a locally run, 15-bed health facility. "Alika had a big part in our whole health care planning," Quewezance says. Lafontaine also supported him personally, including when Quewezance's son died recently. "He shows up."

Lafontaine says that by helping Indigenous leaders articulate health inequities between their populations and other Canadians, the IHA "created a new way for Indigenous communities to communicate with government."

A big part of his role was challenging a narrative he perceived among many in government "that nothing could actually change, no matter how much you invest." In response, Lafontaine would prepare presentations "where I would deliberately try and create moments where people can feel [and] start to understand the pain and discomfort that comes along with being racialized as an individual, of being afraid of what's going to happen when it comes to their medical care."

Lafontaine credits his ability to connect emotionally with people to the many years he spent touring with his family's rock and R&B band, the 5th

Generation. Travelling across the country and meeting people from all sorts of backgrounds "really grounded me in understanding people," he says. "And the reality is that we're often driven by our need to feel certain ways."

Sheila North, former grand chief of Manitoba Keewatinowi Okimakanak First Nation, recalls feeling "a bit star-struck" when she met Lafontaine, having watched the 5th Generation perform as a teen. She worked with him to create Indigenous-led health programming for her region and was impressed by his persistence.

"Whenever we had a statistical question, for example, he'd say, 'I'll find the answer for you,'" she says. Without the IHA's support building the region's local health leadership, "I think conditions in Northern Manitoba would have been worse with COVID."

Reimagining health systems for Indigenous people that have "been designed to fail," as Quewezance puts it, isn't easy. And Lafontaine will take on the CMA presidency at one of the most challenging times in recent history.

According to past CMA president Dr. Gigi Osler, "We knew going into the pandemic, [health professionals] were experiencing high levels of burnout. Then the pandemic hit." People have been running on adrenaline through the first and second wave, she says. But adrenaline runs out, and new waves keep coming, not least the

looming wave of patients who have delayed care during the pandemic.

Osler feels confident Lafontaine is up to the task of navigating the rough water ahead. "I'm always impressed by his keen intelligence, his humility, and the way he thinks through problems," she says. "My advice to him would be to continue to lead with an open heart and an open mind. And to continue to speak truth to power."

As Lafontaine looks ahead to taking the CMA's helm in 2022, he hopes to help physicians articulate and strengthen their social contract with society. For instance, more physicians can vocalize how government cuts are impacting patients, he says. "If we can empower physicians to speak up and out about the issues that really matter to them, the CMA will be in a very good position to continue to lead transformation in the decades to come."

Wendy Glauser, Toronto, Ont.

Editor's note: Alika Lafontaine is chair of CMAJ's governance council and was not involved in the editorial decision-making for this article.

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