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Ethical considerations in treating cancer-related depression in indigenous cancer survivors

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The ethical treatment of cancer-related depression in Indigenous populations presents a multifaceted challenge that demands more than conventional clinical responses. It requires an integrative, culturally attuned framework that honors traditional knowledge and healing systems, historical experiences, and communal values. Indigenous conceptions of mental health are often rooted in holistic and spiritual understandings of well-being, which contrast significantly with Western biomedical models. As a recent 2025 NNEC poster reveals, these epistemological differences can create diagnostic dissonance and reinforce stigma, particularly when healthcare providers fail to align care with Indigenous worldviews. Ethical practice, therefore, must be re-envisioned to include cultural safety, shared decision-making, and the validation of Indigenous healing modalities as legitimate forms of therapeutic engagement.[1,2]

A central ethical concern involves the misalignment between Western psychiatric definitions of depression and Indigenous interpretations of emotional or spiritual imbalance. Participants in the study by Hodge[3] noted the absence of equivalent terminology for depression within their cultural lexicon, often expressing their distress through metaphors of imbalance or disconnection. This not only complicates diagnostic processes but also raises ethical questions about the imposition of external clinical labels that may lack cultural congruence.[4] Providers must be trained to recognize the culturally embedded nature of illness narratives and to interpret symptoms within the appropriate cultural frame. As Shepherd et al.[5] argue, failing to do so risks reinforcing colonial legacies in healthcare that marginalize Indigenous voices and healing traditions.

Moreover, the intergenerational dimensions of stigma and disclosure underscore the necessity for ethically nuanced care strategies. While younger Indigenous individuals in the study expressed greater willingness to engage in mental health discussions, older generations often viewed such disclosures as culturally inappropriate or shameful. This generational divergence requires that healthcare providers adopt age-sensitive, relationally accountable communication strategies that respect patient autonomy and communal norms.[6] Ethical care in this context is not solely about respecting individual rights but about honoring the collective epistemologies that shape identity, resilience, and healing in Indigenous communities.

Ultimately, this study highlights the ethical necessity of embedding cultural competence, humility, and reciprocity into every stage of mental health care—from diagnosis to intervention and to research. Treating cancer-related depression in Indigenous populations is not simply a matter of access or awareness, but of ensuring that care models are ethically and culturally legitimate. Without these considerations, clinical interventions risk becoming instruments of cultural imposition rather than vehicles of healing. The ethical imperative, therefore, lies in reconfiguring healthcare systems to be genuinely inclusive, respectful, and responsive to Indigenous ways of knowing, being and healing.

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Conflicts of interest

The authors declares that there are no conflicts of interest.

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