



The Royal Australasian
College of Physicians

New Zealand

GUIDELINE COMMENTARY ON CONSULTING WITH MĀORI AND THEIR WHĀNAU

When a Māori patient seeks medical advice he/she may ask for their whānau or support person to be present. Whānau is the immediate and extended family descendent group, normally consisting of individuals from a specific hapu or iwi, who may or may not be living in close proximity. This group approach to the consultation may provide a challenge to the health practitioner who has not previously encountered this situation. This document provides practical advice to ensure the consultation is conducted in a culturally sensitive manner.

INTRODUCTION

CULTURAL COMPETENCE IN CONTEXT

Under the Health Practitioners Competence Assurance Act 2003ⁱ a health practitioner practising in New Zealand must be culturally competent. The College wishes to focus on developing a culturally competent physician workforce. We believe that this will improve the health outcomes for all including Māori. The importance of culturally appropriate communication cannot be over-emphasised when delivering health services. Cultural misunderstandings between patient and physician can be a barrier to effective health care and impede the development of a meaningful therapeutic relationshipⁱⁱ.

You are encouraged to address cultural competence in your CPD programme. Clinical competence is not possible without cultural competence.

PURPOSE OF THE GUIDELINE COMMENTARY

The purpose of this guideline commentary is to provide you with assistance so you may interact confidently with Māori and their whānau in a respectful manner.

The guideline commentary will not provide you with all the answers but highlight points to be cognizant of when working within another cultural group. A list is provided of relevant resources; this list will identify opportunities for further reading.

THE MĀORI CONCEPT OF HEALTH (HAUORA)

A working knowledge of traditional Māori attitudes to health (hauora) is essential to understand Māori tikanga. The Māori paradigm of health differs from the classical biomedical model. As a health practitioner you are likely to base your understanding of health on scientific methodology such

as evidence-based research and scientific proof. Consequently ill health is manifested in physical symptoms that require clinical interventions and treatments.

Māori view health as having four interwoven components (Te Whare Tapa Whā). The four dimensions are; Te Taha Whānau (social environment & family), Te Taha Wairua (spiritual), Te Taha Hinengaro (psychological or emotional) and Te Taha Tinana (physical). These components must be viewed holistically when considering an individual's health status. For example, it may be entirely possible that the Māori patient views his/her physical presentation as a sequeala linked to an emotional event in the past. Being familiar with these concepts may prove useful when working with Māoriⁱⁱⁱ.

BEFORE STARTING THE CONSULTATION

Your hospital may have a Māori advisor who may

provide additional guidance when interacting with Māori patients. Contact your Human Resources department. On initially meeting a referred patient you cannot assume that their cultural customs are primarily Māori even if they look Māori and have a Māori name.

Māori often view the individual patient's health issue as a whānau issue; therefore before commencing the consult it is important to check discreetly with the patient (or apparent key whānau member in the case of a child) that she/he is expecting the whānau to be present.

The whānau may designate one person as the key spokesperson to speak on behalf of the patient/whānau.

THE CONSULTATION: THE INITIAL CONTACT

Whatever uncertainties exist over the cultural identity of the patient she/he must always be greeted warmly with every attempt made to correctly pronounce their name. For Māori stating their surname is very important as first names in isolation provide no guidance as to the individual's links to the whenua and whānau. If you are unsure of the pronunciation seek clarification.

A handshake will be acceptable to men and women. A hongi is the traditional greeting with Māori and may be omitted at the first contact as it may be unclear as to the whānau engagement with Taha Māori. Again kissing of a Māori woman on one cheek can be deferred unless

confidence exists about the patient's Māoritanga.

A handshake or a hongi or kiss should be made to each accompanying support person, if they are introduced as part of the patient's whānau.

The presence of a significant number of support people with the patient certainly increases the chances of a Polynesian ethos in the family, although this situation is not exclusive to Polynesian peoples.

SETTING THE SCENE FOR THE CONSULTATION

You welcome the patient and any supporting whānau into the consulting room.

The size of the available consulting room may require the swift provision of extra chairs to accommodate the whānau. In keeping with Māori protocol you should try to have a definitive gap between you (and any residents, students or colleagues present) and the visiting family. This protocol is in keeping with the seating arrangements on entering a Marae, where there is delineation between the manuhiri (visitors) and those who normally occupy this place (the tangata whenua) i.e. you as the health professional.

When everyone is seated then you should ask the simple but profound question "Where are you from"? The question "Where are you from" is equivalent almost to "Who are you?" The patient's response should provide a reasonably clear picture if this family is comfortable with Taha Māori.

If you are not sure of the patient's or whānau's level of understanding of Te Reo then it is advisable not begin the conversation in Te Reo as it may embarrass the patient/whānau whose knowledge is limited.

As with personal names, one skill that is necessary to facilitate a respectful relationship with Māori is the correct pronunciation of Māori place names^{iv}. Special attention should be given to the towns and cities where you are practising and where your patients reside.

The question about the familial or historical links (whakapapa) and origins of the whānau should provide an opportunity for you to establish rapport with the whānau.

THE CONSULTATION

Once these exchanges have occurred then you move to clarify the purpose of the consultation. In this conversation the patient should be asked whether his/her symptoms have any particular significance to the whānau and whether any other events have occurred recently in the patient's life that makes him/her wonder about a link to specific event.

During the consultation whānau members may add comments and if they do not then you may ask them if they have any significant information to add to the consultation.

When it comes to the physical examination of the patient you should explain briefly what you propose to do and why, and establish with the patient if this is acceptable. Māori, like many

cultures, have some sensitivities around examination of the head (tapu), breast and genitalia therefore specific permission must be sought before touching these areas.

After the history and examination have been completed the patient and whānau will have an expectation that some conclusions and a proposed plan of action have emerged.

If the matter seems potentially very serious there should be an opportunity in signalling your own concerns; and key whānau and support people should be informed at the earliest appropriate time. In more routine situations a management plan relevant to the diagnosis should be proposed for the whānau's response. An opportunity could be given then to ask whether the whānau have any special or traditional or treatments they were considering.

CLOSING THE CONSULTATION

At the conclusion of the consultation you thank the patient and whānau for their presence, cooperation and helpful comments. You should provide a clear plan of further follow-up arrangements. This plan should involve the whānau as in many cases they will be involved in delivering care or following the treatment plan with the patient. Involving the whānau may also increase compliance with the treatment plan.

If the family have clearly identified themselves as Māori, during the course of the consult, then it would be

appropriate to hongī or kiss whānau members as they leave and wish them well. A brief farewell exchange in Te Reo may help cement communications.

It should be clarified in the wrap-up discussions as to whether the patient would like some written or visual material sent to them to reinforce your comments. Lastly the patient and whānau should know how they might be able to contact you should some questions subsequently arise.

LINKS TO THE PROFESSIONAL QUALITIES CURRICULUM

The Professional Qualities Curriculum^v outlines the key competencies for Trainees and Fellows of The Royal Australasian College of Physicians.

Domain 1: Communication places particular emphasis on communicating with the patient's family and carers. Domain 4: Cultural Competency, notes that the Fellow or Trainees should demonstrate the ability to communicate effectively with people from culturally diverse backgrounds. In order to deliver culturally appropriate health care one needs to have an understanding of one's own cultural perspective and an awareness of their patient's cultural context^{vi}.

RESOURCES

ACC (2004) *The Māori patient in your practice: Guideline on Māori cultural competencies for providers*, Wellington, New Zealand

Blundell, R, Gibbons, V & Lillis, S (2010) *Cultural issues in*

research, a reflection, The New Zealand Medical Journal, Volume 123, No.1309

Jansen P, Bacal K, Crengle, S. (2008) *He Ritenga Whakaaro: Māori experiences of health services*. Mauri Ora Associates, Auckland, New Zealand

Mason, Durie (1998) *Whaiora: Māori health development*, Oxford University Press, UK.

The Ministry of Health, Addressing Māori Health: Māori Health Models
<http://www.Māorihealth.govt.nz/moh.nsf/0/1c22c439ddc5f5cacc2571bd00682750> accessed October 2011

The Medical Council of New Zealand (2008) *Best health outcomes for Māori: practice implications*, Wellington, New Zealand

The Medical Council of New Zealand (2011) *Cole's Medical Practice: Chapter 5 Māori and Health*
<http://www.mcnz.org.nz/portals/0/publications/coles/005%20-%20george.pdf>

The Royal Australasian College of Physicians (2010) A Discussion Document on Cultural Competence, Sydney Australia. www.racp.edu.au

The Royal New Zealand College of General Practitioners (2007) Cultural Competence, Wellington, New Zealand

Tai Walker (2006) *Whānau is Whānau*, The Families Commission, Wellington, New Zealand

TERMINOLOGY

Hongī - a greeting by pressing of nose to nose.

Iwi - The Iwi today is the focal economic and political unit of the traditional Māori descent and kinship based hierarchy of waka (founding canoe), iwi (tribe), hapu (sub-tribe) and

whānau(family) Statistics New Zealand
<http://www2.stats.govt.nz/domain/external/web/carsweb.nsf/Standards/Iwi> accessed October 2011

Tapu – sacred. Tapu is concentrated in the head therefore touching of the head or any object coming in contact with the head is deemed tapu and should be avoided.

Taha Māori - Māori things

Te Reo - Māori language

Tikanga – tikanga are the customs and traditions that have been handed down through the passages of time.

Whenua – of the land. Tangata whenua, means people of the land.

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About The Royal Australasian College of Physicians (RACP):

The RACP trains, educates and advocates on behalf of more than 13,500 physicians – often referred to as medical specialists – and 5000 trainees, across Australia and New Zealand. The College represents more than 32 medical specialties including paediatrics & child health, cardiology, respiratory medicine, neurology, oncology and public health medicine, occupational & environmental medicine, palliative medicine, sexual health medicine, rehabilitation medicine and addiction medicine. Beyond the drive for medical excellence,

the RACP is committed to developing health and social policies which bring vital improvements to the wellbeing of patients. www.racp.edu.au

ⁱ Health Practitioners Competence Assurance Act 2003
<http://www.legislation.govt.nz/act/public/2003/0048/latest/DLM203312.html> accessed October 2011

ⁱⁱ Jansen P, Bacal K, Crengle, S. (2008) *He Ritenga Whakaaro: Māori experiences of health services*. Mauri Ora Associates, Auckland, New Zealand

ⁱⁱⁱ See Mason Durie's "Whaiora" provides the relevant detail.

^{iv} http://www.maorilanguage.net/phrase_drills/phrase_drills_less_on.cfm?learningsubcategoryid=14 accessed October 2011

^v The Royal Australasian College of Physicians , 2008, *Professional Qualities Curriculum* www.racp.edu.au

^{vi} The Royal Australasian College of Physicians , 2010 *A Discussion Document on Cultural Competence* www.racp.edu.au