I am a Dene woman who finds it difficult to balance the study of bioethics and traditional knowledge. Periodically I find myself navigating my academic program around my Dene teachings. I have been taught to look to nature for bioethical answers. It is a way of making sense of what is
around me. The remedy to most ailments is found on the land, whether that remedy be medicinal or cultural. With this understanding of nature and culture, I paint a path where Indigenous knowledge and bioscientific medicine can meet.

I painted Searching for Answers in the Garden of Bioethics during a seminar course in clinical bioethics. We were studying end-of-life decision-making, with a focus on the withdrawal of care for terminally ill children. There were discussions spring-boarding from various bioethical standards of paternalism, agency, informed consent, dying with dignity, autonomy, and so on.

At that time there was a case in the news about an Indigenous child who refused chemotherapy, which eventually resulted in her death. Academic and medical experts recklessly authored harmful articles about what the parents of this dying girl should do. The majority of these experts had no understanding of Indigenous worldviews or cultures.

I am reluctant to impose my view on this specific case. There are intimacies within a family and information about this child I will never know. I explicate my painting of the withdrawal of care from a terminally ill child with the broadest of interpretation. I strive to illuminate the importance of agency, consent, and a respect for end-of-life decision-making.

As I considered conversations I had with clinicians and community members, I envisioned two doctors, one white and one red, searching for answers in the garden of bioethics. A sunset and a
timer hover over the doctors, as death hovers over the terminally ill.

The baby’s feet acknowledge the heart-wrenching decision to withdraw treatment from a terminally ill child. As human beings, we naturally have an aversion to this action. If we perceive the withdrawal of care as hastening the death of a child, we cannot resist the urge to embrace a paternalistic view. This is a view that forsakes a young patient’s right to a peaceful and dignified death.

The clipboard represents consent. I see informed consent as a ceremony between physician and patient. There is a ceremonial process that houses the sacred observance of agency. A child can be very insightful. It is possible for her to participate in this ceremony and give informed consent.

Above the clipboard is a butterfly. This is a symbol of vitality. An Elder told me that butterflies were created to teach children to laugh and play. When the first children arrived on earth, they were cared for so lovingly that they didn’t learn how to walk. So a handful of stones were thrown in the air and they turned into butterflies. All of the children laughed and jumped up to chase after them. In contrast, chemotherapy ravages vitality. Mobility is greatly decreased, and the capacity for joy is hindered; the ability to laugh and play like a child is gone.

The butterfly also symbolizes transformation. In illness, there is the transformation from healthy to unhealthy and eventually from life to death. I painted the butterfly next to the clipboard because when an individual consents to the withdrawal of
care, she knows what she is consenting to. She knows what transformation will take place.

Looking to nature, I come to the conclusion that the preservation of life at all cost is not an absolute good. There are no plants receiving chemotherapy. The syringes and medications in this painting are an eyesore. They are an intrusion into the placidity of nature. Prolonged suffering is unnatural. In this interpretation, nature is giving us an answer.

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