Reviewer's report

Title: Cultural Safety Strategies for Rural Indigenous Palliative Care: A Scoping Review

Version: 2 Date: 16 Dec 2018

Reviewer: Sandra K. Richardson

Reviewer's report:

Thank you for the opportunity to review this work, and for addressing the feedback and previous comments. Overall the article have an improved flow and coherence, with greater clarity around the intentions and process undertaken. There remains some blurring at times between the core concepts of cultural safety (CS), cultural competence, Indigenous health and decolonization, but given that this is at the centre of the discussion, this is not surprising. It is interesting to look at alternative models which often include some of these concepts formally as stepping stones which build towards attainment of CS, and in this way the definitions at the various levels are provided. Where the same terms were used within the literature searched, were the definitions given the same? how often did the authors of these works specifically define the concepts being used?

The guiding question is posed as: "What does a culturally relevant and culturally safe palliative approach to care look like?" it is suggested that you specify "What does a culturally safe palliative approach to Indigenous patient care look like?" For an approach to be culturally safe, it is by default culturally relevant. Given that culturally safety is about more than ethnicity alone, it is appropriate to specify the cultural element that you are most interested in. You include ethnicity and Indigenity as the core representation for CS, however this is not the only way in which culture is demonstrated, and you need to be cautious that this is not seen as the sole element (ie, that culture = ethnicity). Similarly, while CS was born from the pain experiences of Maori, the importance of separating the issues represented in Maori Health from those in CS, ie acknowledging not only the synergies across the concepts but also the areas for separating the focus to maximize the ability to achieve meaningful change, needs to be kept in mind. Irihapeti emphasized the need to maintain a focus on the power relationships inherent in health care, and the role of CS as "a mechanism which allows the consumer to say whether or not our service is safe for them to approach and use. Safety is a subjective word deliberately chosen to give the power to the consumer. Designed as an educational process by Maori, it is given as a koha [gift] to all people who are different from the service providers whether by gender, sexual orientation, economic and educational status, age or ethnicity. It is about the analysis of power and not the customs and habits of anybody" (p.181 Ramsden, 2002). In this way, the importance of recognizing that CS is essentially about nurses, with the focus on seeing nursing culture and practice as 'exotic' (rather than the culture of the recipient of care as different, unusual, 'exotic') is highlighted; "To most people, nurses are other. Cultural Safety therefore lies in the establishment of the trust moment and in shared meaning about the vulnerability and power followed by the careful revelation and negotiation of the specifics and the legitimacy of difference" (p.132).

A final thought is in the definition offered by Irihapeti Ramsden: Cultural Safety is based in a postmodern, transformed and multilayered meaning of culture as diffuse and individually
subjective. It is concerned with power and resources, including information, its distribution in societies and the outcomes of information management. Cultural Safety is deeply concerned with the effect of unequal resource distribution on nursing practice and patient wellbeing. Its primary concern is with the notion of the nurse as a bearer of his or her own culture and attitudes, and consciously or unconsciously exercised power”. This recognition that nurses need to look at themselves and their own way of practicing, essentially to 'decolonise' their own practice, is also essential. In looking at the illustration in figure 2, separating out the distinctive concepts between CS and cultural competence, I am left a little uncomfortable with the lack of recognition around the role of the nurse as the bearer of power, and the need to recognize and relinquish this.

Please note:

p.4 line 7 'Irihapete' is spelt with a final i not e

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