Let's Talk! Interprofessional Dialogue at the Intersections of Religion, Diversity, and Healthcare
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The one-day workshop, *Let's Talk! Interprofessional Dialogue at the Intersections of Religion, Diversity, and Healthcare*, funded by the *Religion and Diversity Project* and sponsored by the LOEB Chair and Research Consortium in Organ and Tissue Donation, was organized by Dr. Rukhsana Ahmed, Associate Professor (University of Ottawa) and held at the University of Ottawa. The workshop brought together top medical and nursing faculty, practitioners, patient advocates, and religious studies scholars from across Canada to engage in discussion and to examine the question: What roles do diversity, and religious beliefs and practices play in health and healing, and medical decision-making? The intersections of religion, diversity, and healthcare is understudied which made this event an important outlet for the presentation of current research and a thorough discussion of best practices.

The workshop began with opening remarks by Dr. Rukhsana Ahmed and welcoming address by Dr. Lori Beaman, Canada Research Chair in the Contextualization of Religion in a Diverse Canada (University of Ottawa). To set the tone for conversation, Dr. Ahmed encouraged the workshop to be dialogical in nature to stimulate existing interest within the community to engage in the complex interplay of religious beliefs, non-beliefs, religious 'nones', and spiritual concerns within the healthcare sphere.

The keynote lecture was presented by Bertram Loeb Chair in Organ and Tissue Donation, Dr. Sam Shemie (McGill University), and was entitled "Reducing Humans to Body Parts? The Biology of Life, Death and the Organs in Between." Dr. Shemie asked: Where is our personal identity located—in the body, heart, brain, or soul? As organ donation is an immediate consequence of death, Dr. Shemie noted that we must be aware of the largely contested line between life and death. What does it mean to be deceased? Philosophical, religious and cultural views complicate the concept and definitions of death. The heart's mythological status for many and its centrality to our description of what it means to be a human being conflicts with the biomedical reality of the brain being the catch-all source of life. Technological advances will have a profound impact on our understandings of life, death and human identity. Dr. Shemie noted that the biggest barriers to organ donation are legal, ethical, cultural, and religious in nature.

Panel 1 presentations followed the keynote with Dr. Roanne Thomas, Canada Research Chair in Qualitative Health Research with Marginalized Populations (University of Ottawa), giving a talk entitled "Visual Methods in Health Research: Illustrating the (In)Visible." Dr. Thomas presented research that utilized two unique qualitative visual methods: photovoice and ethnodrama. Her first project "Visualizing Breast Cancer" used the photovoice research method which involved Aboriginal women taking photos to express their breast cancer survivorship. This revealed the complexity of invisibility in healthcare as well as the potential for empowerment when participants make visible what had been invisible. Dr. Thomas's second project detailed an ongoing qualitative study of women who have lymphedema by using the method of ethnodrama whereby participants engaged in creative activities such as creating collages to depict their struggles and feelings to convey their unique experiences within the healthcare sphere.

Dr. Saleem Razack, Assistant Dean of Admissions, Equity, and Diversity (McGill University), presented "Student Selection in Medicine to Care for a Diverse Population." Dr.

Razack detailed the diversity and equity issues within medical education, particularly with respect to student selection and recruitment. He provided a discourse analysis of institutional recruitment to schools of medicine and highlighted the marginalization and social exclusion of certain communities from recruitment strategies. Defining diversity as human variability, Dr. Razack decided that the surface diversity exemplified by ticking off boxes on a form does not adequately access qualities of deep diversity which are not immediately visible. He argued that diversity should be deproblematized and instead turned into a benefit within medical education and the medical profession. Diversity is being sold as a marketing strategy within medical school brochures which attempt to promote diverse student populations, which Dr. Razack argues in fact only taps into surface diversity, not the more integral deep diversity.

Following these presentations, the first panel discussion of the workshop, moderated by Ms. Louisa Taylor, Ottawa Citizen senior writer, took place. In the spirit of fostering an inclusive dialogue, Ms. Taylor opened up the floor for questions from the audience, inviting them to share their experiences and the work they do at the intersections of religion, diversity, and healthcare.

Presentations continued in the afternoon session with Panel 2 presenter Dr. Sheryl Reimer-Kirkham, Director of the Graduate Program, School of Nursing (Trinity Western University), presenting "Crossing the Threshold: Religious Plurality in the Context of Home Health." Dr. Reimer-Kirkham shared ethnographic methods of observation and interviewing of home-health workers' experiences of crossing the threshold into patients' homes where existentialist questions, religio-spiritual dimensions, and diversity emerge. How is plurality negotiated in caregiver/recipient encounters in home settings? Her research demonstrated that there exists a wide range in the perspectives of caregivers on whether religious/spiritual needs should be included in the patient-practitioner interaction.

Dr. Kevin Pottie, Principal Scientist (C.T. Lamont Primary Health Care Research Centre, Elisabeth Bruyère Research Institute, Centre for Global Health, Institute of Population Health, University of Ottawa), presented "I am not guilty" (previously entitled "Reconciling Discordant Decision Frameworks: Evidence Based Medicine Versus Traditional Beliefs"). Dr. Pottie discussed religion's role in HIV treatment in Congo and the challenge of administering evidence based medicine in areas where traditional beliefs and cultural stigmas prevent infected patients from receiving proper medical attention. Dr. Pottie presented research that sought to identify the crucial points for therapeutic success (treatment). His findings indicated that the best solution to gain patient trust was for doctors to use a combination of supernatural and biomedical explanations alongside the tribal witchdoctors' directions so long as they did not conflict in administering aid.

Dr. Josephine Etowa, Loyer DaSilva Research Chair in Public Health Nursing (University of Ottawa), presented "The Role of Spirituality in Health Care for African Canadians." Dr. Etowa spoke on the role of prayer and spirituality as sources of strength for African Canadian communities in the face of racism within the healthcare sphere. Sharing details of her research on African Canadian nurses, almost all the women she interviewed spoke about spiritual readings, periods of devotion or prayer, and listening to spiritual music such as gospel music. Spirituality was mentioned by every participant as a dominant coping method to deal with racism. Dr. Etowa outlined the implications of racism and internalized oppression faced by black nurses upon the healthcare system. She also argued that in order for healthcare professionals to recognize the limitations in the care of today's diverse Canadian population, it is vital for them to understand the context of healthcare inequities. The relationship between spirituality and health is an important perspective for the healthcare system and its workers.

Following the final panel presentations, discussion was again moderated by Ms. Louisa Taylor, who encouraged participants to reflect and engage presenters. Dr. Lori Beaman emphasized that while religion can act as a mobilizer in some cases and also act as an obstacle in others; it is important to not apply religio-spiritual accommodation to the large amount of religious nones.

The final discussion of the day involved attendees' participation in a discussion focusing on new areas of research and served the purpose of tying together the day's varied dialogue. Workshop presenters discussed: future collaborations, one in particular aimed at refugee health programs; the impact of the religious beliefs of the healthcare worker and how that might influence the patient-practitioner relationship; and a discussion on female circumcision and the issues healthcare workers face where practitioners do not know methods of proceeding with such culturally sensitive situations. Participants expressed hope for a follow-up event to continue their discussions.

Closing remarks were offered by Dr. Rukhsana Ahmed, who underscored the importance of and called for continuing collaborative knowledge building by sharing information on existing efforts, tools, and gaps and areas of future research to address the future of religious, cultural, and ethnic diversity in health care.

The one-day workshop ended successfully by achieving the initial objective of providing scholars, educators, practitioners, and advocates from around Canada with opportunities to interact, network, and benefit from each other's research and expertise. This all served to foster an environment for interprofessional scholarly dialogues where collaborative approaches could be created to solve the complex dynamics of religious, cultural, and ethnic diversity issues in healthcare.