PROTECTION OF AUTHOR'S COPYRIGHT

This copy has been supplied by the Library of the University of Otago on the understanding that the following conditions will be observed:

1. To comply with s56 of the Copyright Act 1994 [NZ], this thesis copy must only be used for the purposes of research or private study.

2. The author's permission must be obtained before any material in the thesis is reproduced, unless such reproduction falls within the fair dealing guidelines of the Copyright Act 1994. Due acknowledgement must be made to the author in any citation.

3. No further copies may be made without the permission of the Librarian of the University of Otago.
THE UNIVERSITY LIBRARY

DECLARATION CONCERNING THESIS

Author’s full name and year of birth: David James Collignon
(for cataloguing purposes)

Title of thesis: What is Maori Patient-Centered Medicine for Pakeha General Practice?

Degree: Master of General Practice

Department: General Practice

I agree that this thesis may be consulted for research and study purposes and that reasonable quotation may be made from it, provided that proper acknowledgement of its use is made.

I consent to this thesis being copied in part or in whole for:

i) a library

ii) an individual

at the discretion of the Librarian of the University of Otago.

Signature: ..............................................................

Date: ..............................................................

Note: This is the standard Library Declaration Form used by the University of Otago for all theses. The conditions set out on the form may be altered only in the most exceptional circumstances. Any restriction on access to a thesis may be permitted only with the approval of -

(i) the appropriate Assistant Vice-Chancellor in the case of a Master’s theses:

(ii) the Deputy Vice-Chancellor (Research and International), in consultation with the appropriate Assistant Vice-Chancellor, in the case of a PhD thesis

and after consultation with the Director of the University Consulting Group where appropriate.

The form is designed to protect the work of the candidate, by requiring proper acknowledgement of any quotations from it. At the same time the declaration preserves the University philosophy that the purpose of research is to seek the truth and to extend the frontiers of knowledge and that the results of such research which have been written up in thesis form should be made available to others for scrutiny.

The normal protection of copyright law applies to theses.

September 1998
WHAT IS MAORI PATIENT-CENTERED MEDICINE

FOR PAKEHA GENERAL PRACTITIONERS?

D COLQUHOUN

A thesis submitted for the degree of
Master of General Practice
at the University of Otago, Dunedin,
New Zealand

Date: December 19, 2002
Abstract

This research was designed to see whether the clinical method espoused by Moira Stewart et al in the book “Patient-Centered Medicine: Transforming The Clinical Method” is appropriate for Pakeha General Practitioners to use in clinical consultations with Maori patients.

This thesis uses qualitative methodology. One of my supervisors and I selected from the kuia (old women) and kaumatua (old men) of Hauraki those whom I would approach to be involved. Nearly all responded in the affirmative.

The kuia and kaumatua talked about their tikanga, about the basis of tikanga, about the spirituality of their Maori worldview. They talked about the need to maintain their tikanga, about qualities that they respect. They described different roles within Maoridom, especially those of the kuia, whaea (mothers) and Tohunga (experts). They refer to a GP as a Tohunga because of the GP’s special expertise. The GP is able to use his or her special expertise to heal Maori patients, but needs to be able to get through barriers to do so. They are also clear that Maori and Pakeha live in two different worlds which can merge in some circumstances.

I came to two conclusions. The first is that the elements of Patient-Centered Medicine are relevant to the consultation of a Pakeha GP and Maori patient, and provides a framework that is productive. The second conclusion is that there is a better framework for working with Maori patients, within which Patient-Centered Medicine can be practiced more effectively. Maori already have a framework (tikanga) in which they function, and if a Pakeha GP learns about Maori and their ways and goes among Maori in their settings, especially the marae, he or she is welcomed and has a place in their world; tikanga accommodates the GP as a Tohunga and Maori respond to him or her as such.

In summary, a Pakeha GP who has some knowledge of tikanga or Maori culture and who has a basic knowledge of the Maori language can work very well for his or her Maori patients by working within the framework of Tikanga Maori and by being patient-centered in the consultation.
"And they repair cars you know. Try and bring em back as wholesome as they can, you know. I, I, I compare you doctors to that. That's ah trying to keep the body going as best you can. Same as his car, people that are trying to keep these old cars going you know? It's, it's a sacred, sacred, why I say it's sacred as far as you people are concerned, you're, you're servants indirectly of it's wellbeing you know. Because you're repairing their bodies, trying to repair their bodies so they be longer here on this earth ae? Do you get what I'm getting at?"
Acknowledgements

There are a number of people and organisations I wish to acknowledge, for their contribution to this work:

to the Department of General Practice at the University of Otago Medical School, for providing the Master of General Practice course, especially the Rural Stream;

to Professor Murray Tilyard, Jim Reid and Pat Farry, all of whom are, or were, GPs and facilitators of the MGP course; to Sue Dovey, researcher and facilitator; also the staff (especially Sharon) who did the important work behind the scenes;

to fellow-students/GPs, who provided ideas, inspiration and encouragement;

to the Kaumatua Kaunihera (Kaumatua council) o Hauraki, for their support and allocation of a supervisor to guide me within Ta Te Ao Maori;

to the Trustees of the Hauraki Maori Trust Board and of Te Korowai Hauora o Hauraki for their support;

to the kuia and kaumatua whom I interviewed for this thesis; this work is their korero; as one said, “It’s been made known to you …”

to my supervisors, James Nicholls, of Hauraki whanui; Pat Farry (until he became a Director of Rural Health), and then Isobel Martin, of the Department of GP; their direction and encouragement has been invaluable;

to Judy Nicholls, who expertly transcribed the tapes of the interviews;

to my wife and youngest son, who saw less of me than usual while I was beavering away on this thesis.
Table of Contents

Abstract ........................................ 2
Quote ............................................... 3
Acknowledgements ............................. 4
Table of Contents ................................ 5
List of Abbreviations .......................... 7
Glossary ......................................... 8
Preface ........................................... 11

1. INTRODUCTION ............................... 13
   1.1 The Patient-Centered Model ............. 13
   1.2 Literature Review .......................... 14
   1.3 Methodology ............................... 15

2. TA TE AO MAORI ............................. 16
   2.1 Spiritual People ............................ 17
      2.1.1 Wairua ................................ 19
   2.2 A Cultured People ......................... 23
      2.2.1 Culture/Tikanga ....................... 23
      2.2.2 Some Qualities valued in Maori Culture 27
      2.2.3 Openness to Outsiders (Pakeha) .... 28
      2.2.4 Maintaining the Culture .......... 29
      2.2.5 Roles .................................. 31
      2.2.6 Connection to the Natural World ... 35
   2.3 Two Worlds ................................ 36

3. NGA RA O MUA .................................. 38
   3.1 How It Was ................................ 39
   3.2 Time of Change ............................ 41
   3.3 I Enei Ra .................................. 46

4. THE MAORI PATIENT ......................... 50
   4.1 Some Characteristics ..................... 50
   4.2 The Need for Medical Care ................ 56
   4.3 Choosing the GP ........................... 58
      4.3.1 What Do We Know About the GP? .... 58
      4.3.2 The Choice ............................ 60
      4.3.3 Why Change? ........................... 63

5. THE ROLE OF THE GP ....................... 67
   5.1 A Sacred Profession ..................... 67
   5.2 Informing the Patient and Whana .... 70

6. QUALITIES OF THE GP ...................... 72
   6.1 The Attitude of the GP towards the Maori Patient 72
   6.2 An Electric Spark ......................... 74
   6.3 Sensitive and Caring ..................... 76
   6.4 The Professionalism of the GP .......... 78
   6.5 Communication with Maori Patients .... 81
# List of Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>MGP</td>
<td>Master of General Practice</td>
</tr>
<tr>
<td>GP</td>
<td>General Practitioner</td>
</tr>
<tr>
<td>eg</td>
<td>for example</td>
</tr>
<tr>
<td>etc</td>
<td>etcetera</td>
</tr>
<tr>
<td>ie</td>
<td>that is</td>
</tr>
<tr>
<td>PCM</td>
<td>Patient-Centered Medicine</td>
</tr>
<tr>
<td>Ae</td>
<td>yes</td>
</tr>
<tr>
<td>Ao</td>
<td>world</td>
</tr>
<tr>
<td>Aroha</td>
<td>love; affectionate regard</td>
</tr>
<tr>
<td>Atua</td>
<td>God/god</td>
</tr>
<tr>
<td>E noho</td>
<td>sit down</td>
</tr>
<tr>
<td>Enei</td>
<td>these (nearby)</td>
</tr>
<tr>
<td>Haere</td>
<td>come, go</td>
</tr>
<tr>
<td>Haere mai</td>
<td>welcome</td>
</tr>
<tr>
<td>Haere ra</td>
<td>farewell</td>
</tr>
<tr>
<td>Hapu</td>
<td>Section of a large tribe</td>
</tr>
<tr>
<td>I</td>
<td>indicates past tense</td>
</tr>
<tr>
<td>Kai</td>
<td>food</td>
</tr>
<tr>
<td>Kaimoana</td>
<td>seafood **</td>
</tr>
<tr>
<td>Kainga</td>
<td>village **</td>
</tr>
<tr>
<td>Ka pai</td>
<td>good, fine, ok **</td>
</tr>
<tr>
<td>Karakia</td>
<td>incantation</td>
</tr>
<tr>
<td>Kaumatua</td>
<td>old man</td>
</tr>
<tr>
<td>Kaupapa</td>
<td>theme (Ngata, H. M.)</td>
</tr>
<tr>
<td>Kei te aha/pehe koe? how are you?</td>
<td></td>
</tr>
<tr>
<td>Kei te pai!</td>
<td>good!</td>
</tr>
<tr>
<td>Kia ora</td>
<td>hello</td>
</tr>
<tr>
<td>Korero</td>
<td>speak</td>
</tr>
<tr>
<td>Koroua</td>
<td>old man</td>
</tr>
<tr>
<td>Kuia</td>
<td>old woman; elderly female relative</td>
</tr>
<tr>
<td>Maaori</td>
<td>refer Maori</td>
</tr>
<tr>
<td>Mai</td>
<td>towards (the speaker)</td>
</tr>
<tr>
<td>Makutu</td>
<td>bewitch; spell</td>
</tr>
<tr>
<td>Mana</td>
<td>authority, influence, prestige</td>
</tr>
<tr>
<td>Maori</td>
<td>person of the native race, New Zealander</td>
</tr>
<tr>
<td>Maoritanga</td>
<td>to do with Maori or things Maori (my interpretation)</td>
</tr>
<tr>
<td>Marae</td>
<td>enclosed space in front of a house, courtyard (I use it to mean the space in front of the meetinghouse).</td>
</tr>
<tr>
<td>Term</td>
<td>Translation</td>
</tr>
<tr>
<td>------------------</td>
<td>------------------------------------</td>
</tr>
<tr>
<td>Matua</td>
<td>father/parent</td>
</tr>
<tr>
<td>Mokopuna</td>
<td>grandchild (also grandnephew/niece)</td>
</tr>
<tr>
<td>Mua</td>
<td>in front of (in Maoridom, means the past, ie, what is in front, what can be seen – nga ra o mua – my explanation)</td>
</tr>
<tr>
<td>Nga</td>
<td>the (plural)</td>
</tr>
<tr>
<td>Nga ra o mua</td>
<td>times past (refer mua)</td>
</tr>
<tr>
<td>Noa</td>
<td>free from tapu</td>
</tr>
<tr>
<td>Noho</td>
<td>sit</td>
</tr>
<tr>
<td>Ora</td>
<td>alive, well</td>
</tr>
<tr>
<td>Paepae</td>
<td>threshold</td>
</tr>
<tr>
<td>Pakeha</td>
<td>fair-skinned (“white”) person **</td>
</tr>
<tr>
<td>Papatuanuku</td>
<td>Mother Earth **</td>
</tr>
<tr>
<td>Porangi</td>
<td>mad</td>
</tr>
<tr>
<td>Ra</td>
<td>day</td>
</tr>
<tr>
<td>Rangatira</td>
<td>chief</td>
</tr>
<tr>
<td>Rangatiratanga</td>
<td>evidence of breeding or greatness</td>
</tr>
<tr>
<td>Ranginui</td>
<td>Sky Father **</td>
</tr>
<tr>
<td>Reo</td>
<td>language</td>
</tr>
<tr>
<td>Ringatu</td>
<td>a Maori Christian religion (“upraised hand”) **</td>
</tr>
<tr>
<td>Rohe</td>
<td>boundary (area – my interpretation)</td>
</tr>
<tr>
<td>Rongoa</td>
<td>remedy, medicine</td>
</tr>
<tr>
<td>Ta</td>
<td>belonging to</td>
</tr>
<tr>
<td>Tai Rawhiti</td>
<td>East Coast **</td>
</tr>
<tr>
<td>Taha</td>
<td>side, door</td>
</tr>
<tr>
<td>Taha Maori</td>
<td>a Maori view of things **</td>
</tr>
<tr>
<td>Taha Pakeha</td>
<td>a Pakeha view of things **</td>
</tr>
<tr>
<td>Taihoa</td>
<td>by and by (although this meaning is not given, I understand Taihoa to mean “Hold it right there” in the context it is used in the thesis)</td>
</tr>
<tr>
<td>Tane</td>
<td>man</td>
</tr>
<tr>
<td>Tangata whenua</td>
<td>people of the land (local people)</td>
</tr>
<tr>
<td>Tangi/Tangihanga</td>
<td>funeral (meaning given by a kaumatua, included in the thesis)</td>
</tr>
<tr>
<td>Taonga</td>
<td>property, anything highly prized</td>
</tr>
<tr>
<td>Tapawha</td>
<td>four-sided (model)</td>
</tr>
<tr>
<td>Tapu</td>
<td>under religious restriction, sacred</td>
</tr>
</tbody>
</table>
Te the (singular)
Tena Koe hello (to one person)
Te rereke the difference
Te ritenga what is the same (refer Section 2.2.1 in the thesis)
Tinana body
Tino essentiality, exact, very
Tinorangitiratanga refer tino and rangatiratanga
Tuku Iho hand down (refer thesis)
Tupapaku corpse
Tupuna ancestor
Wairua spirit
Wananga institute (for learning) **H. M. Ngata
Whaea mother, aunt
Whaikorero formal speechmaking
Whakama shy, shamed
Whakapapa genealogy (refer Section 2.2.1 in thesis)
Whanau family, family group
Whanaungatanga family relationships (refer Section 2.2.1 in thesis)

** I have given what I understand these words or terms to mean; I did not find them in the dictionaries I referred to.

Except where I have indicated otherwise, these meanings come from Williams H. W. Dictionary of the Maori Language 1971; I have not included all possible meanings but those which are intended in this thesis.

*** Explanatory note: I have used the terms “Te Ao Maori” (The Maori World) and “Ta Te Ao Maori” (The World of Maori), according to their use by the kuia and kaumatua in their korero, and according to the direction of my supervisor, Jim Nicholls. The difference is subtle, but may be important. I have also used “Ta Te Ao Maori” to mean “the worldview of Maori”; I have tried to clarify this usage in the text.
When the time came to consider a topic for my thesis, I was working part-time for the Iwi Health service in my area. I wanted to do something related to my work, especially as few Pakeha GPs work for an Iwi service.

As I was new to that work, I was unsure what to do. I had a discussion with another GP/MGP student and this helped to clarify some of my thoughts. A discussion with my supervisors on Patient-Centered Medicine raised the question as to whether it was a suitable method for a Pakeha GP to use when working with Maori patients.

One of my supervisors was appointed by the Department of GP; initially, that was Pat Farry. Later, he moved to another important position and Isobel Martin replaced him.

The other supervisor is Jim Nicholls. He was assigned to me by the Kaumatua Kaunihera of Hauraki. I had approached the Kaunihera to ask their support for my thesis (I was working with their people, in their area), and to suggest a suitable supervisor who could be my guide in Te Ao Maori. They gave me their support and asked Jim to be my supervisor.

One of the processes involved in doing a thesis is to get approval from an Ethics Committee, and to take note of the Treaty of Waitangi. This posed an interesting question for me. As I work in Hauraki, and the nearest Ethics committee is outside of this area, how could getting the approval from an outside organization pay regard to Article 2 of the Treaty? How could the tinorangatiratanga of Hauraki Iwi be acknowledged if I go to an Ethics Committee based in another tribal area? My conclusion was to ask the Kaumatua Kaunihera to fulfil this role. This slightly unorthodox idea seemed to raise a few eyebrows within the hallowed walls of the University but I was supported by people in the Department of General Practice; my thanks to those concerned.
Some of the kuia and kaumatua I interviewed are patients of mine, others I have seen as patients, and some have other GPs.

Although I work with the Iwi and have very basic understanding of Maori language, I am Pakeha. However, I am welcomed and accepted within the rohe. I have been given a grounding in Te Ao Maori, which helps me in what I do. There are people, including some of the kaumatua and kuia, who support and guide me in my work.

Hauraki

Hauraki extends from Matakana Island in the south to Matakanak in the north, and includes 33,000 hectares of land and 1,000,000 hectares of sea (Hoha Sutherland). Only about 3% of the land remains in Maori management.

There are 12 Iwi represented on the Hauraki Maori Trust Board. These are Ngati Tumutumu, Ngati Hako, Ngati Tara Tokanui Tawhake, Ngati Tamatera, Ngati Maru, Ngati Pukenga ki Waiau, Ngati Whanaunga, Ngati Hei, Te Patukirikiri, Ngati Porou ki Mataora ki Harataunga, Ngati Paoa and Ngai Tai. The people live mostly in small rural towns or rural areas, and some live in areas that can be cut off in bad weather. They can generally get access to primary care services, although often this is not affordable. There is a secondary care facility in Thames, which caters for some secondary care needs. The base hospital is outside Hauraki.

In recent years, the claim of Hauraki Iwi (WAI 100) to the Waitangi Tribunal has been heard (the process still continues). I have been able to be present for parts of the presentation, but have had little opportunity to hear much. I was also requested to make a presentation relating to the health of Hauraki Maori.

Te Korowai Hauora o Hauraki is the Iwi-based health service, set up to try to meet the needs of Maori within Hauraki. The service is mobile and includes a range of workers covering support, counselling, nursing and medical needs. I have been working there since April 1997.
CHAPTER ONE

INTRODUCTION

The patient-centered clinical method is one in which the doctor focuses on the patient as a person with particular needs relating to his or her health. The method takes into account the context of the patient’s life circumstances and of the environment in which he or she lives.

1.1 The Patient-Centered Model

The Patient-Centered Model was developed by staff at the Department of Family Medicine of The University of Western Ontario to improve on the biomedical model, which does not adequately recognize the needs of the whole person. It includes the biomedical aspect, but also includes "consideration of the patient as a person." The following elements are those of the Patient-Centered model;

1. Exploring both the disease and illness experience
   A. Differential diagnosis
   B. Dimensions of illness (ideas, feelings, expectations and effects on function)

2. Understanding the whole person
   A. The “person” (life history, personal and developmental issues)
   B. The context (the family and anyone else involved in or affected by the patient’s illness; the physical environment)

3. Finding common ground
   A. Problems and priorities
   B. Goals of treatment
   C. Roles of doctor and patient in management

4. Incorporating prevention and health promotion
   A. Health enhancement
   B. Risk reduction
   C. Early detection of disease
D. Ameliorating effects of disease
5. Enhancing the Doctor-Patient relationship
   A. Characteristics of the therapeutic relationship
   B. Sharing power
   C. Caring and healing relationship
   D. Self-awareness
   E. Transference and countertransference
   A. Time
   B. Resources
   C. Team building

(Stewart et al. 1995)

This model makes no mention of cultural differences between the doctor and patient, but it seems suitable to use in consultations where the participants are from different cultures. I wish to establish whether it is suitable for consultations between Pakeha GPs and Maori patients.

1.2 Literature Review

In preparing for this thesis, I used mainly the book on Patient-Centered Medicine by Moira Stewart et al. There are books which I have read about Te Ao Maori and New Zealand history and which indirectly influence this work. (Refer Bibliography)

A search for papers involving Pakeha GPs and Maori patients which referred to Patient-Centered Medicine produced no references. Then I used a library search for papers by David Tipene-Leach as I knew he had written on themes relevant to my thesis. One of the papers is to do with his perspective on “Cultural Sensitivity and the GP” (September 1994); he does not mention Pakeha GPs who are his probable target audience. In “Maoris – their feelings about the medical profession” (November 1978), he does address Pakeha GPs. The papers are excellent even many years later. Themes include the breaking down of barriers, good communication, respect and sensitivity. One recommendation he makes is that the GP who “knows a little Maori”
should not speak Maori to Maori patients. His reasons are given and are relevant; if
the GP’s knowledge and pronunciation is poor, that does not sound well to Maori
ears; the patient may speak no Maori and feel belittled; the patient may respond
totally in Maori and the GP not understand. However, he also states that “there are
always those who are pleased to see that you are attempting to speak their language”
and this thesis will show that the kuia and kaumatua I interviewed generally agree
with this last point.

I was unable to find any literature involving indigenous patients and GPs of the
“dominant culture” outside of New Zealand; there were some studies involving
secondary or tertiary medical care which was not relevant to my research question.
Likewise, there is literature involving nursing services tending to indigenous
communities, and practicing Patient-Centered Medicine but the recommendations in one
paper (Bottorff et al) talked about the need for structural changes in the system,
which is not a point that emerged in my interviews.

The story of Dr Smith (Welch 1965) is one which shows that Pakeha GPs can work
well for Maori patients. He worked for many years applying his skills for the benefit
of both Maori and Pakeha. There have been GPs in this area who served Maori
patients very satisfactorily, as was emphasised by various of the kuia and kaumatua
whom I interviewed.

Finally, my main references are the kuia and kaumatua whom I interviewed.

1.3 Methodology

It was decided that I should go to the kaumatua and kuia to get the information I
sought. Initially I tried using focus groups but this did not work; as one kaumatua
said, “I will agree with what he (person next to him) says.” So I needed another
way, which he suggested; a questionnaire was the way to go.

I sat down with Jim Nicholls to work out the questions, which we based on the
elements of Patient-Centered Method. The questionnaire was sent out, and I was to
follow-up with face-to-face interviews. One issue was who should do the interviews. It was pointed out me that I was the person to do that; the kuia and kaumatua knew me, and if they would not talk to me, they probably would not talk to anyone else. It was important that I see them face-to-face, which I did—mostly in their homes, one at a Kohanga, one at work.

Whom should I interview? My supervisor, Jim Nicholls, and I came up with the names of twenty eight kuia and kaumatua, whom I approached. Of the twenty eight, one was not interviewed because we did not manage to arrange a suitable time (his way of saying “no”, probably). One kaumatuawas not well and I did not interview him or his wife. Another kaumatuawas not interviewed but he answered the questionnaire. One kaumatua was interviewed shortly before his death. Haere ra, e te Rangatira.

The interviews were taped and transcribed. Then I analysed them (thematic analysis); initially I looked for themes using the elements of the PCM. I found that there was a lot of information relating to some of the elements of the method, but not for others. I also found that many of the interviews had much to do with one of the elements but little to do with others.

I looked further and came up with another way of looking at the information (immersion and crystallization; refer Patton 1990) and this is reflected in how the themes are presented in the body of my thesis. In doing so, I found that a few interviews had more, or less, relevance. (This does not mean that they did not make a valuable contribution; it reflected my change of perspective, as well as the interviews.)

As I went through the thesis, I found that the information from the kaumatua and kuia came back to the elements of the Patient-Centered Method in ways which were not apparent to me initially. I arrived back at my starting point but not in the way I envisaged. It was at this stage that we arrived at the title.
CHAPTER TWO

TA TE AO MAORI

During the interviews, some of the kaumatua and kuia talked of various aspects of Ta Te Ao Maori, the “World of Maori”. In this Section, I report on the findings relevant to Ta Te Ao Maori.

In Section 2.1, I will discuss what I was told about Maori spirituality, and its importance in both the supernatural and natural spheres. In Section 2.2, I will discuss their culture; the importance of tikanga (the right way), including connections between people, the differing roles of people and the need to maintain the culture. Section 2.3 is to do with the two worlds, Maori and Pakeha, which may or may not meet in various circumstances.

Ta Te Ao Maori - the World of Maori - is a world involving a complex weaving and inter-relationship of the spiritual, natural, cultural, and social values that form the identity of Maori as a people or group of peoples. (Oho Nicholls, personal communication).

The kuia and kaumatua have taught me that Ta Te Ao Maori is an entity that stands on its own, and it is the spiritual aspect which makes it unique. This spirituality influenced all aspects of the way of life in the old days, and still does. The kuia and kaumatua whom I interviewed clearly live in Ta Te Ao Maori, and their korero reflected this.

Times have changed, however, and things are not as they used to be, with Te Ao Pakeha being dominant in this country. However, the kuia and kaumatua can, and do, move between and within the two worlds.

Despite the changes that have occurred, Te Ao Maori persists, and it is separate to the dominant Pakeha world, although the two can overlap at times. The spirituality remains, and continues to be a major influence in the daily lives of the kaumatua and kuia.
2.1 SPIRITUAL PEOPLE

It’s been made known to you, that we’re spiritual people, we’re spiritual people. (K22)

Maori are spiritual people. While they are young, this may not be obvious to others, and may not be given high priority by all young Maori. However, as they get older, the spiritual aspects of Ta Te Ao Maori become much more important to them.

Soon as they start to get old, age 40, 50 they try to get (in) touch with their Maori side. ... get more spiritual. ... in their dreams they see the old people ae. Come in their dreams you know what I mean? (K13)

This was reinforced by the example of his parents, who “when they were old they prayed. 7.00 in the morning. Yeh and 7.0 at night.” (K13)

This spirituality is evident not only in such matters as dreams but also daily in respect to, for example, nature and to illness. At tangihanga, this spirituality is at its most evident. The tupapaku (dead person) lies in the presence of the mourners and his spirit remains present, between this world and the next. The speakers address him, farewelling him and sending him to join the tupuna who dwell in the next world, and “... speak to our dead as if they were alive.” (K13)

It seems that the dead, or their influence, remain part of the living. They are part of all that has gone before the present. Their wairua remains alive, as it were, capable of influencing what may still happen, through the positive or negative forces of wairua.

Maori belief systems include their origin mythology, and includes a Supreme Being;

... we all pray to the Supreme Being, Higher Power and that’s Io, that’s our God. You know, ... you always have a God. (K22)
With the coming of Christianity and its adoption by Maori, a new entity became absorbed into this whole picture. Te Atua (the “Christian” God) is usually first to be acknowledged nowadays in the whaikorero on the marae. (The “old” world is still acknowledged, for instance in the use of whakatauki or proverbs that may date back to ancient times.) This change is a reflection of some of the effects associated with the coming of Pakeha. Io, however, still is recognized and acknowledged in Te Ao Maori.

Karakia are the “prayers”, which acknowledge the spirituality involved in all things in Ta Te Ao Maori. They are used in normal activities, such as going into the bush to gather rongoa, and are part of showing respect to the wairua of the plants and the bush. They are also used when there is a need to clear the way of difficulties.

“Before they go into the bush they must always have karakia.”

“Every time (my parents) had trouble they always say a prayer to clear the way.”

Sometimes there is the need for the expertise of the Tohunga to “clear the way”. The Tohunga uses karakia and blessings to make things right.

So he went around did his incantations and of course they use salt water and other things, blessed the house.

In the use of karakia, Maori recognize in Ta Te Ao Maori and in themselves a spiritual reality which is part of the whole being, which is to be looked after.

2.1.1 Wairua

Wairua is the spirit force; its existence is recognized by Maori in both this world and the afterworld. Everyone and everything has wairua, every person alive or dead; all things, both animate and inanimate, have wairua.

Well wairua that’s the, ah, that’s the spirit force isn’t it? Wairua. Well that’s, that’s you’re really going into something hehehe. ... it’s a very,
very significant thing to the Maori. (K5)

One of the kuia described it as being an internal element of herself.

Yeh, well that’s got a lot, lot to do with Maori things. You know the spiritual ah I can’t describe it. It’s something I have it in here (pointing to herself) but I can’t describe it. (K23)

There are many manifestations of wairua in Ta Te Ao Maori. The following stories indicate some ways that wairua manifests in Ta Te Ao Maori, and even at times in Te Ao Pakeha. It manifests not only in dreams, or in the in-between state that exists near death, but also in physical ways and is part of the connection to the afterworld and to the past.

The first story was told by a kaumatua and relates to when he was a soldier serving overseas. The wairua of the tupuna who have passed from this world are still present and can (and do) make contact with the living (or only just living, in the case of this kaumatua). These wairua are, perhaps, always there, surrounding the living. He described being “dead three times”.

I was lucky never went ... Brought me out of the bush and man I was good as dead cause I was seeing the old people. ... The old people were coming to me ... (K22)

These two stories relate to illnesses of some of the children of one couple (kuia and kaumatua), who called for the help of a Tohunga in times of crisis. In the first story, the son is diagnosed with meningitis; in this story, it is also apparent that Christianity had already been incorporated into the culture.

... in the end he said to us, ‘Well ring your relatives I don’t think he’ll last the night.’ ... Anyway ah my husband rang the Tohunga and he asked us to tell the doctor not to inject (our son) and the doctor was very co-operative. He understood our position and he said, ‘Well go for it.’

... I call it a miracle. And so did the (doctor and nurse). I was expecting at that (time) and um leaning over (J) in the morning, had to prop him up you couldn’t hear him breathe. And (the Tohunga) rang ... and I was cradling (our son) at the moment, at that moment rather, and after speaking to him and of course this prayer attached to all this and ah the Ringatu prayer you just feel as if you’ve reached God. And (J) gave one
big sigh and believe it or not he was running around that afternoon. Doctor couldn’t get over it. (K6)

I don’t know whether this was true but I mean this is the sort of thing that you got to believe. He said, ‘I saw that girl in a dream I had last night about that (hill).’ We were right under the (hill) and that was the (hill that the war party) came down there and defeated (us) …And he was saying that he had seen this girl of ours, her features, when he turned her over and saw her features he had seen her back in the drain there. So he went around did his incantations and of course they use salt water and other things, blessed the house. Bless them went all, went all round outside in the teeming rain did it all up. He was all finished he came inside had a shower, washed, cleaned up had a meal then I took him back. And both those kids were good as gold after that. (K5)

Wairua is believed to be able to travel, and that may explain how the girl was seen in a dream. Personal wairua is associated with physical health and illness. Events that have happened in the past affect the wairua of the area, which in turn can show up in ways related to the health of local inhabitants in later times. Matters have to be put right to allow health to be restored.

Objects which would be regarded as inanimate in Te Ao Pakeha carry wairua. A carved head has its wairua, either of the person the carving represents, or perhaps of the carver. This wairua has to be treated in the appropriately respectful manner.

I even done (---) place right up there … Had little wee men coming down there at night. Frightening their children. … This thing come walking through the house and everything. And I said, ‘Well you must have some Maori greenstone or something in the house,’ … I went back three times and the third time they said, ‘Oh this chap, this Maori chap came there and ah when he left he left this head, carved head, made of wood and it was up in the sky-light.’ Took it to them and I said, ‘Well you get it and bury it by your gate there,’ I said a prayer thing and it was alright. (K13)

(I usually think of “wee men” as being Irish!)

The next story also demonstrates that wairua can cross from Te Ao Maori into Te Ao Pakeha. In this story, inanimate objects not related to Te Ao Maori either have wairua or are affected by disturbed wairua from another world.
I go and bless houses and all that. ... He rang me up wanted me to go and bless his place, over there. He told me he was troubled with computers. And even his little child reckons that ... the TV come on at 1.00 in the morning and all of the computers come on, they won’t turn off. And then his wife said, ... ‘Even follows me to the toilet.’ And these were Europeans. So I went and blessed the place ... (K13)

One of the kaumatua talked about how the wairua of the dead can linger in this world. Maybe this is because a process was not followed correctly (or not done at all) when someone died, and the wairua has not been set free to go “home”, to the next world.

(All those) crosses on the road. See when a person gets hit and dies, his wairua, his spirit stays there ... And every time another comes ae you have a lot of accidents. It’ll start again because he’s still wandering around there. He wants to be sent back, back home, back to the old people. Go and get them blessed, send them back. They still wandering round there see? Send them home. (K13)

One of the above stories relating to the sick children demonstrates a negative effect of wairua on health. When illnesses have a cause that is non-physical, or “spiritual”, then that is Mate Maori (Maori sickness), which can occur if “you get frighten or something ... You get sick.” (K12)

The most dramatic of the negative influences is makutu, or “witchcraft”. This can lead to death in healthy people. Makutu still exists, and still affects the health of modern Maori. There are

“stories ... that go right back of makutu and mental health.” (K17)
“See things like that. You know like curses, witchcraft all those things, still goes on.” (K13)

So there are positive and negative manifestations of wairua which are not confined to Ta Te Ao Maori, or to the area of this country. As these stories and comments indicate, spiritual health (Taha Wairua) is part of good health, for Maori anyway.

“... the wairua. There’s so many manifestations of it.” (K5)
2.2 A CULTURED PEOPLE

Maori, as a cultured people, have customs which underpin their civilization. They have long been a civilized people, who can and do relate to each other and others in civilized ways. There are qualities that are regarded as indicative of their civilization. The culture is highly valued, a taonga to be preserved and maintained. It is passed down from the tupuna, and in turn is passed on to the mokopuna. “To us our tikanga and our culture is most paramount.” (K22)

2.2.1 Culture/Tikanga

What is culture? The OED includes the following definitions of culture;

“the customs, civilization, and achievements of a particular time or people.”
“the arts and other manifestations of human intellectual achievements regarded collectively.” (OED 1995)

Civilization is defined thus;

“an advanced stage or system of social development.”
“those peoples of the world regarded as having this.”
“a people or nation (esp. of the past) regarded as as element of social evolution.”
“making or becoming civilized.” (OED 1995)

Is spirituality part of culture? If the spirituality is a “collective” element, then maybe it is a part of culture. Is spirituality part of “human intellectual achievement”? Is it, instead, part of a belief system, or is it part of reality? If the culture is paramount and the spirituality is what makes Te Ao Maori distinct from other cultures, then the spirituality must be part of the culture. The kuia and kaumatua have talked about real events involving aspects of the spiritual in their world, so they are in no doubt.
... as I say I grew up in a world of love. ... And bought up spiritually, oh I've got a lot to be thankful for, on my Maori side. (K6)

Perhaps the definitions of culture given in the OED are inadequate, at least from the perspective of understanding Ta Te Ao Maori.

How is “tikanga” defined? “Tikanga” comes from the word “tika”, which means right, correct”. (Williams 1971).

(There are other definitions given which are not specifically relevant to this paper.)

“Tikanga” has a number of definitions;
- rule, plan, method
- custom, habit
- anything normal or usual
- reason
- meaning, purport
- authority, control
- correct, right
(Williams 1971)

To at least some extent, the meanings of the words “culture” and “tikanga” are interchangeable. One kaumatua is more definite (though there are times when he uses the expression “tikanga and culture”). “Culture, tikanga (are) the same.” (K22)

The practices involved in tikanga have been set down in the past, i.e. it is established practice, and provides the framework for managing the familiar, and a reference point for new and unfamiliar situations.

“Because this goes in with our tikanga and culture which is continuous.” (K22)
This kaumatua spoke on his vision of the important elements and concepts that form the basis of tikanga in Ta Te Ao Maori. The four elements he described are whakapapa, whanaungatanga, te ritenga and te rereke.

The first of these is “whakapapa”, which “is your genealogy, and we all have that.” (K22) It relates to lines of descent, and therefore to the tupuna. Through knowledge of whakapapa, Maori can relate and connect to each other through common tupuna. (Part of the word whakapapa is “papa”, which includes among its meanings “earth”, or “mother earth”; hence “whakapapa” also implies connection to the land.)

The second element, again of connection, is “whanaungatanga” – “that’s your tribal associations.” (K22) Whanau is to do with family (“It is questionable whether Maori had any real conception of the family as a unit”. – Williams, H. W. under the definition of “whanau”. Whanau may indicate a broader relationship of family than the usual understanding of family in Te Ao Pakeha). Whanaunga, however, refers to relationship by blood (this must place in-laws on the outer!)

The third element is te ritenga. The word “rite” includes, among its meanings, “like”, “agreed to”, “prepared”; “ritenga” refers to what is commonly agreed; te ritenga is decided by the community, by the hapu.

The next one is your te ritenga, which is your governance, customs. The customs relate to what happens in a community at hapu and whanau level. So you go to marae that’s where they generally hold it, wananga, korero they set the rules for the community, how to behave. So there’s policies, rationale, governance. (K22)

The fourth element is te rereke, which is to do with what is different, eg families would come together on a marae and share their problems and, after the korero, go home and handle them in their own way.

The last one is te rereke. (It’s what) they do in that particular house over there. What they do in their house over there. So it’s the expression of human rights. (K22)

These four elements, combined in a suitable framework under tikanga, form the
basis of the culture, and incorporate traditional knowledge and beliefs.

That’s what gives your tikanga for your culture. All wrapped up in there is your spiritual side, your historical side, traditions, mythology, psychological, physical and political sides. (K22)

This kaumatua talked of these elements (sides) as being the commandments of Io, which give the lore and mana for Maori, and hence governance and administration of tikanga.

Through their knowledge of whakapapa and whanaungatanga, Maori know each other; they are able to relate to any other Maori through knowing the kinship links, and therefore that person’s background. This is very important to Maori.

Whanaungatanga yeh it’s, it’s one of our main things … getting to know their background. … you can say (Where are you from?) … Or you’re from that particular family and they say, “Yes.” Oh yeh and then they ask how you know them ae? You have the background to them, you know? (K18)

This way of recognizing and connecting is used to make connection, if possible, across cultural boundaries also, even when trying to relate to a Pakeha; for instance, one kuia explained that she already knew me when we first met!

And you from this area anyway. That made a difference. You did your schooling (at …). And one of your brothers had gone with … So he must have been a younger brother ae? (K20)

The importance of these connections becomes apparent when one’s security and welfare is threatened by illness. The need for the comfort of the familiar and the security of the whanau is important to Maori. Does it mean, then, that someone who is unwell would rather stay home rather than being sent away from family, even if it means the difference between getting better or not? “Yes,” (K23) it does.

So there are cultural elements in health, and the setting and support systems of the sick person are significant factors in getting better.
2.2.2 Some Qualities valued in Maori Culture

He aha te mea nui I te ao?
He tangata, he Tangata, he tangata.
(“What is the most important thing in the world? It is people, people, people.”)

The elderly and the young are highly valued in Ta Te Ao Maori. The elderly are valued for the knowledge that they carry, the knowledge that they have gained from their tupuna, and that they have learned over the many years of their lives. They are valued for the aroha that they show, especially to their mokopuna. The mokopuna are treated like the taonga that they are; they are the future of the whanau, and therefore are treated with indulgence. The kuia in particular will do anything for the benefit of their mokopuna, as one kuia indicates;

... they were so lovely our old people, our old kuias. Their word was their bond as I say. There was that aroha that love. ...... And I was really steeped in aroha and love and I must admit I must have been spoilt. ... So I was never made to feel that I was a nuisance or as I say I grew up in a world of love. Aroha is that main thing. And felt as if I really belonged. (K6)

Aroha is to do with loving, acceptance, caring, valuing; it is the quality which demonstrates the truth of the proverb at the start of this Section.

Another very important and highly valued quality is mana. People of standing have mana, and do not flaunt it or demonstrate it in a public way. People with mana work quietly for the benefit of all, and do it with humility. Arrogance (ahuawakahihi) does not go down well in Ta Te Ao Maori.

Mana is not to do with money; one can be extremely poor and have great mana. Mana is an inherent quality, and is recognized by those with the knowledge of Ta Te Ao Maori. Two of the kuia explained in detail;
... He says nothing. Does a lot of things ... doesn't publicise anything. ... Ah but he has the mana. That's the thing, the Maori thing. You either got it or you ain't. And it doesn't matter how much money you got or how you work ... So there's where your respect starts. You either got the mana or you haven't. ... he never puts any of his before you, everybody, everybody's on the same path. ... Really the humbler the person the bigger the mana. It's not the bigger the mouth the bigger the mana. It's the most humblest of persons. Doesn't have to have money. Well you must know that within Maoridom? ... in the Pakeha world you've got to have that money. And then you're somebody. But in the Maori world it's not. ... He's done everything quietly. He doesn't have to show what he's doing. Does everything quietly. But the likes of us we all know what he does you know? ... You have to be persons of standing.  

(K25)

My mother was a very humble person; she was a very humble person. She didn’t ever tell us that our grandfather was a Chief; you know Cause it’s not in good taste.  

(K24)

Those with mana do not carry out their own public relations!

2.2.3 Openness to Outsiders (Pakeha)

Since arriving in this country, some Pakeha have moved, at times, into Ta Te Ao Maori. In the early days, Pakeha mixed with Maori, who were then the dominant people. Consequently they learned to speak the language of the Maori (“They were fluent in the Maori language they made sure.” K5) who responded well to the contact; the kuia, especially, showed the respect that they held for the newcomers. One kaumatua explained how influential kuia are in the acceptance of outsiders.

See I'm over 80 now and that environment that I grew up. That was very, very strong. That culture was very strong. It was, it was amazing to see how these old kuia, the old ladies and, and you see the reflection on their faces you could see it, on their faces. ... they revered them, the, the white man. When the white man first came in to these shores. They looked up to them they, they respected them. ... they grew up with them. They were fluent in the Maori language they made sure. They related to them and ... the women were the ones ... that showed that respect.  

(K5)
That openness is still there to outsiders who take the step into Te Ao Maori; one kaumatua stated to me “your place in Te Ao Maori I respect that. I respect you for that.” (K15)

2.2.4 Maintaining the Culture

The culture of Maori is a valuable, priceless taonga. It must be preserved; can one be Maori if the spirituality and tikanga are forfeited? The spirituality makes the world view of Maori (Ta Te Ao Maori) unique.

Taha Maori that’s our spiritual side. And I think as a cultured people ... those are the beliefs and qualities that must be preserved. (K22)

The elderly have accumulated much knowledge over their lifetimes; they learned from their kuia and koroua when they were young, and continued to absorb knowledge from the world and people around them as they got older. With their knowledge and experience, they have the base to make sound decisions and give good guidance to the younger ones.

I find that it’s ah kaumatua kuia that seem to have got the plot all the way. (K24)
... the kuia. You see them on the marae just sitting there man, they’re absorbing all the knowledge you know while they’re sitting there. (K18)

If the knowledge is passed on to the young ones, then they benefit from the experience of their kuia and koroua. They will know who they are, they will have the base of knowledge to allow them to survive in changing times. In their turn they can pass on to their mokopuna what they have learnt

from our old people. And their old people it’s been handed down to them. ... hand then down also to your children. Hand them down also to your grandchildren. (K15)
Does the established tikanga prevent adaptation to new or changing situations? The inclusion of Te Atua in the whaikorero on the marae shows that Maori do adapt when there seems to be a reason or need to do so.

Maori culture is under threat. Money is important in our society and it must be tempting for people to take the money even when that compromises their culture. One kaumatua makes no bones about the effect of following this course. The dominant political culture (represented by “The Crown”, i.e. the Government) is not necessarily helpful to Maori in maintaining the culture, and the democratic way may not be the best for this purpose.

If we as much as trade (the tikanga) off or desert it we’ve lost something that’s part of the cultures, gone. And I think it’s quite wrong to do that. ... at the same time you probably have tikanga, culture versus the commercial dollar. Let’s not have the commercial dollar alienate the culture and the tikanga. Cause its part of our spiritual side that we are indirectly forfeiting and sacrificing. ... The other side of the ledger, you have Crown and Government. ... Now to offset that, the democracy be adopted and then your culture’s gone. Now the biggest mistake today is to trade that off. (K22)

What would be the result if Maori do lose their culture? This kaumatua went on to explain the consequences of such an outcome.

If we as much as trade that (our culture) off for something else then what are we replaced with? What takes its place? By doing so you are disassociating yourself so therefore you become an alien. And that is the position of a nobody people. Nobody people. Today you have a lot of disillusionment out there. ... That’s because of lack of leadership and the spiritualism that’s associated with it. So you have people out there I believe are sane, SANE, or insane, that’s when they go all porangi. (K22)

So the health of Maori is tied in with their cultural identity. People who lose that have significant mental health problems. What other consequences are there?

if you take that away for this you’re nobody. You’re an alien. (It’s) imperative that we hold onto that otherwise everything would be lost (K22)
With the pressures that Ta Te Ao Maori has endured, it may be surprising that Maori culture has survived. Yet it has. Will Ta Te Ao Maori survive into the distant future? There is guarded optimism on the part of the kaumatua, although one kuia says it is “not as it used to be”. The dollar is the greatest threat to the culture and is the “(only) thing that’s going to knock it out.” (K22)

One kuia seemed pessimistic about the future as the younger ones are “getting bought up in the Pakeha world.” (K23)

According to one kaumatua, as long as tikanga can be followed in respect to tangihanga, as long as Maori can “come onto the marae and speak to our dead as if they were alive,” (K13) then Ta Te Ao Maori will survive.

Ta Te Ao Maori is unique to a people or group of peoples in this land. The spirituality of the culture is particular to the Maori. Maori have their own way of understanding the world and all that it contains. For this reason, the culture must be maintained.

As long as the spirituality remains, as long as Maori can do things according to their tikanga, as long as Maori can be Maori and not have to imitate Pakeha in all things, Ta Te Ao Maori will survive.

2.2.5 Roles

Ma tou rourou ma toku rourou
Ka hao te rangatahi

(With your basket and my basket, the young will be fed.)

If everyone does his or her work, the group as a whole will thrive.

In Ta Te Ao Maori, everyone has a role, a function to perform. Each person is expected to do his or her job well, and thereby to contribute to the wellbeing of the whole whanau. Each task is to be done correctly and by the right person. If all do
their work and do it well, then the whole group benefits. One kuia verifies that there are the right people for a task and there is the right way of doing it.

Those who have greater status have correspondingly greater responsibility; the leaders have responsibility for overseeing the welfare of the whole group. They are also responsible for preserving the taonga, the values that matter in Ta Te Ao Maori.

... somebody has to be held responsible, so you elect those leaders. At the same time they're the ones that will preserve I believe spiritual and the tikanga ...

(K22)

In Maori society, the women are the carers - "Definite. On the spiritual side of it too." (K5) They are the ones who nurture the young, who are first contact for dealing with sickness. Their caring includes looking after the spiritual side of life. The kuia, with her experience and knowledge, is very important and wields tremendous influence on the family. The young, especially the young women and the mokopuna, welcome their aroha and absorb the positive aspects of the influence.

Compared to the whaea's central role, the provider role of the matua may seem to be a peripheral one. However, his work complements that of the carer. The provider grows food in the gardens, and gathers from the forest, the river and the sea (or works to earn the money to do so?). The father is also the protector. These roles are the provider's.

"The father, the father is just a father figure all he does is he's the provider." (K5)

The provider role is clearly vital. As the men get older (and become koroua), they do less of the physical work, leaving that to the younger men. Their roles change with developing seniority. They may become involved with their mokopuna, by taking a direct role in their growth, "... always nurturing their children, always wanting the best for them." (K24)
The koroua becomes more involved in the care of those who are sick. They provide support and guidance in such matters. Furthermore, because they usually have learned about the plants in the bush, they work with the kuia and contribute to the preparation of rongoa. For example, if a child has

a disorder of some kind and ah the parents cannot handle it, they usually take it back to the kuia and koroua, and they ... support them and help them in any way. (K17)

The koroua is likely to be the one to “to go out ... to pick the leaves” (K17) which are needed for rongoa. But “granny’s only got to tell him what to get and he knows exactly.” (K4)

If they cannot help directly, then they advise on who to go to to get help. The koroua becomes involved in the transmission of their knowledge - “... hand them down also to your children. Hand them down also to your grandchildren.” (K15)

So the koroua become leaders of the whanau, and may become kaumatua, fronting the marae, and also become leaders of larger groupings such as the iwi.

The role of the Tohunga is the most specialized role in Ta Te Ao Maori. The Tohunga is a person who has knowledge in special areas; he or she is a specialist. This may be in spiritual matters, health or other areas. The Tohunga carries the mana that goes with the role of the specialist, and accordingly is respected and trusted.

Some Tohunga who deal in matters of health, who are the expert healers. In the old days, when there were health problems, the experts in rongoa were usually the first to be consulted, and if the medicine was not effective then the Tohunga with spiritual expertise was sought. The stories given earlier under wairua give some indication of their expertise.

Maori world, let’s go back to the old days a Maori don’t work doctor. They have a healer. ... Maori have a medicine and they use the medicine, medicine won’t work they have to go to a Tohunga. (K12)
While one meaning given for the word “Tohunga” is “priest”, the term “priest” now carries more specific connotations of a religious role. A priest is a Tohunga, because the role is a specialized one. One kaumatua spoke about the priest role, especially to do with tangi. (He also spoke about dealing with spiritual matters without using the term “Tohunga”.) To him, “that’s the key. And have our Church services.” (K13)

His comment about the tangi (“speaking to our dead”) must apply to more than priests, as kaumatua speak on the paepae. I feel that the rationale applies to the wider context of tikanga, and it may be that this kaumatua intends his comment to apply more widely than it seems. However, he does also include Church services, which are not ancient tradition in Ta Te Ao Maori. This seems to me to be a result of survival and adaptation of a culture.

Even though GPs in this country are not necessarily involved in Ta Te Ao Maori, the term “Tohunga” applies as the GP is an expert with a specialised role and has expert knowledge in a particular field. There is mana that goes with the role for a Pakeha GP just as there is for Maori Tohunga. The GP is a member of “an honourable profession. ... a lot of trust is placed in a doctor.” (K22)

The mana that such positions carry seems to preclude any direct criticism of the expert. One kaumatua who had had a very upsetting experience in his healthcare had this to say:

Well I don’t think ... I’d have the guts to (tell the doctor). To be able to say it to a man, especially a doctor. I don’t think it would be right. (K10)

So everyone has their purpose, and work that is to be done. There is work to be done by different people, and different work at different ages. If everyone does their work, then things work out.

But that’s it see? That’s what they say, bought in this world for a special purpose, got to do all your jobs, do all your work. If you do it good you’ll stay a bit longer. If you going to be a renegade and all that, He’ll take you straight away. (K13)
2.2.6 Connection to the Natural World

In Ta Te Ao Maori, the natural world is not a separate entity to man. We are strongly connected to nature. We are made of the same constituents as plants, so we are connected, even related. Maori acknowledge and personalize this in their Atua, such as Tane Mahuta for the trees and the forest, Tangaroa for fishes and the sea, etc. Everything has its wairua.

... the human body its so much water. I think it's 90 percent water, and the rest is minerals, now I'm a walking tree. That's the way I look at it. (K22)

Because of this close connection, it is logical to source medicines (rongoa) from the world around. As humans and plants have the same constituents, then deficiencies can be corrected by using the right plants.

... a lot of our pharmaceuticals and medicine derived from minerals, from plants. So I think this is one way of replacing those minerals and nutrients that are being discharged from the body. (K22)

Our chemist was the bush in our time. ... Whatever it was from the bush and the healing with the water. (K2)

The plants used to provide rongoa grew not only in the bush but close by, even common plants growing near one's house.

I do use te rongoa. I use that over there. I go up the bush when I, mainly ah flus and that sort of thing. Or blood poisoning, or cut. I use the rongoa a lot. Yeh right down to the dock leaf over here. Right over there. Some at the back of the house. I do use it. (K15)

The men who work in the bush are taught by their old people and soon learn how to identify the plants around them. They do this not only by sight but also by smell.

If there was a timber lying down, being lying down for years ... all he got to do is get a chip off it and smell it and they know straight away ... I know a lot of trees by just by the smell. (K4)

In using what resources are available to them, Maori acknowledge the spiritual aspect
of nature. For instance, before they go to collect plants for rongoa, “they must always have karakia.” (K17)

So Maori are part of this world, not separate, and this recognition means that it is important to keep all things in balance, and tikanga ensures this.

2.3 TWO WORLDS

Are Ta Te Ao Maori and Te Ao Pakeha two separate entities, two separate worlds? As it is spirituality that makes the world view of Maori unique, does it logically follow that the two are separate? The kuia and kaumatua are in no doubt that the two worlds are separate.

“Well we have got two worlds ae. We do live in two worlds.” (K14)

Maori are able to move between both as needed. Some Pakeha seemed to be able to do this also, especially in the early days, but now “I don’t think that a lot of Pakeha understand the Maori …” (K11)

There are situations when the two worlds can become one. But in healthcare, the kuia and kaumatua will not take matters relating to Maori sickness to Pakeha doctors who are not knowledgeable in such matters.

And then those two worlds can become one in ah certain situations. I wouldn’t go to a Pakeha doctor if he didn’t know anything about Maori sickness. (K14)

The kuia and kaumatua know about Maori sickness, and would go to the appropriate person or people within Te Ao Maori. “If I did need that kind of help I would go home and I know where to go.” (K14)

And they “definitely” would know the difference between Maori sickness and Pakeha sickness.
One kuia felt that a Maori GP would have understanding of Ta Te Ao Maori and so would be able to deal with aspects of Maori health that Pakeha would not be able to; the Pakeha would not be able to work in Ta Te Ao Maori.

Maori GPs would understand (stories) that go right back of makutu and mental health. ... the older people would be able to converse with him and ask him questions, ... They wouldn’t ask (a Pakeha GP) questions because they would feel that he wouldn’t know enough ...  

(K17)

Probably it is inevitable that Ta Te Ao Maori and Te Ao Pakeha are different worlds, because the underlying spirituality is different. It must be possible still for Pakeha to move into Ta Te Ao Maori, as it works in reverse. The two worlds would still remain but there would be better understanding between Maori and Pakeha.

The only way you could understand us anyway was if you learnt, I learn your way and you learn my way and we’re right.  

(K25)
CHAPTER THREE

NGA RA O MUA (In the days gone by)

In this chapter, I discuss the history that the kuia and kaumatua talked about. Section 3.1 looks at the way it was before Te Ao Pakeha had its effects; Section 3.2 looks at the times of change, effects on health of Maori, the obstacles Maori faced in the new world, and reactions to the changes; Section 3.3 looks at how it is now (enei ra).

The kuia and kaumatua have seen massive changes in their lives. Some talked about how life was in the old days, and how it is now. Have things changed for the better?

The kuia and kaumatua whom I interviewed were born in the second, third and fourth decades of the twentieth century. They are probably the last generation to have had direct contact with the old people who lived in the traditional ways, still mostly unaffected by the Pakeha influence.

When these kuia and kaumatua were young, New Zealand experienced the effects of World War One, the depression, World War Two and the shift from the rural areas to the cities. Those were times of great change, and are maybe the time when the viability of the Maori culture became significantly threatened.

Their parents were young when the Tohunga Suppression Act (1909) became law, and the work of the healers was diminished. The two generations before that witnessed the loss of large tracts of land, and their ability to use the bush began to be eroded. The people of the generation before that one were the mokopuna of the rangatira who signed the Treaty of Waitangi.

This is the background to what some call the “good old days”.

38
3.1 How It Was

In the old days, Maori had very good knowledge of the world around them. They lived in close contact with nature, and studied and learned about the plants in their area, as well as the birds, the fish and other things. They learned how to utilise what nature provided.

We relied on the forest and ah, ah not only the forest but ah all the shrubs and things .... (growing around). (K9)

They learned which plants could be used as rongoa and also how to use them for their illnesses.

“In the old days Maori had their own medicine.” (K12)
“---- rongoa they used to get from the bush --.” (K1)

Before rongoa could be prepared for the patient, the plant, or appropriate parts of the necessary plants, would be gathered, by an appropriate person (refer Sections 2.2.1 and 2.2.5), usually the koroua, who would have the knowledge of the bush.

The kuia (have the knowledge of the rongoa) and the koroua also because (...he goes to the bush to pick the leaves). (K17)

Maori were apparently well-served by their rongoa, and developed a good level of expertise in its use.

I think in the early days, well, Maoris have their own (rongoa) in which they’re pretty good. (K6)

In those days, Maori had their healers, their experts in rongoa and in spiritual healing. Within the whanau, the expert in the use of rongoa often was the kuia (although the father of one of the kuia I interviewed was the healer for that whanau), who was the person who would be the first to deal with illnesses afflicting one of the whanau.
Well, mmm, Maori world, let’s go back to the old days a Maori
don’t work doctor, they have a healer. (K12)

Some old-style healers still exist; one of the kaumatua interviewed is the healer for
his family; he treats himself and others in his whanau.

The old people passed on their knowledge to their young ones, who would have
learnt by observing, by asking questions and by being treated for their illnesses. For
example, the knowledge of the rongoa would be passed from the older to the younger
people, so that it would not be lost but is able to be used for the ongoing benefit of
the mokopuna. It was a taonga which was too valuable to lose.

And what we have also learnt in ah growing up from our, from our,
from our old people. And their old people it’s been handed down to
them. And it’s, ah, once you get a grasp of Te Ao Maori, it’s stuff
like that you don’t forget. Mmm, hand them down also to your children.
Hand them down to your grandchildren. It’s a thing never forgotten in
Maoridom. (K15)

It does not follow that this passing on of knowledge made Maori unable to adapt.
Because the plants would vary from one area to another, the rongoa and cures would
also vary from one area to another, but the knowledge that Maori carried with them
could be, and was, adapted and applied to the new area. The level of knowledge
could be increased by experience and experimentation.

And then coming here I learnt to adapt to the cures that are here in
the bush, here what we have here. (K15)

“In the olden days”, commented one kaumatua, Maori did not suffer the same
illnesses as they do now. Furthermore, they were much tougher, and he attributed this
to the different kai available; the presence of fast food is not good for the toughness
of body for Maori people, and is, in his view, responsible for the susceptibility to
some of the conditions that he saw infrequently in the past. It seems, from what this
kaumatua had to say, that it was accepted that what was not seen as serious was
endured, even when it involved pain and suffering. This hardiness must have been
seen as desirable and an asset in a hard world.
We went when we really wanted a doctor. Tough those days. ... 
Cause our bodies, our bodies were strong, our bodies were strong 
against any sickness in those days. Very seldom we had a cold ae. 
... Because it's the, all the food we eaten see. (K13)

3.2 Time of change

Pakeha arrived in significant numbers through the nineteenth century, and in time 
began to dominate the country. The Treaty of Waitangi, signed by two parties, came 
to be ignored by Pakeha authorities. Maori lost much of their land and found it 
increasingly difficult to maintain their way of life.

How were Maori to cope with these pressures on their culture? In order to cope with 
the changes, Maori tried to adapt to the new ways. Maybe it as essential for them to 
do so, to be able to survive in Te Ao Pakeha. Because Pakeha culture had become 
dominant, Pakeha were entitled to respect;

(we) had to respect the Pakeha simply because ... my father looked at 
it this way. ...to be able to get on in this, in this world, you have to 
be able to, to, ah, everything was Engl, everything was Pakeha, right? 
(K25)

However, this came at a cost. Important changes were made in the home, even to the 
most valued aspects of Maori culture. Te Reo Maori was a casualty of the need to 
adapt. Maori may have remained the first, even only, language for the parents, who 
had grown up in the old ways, but the children were compelled to learn the new 
language and new ways.

... we weren’t allowed to speak Maori at home. He made sure we 
didn’t because we didn’t do it in the schools so you didn’t do it at 
home. Not to us anyway but him and my mother would speak Maori 
all the time. (K25)

Consequently,

(My sisters and I) hardly ever said a word at home. It was only 
when I got married .... you can only take so much you know. ...
(I think it was like that because) everything was Pakeha.  (K25)

Some Maori children showed their ability to adapt and learnt very well in the Pakeha education system; while their achievements were valued, they also found that there were conflicts between the two worlds and that these conflicts were brought into the home. Their learning in the Pakeha system did not make them experts in Ta Te Ao Maori; this learning would have to occur as adults (in the older days, that learning would have automatically been part of their growing up).

...and I'd come home from Training College and I'd be saying things to my mother and she would say to me, "Taihoa ...you ain't been there but I have." And I said, "But mum I've been educated." "All the more reason why you jolly well listen to me. You're a Training College student, OK, so you, you've been exposed to all, all kinds of learning right across the board, engari there are some things you don't know."  (K24)

It was not only in education and language that changes occurred. Maori health was also affected; with the loss of land and the clearing of the bush, the sources of rongoa were lost, and there were new sicknesses, which probably could not be treated with the old cures.

Well my father said to me, "The days are change, you have to go ... to a doctor." Like if I go away from home he said, "Things are change I make it easier for you, go to the doctor, take the kids to the doctor. That’s why I went to the doctor because it was my father that said ....the healer won’t be a healer.” ... When he goes, there’s no more healer.  (K12)

This kuia’s father, the healer, then opened the road for her and her whanau to go to the doctor; he “blessed the medicine. And we take it.”  (K12)

Because of the changes and the resulting living conditions for Maori, the passing down of knowledge to the young was also affected. The reason was that “from that time to the next generation it was all you were interested in was getting on getting a job.”  (K4)

So the changes had a massive effect on the Maori.
With the loss of land and of their tinorangatiratanga, Maori found it increasingly difficult to provide for their own. They no longer had enough land to form an economic unit (whether they followed the old ways or the new). The land and the rivers provided barely enough for subsistence. There was still the sea, which provided for both the coastal and inland peoples; the inland people would go to their traditional area of the sea and gather kaimoana to bring back. This took most of the adults away for some weeks, and the children would be left in the care of an aunt or someone else who was designated to stay (and maybe was not fit enough to travel).

We um we hardly had any land, you know we didn’t have enough. We were milking about five cows I think and ah all the other Maori families, I think about nine families all told in (the kainga) at this time and they were all in the same situation. .... Yeh see even you take fish they used to come over here and do a lot of traditional fishing from (W....). They get in a boat and go over to (-) Island, fish ah bring their stuff back and dry it out here (at the beach), all to take back to (the kainga) you know. You see I, I never had that chance to go with them. I can remember them going but ah I had to go to school. And when I went to school my Aunty looked after me while they came over to do, to fish and that. They would be away from here three of four weeks. (K4)

Because the land was insufficient to provide a living, jobs were needed to provide any satisfactory income. However, jobs were scarce (this was the time of the Depression). Therefore, Maori were very poor and life was a struggle.

Maori people around where we were, were very, very poor. .... But as far as us children we was too busy looking for a job. Very few jobs around ... at that time. (K4)

Despite their poverty, Maori still had to find money to pay for basic things of life. Children had to go to school, so the parents had to find work to be able to provide suitable clothing!

... they were made to send their children to school. Well it meant they had to buy ah school clothes and ... that involved ah quite a cost ... and I know when I was a kid between 3 and 4 I never ... owned a pair of pants. I just wore a shirt ... Like I remember when I got me first pair of pants and ah when I went to school of course it was different story. I ah father and mother had to go out and dig for gum to pay for, for clothes that I needed to go to school. (K4)
Inevitably, Maori suffered from their poor living conditions and infectious diseases were common.

Well, our living standards in the thirties ... wasn’t that great really you know. Lot of Maori catching TB and all that sort of thing. Some of the kids used to go to school with scabies ... that’s caused I think through being poor, living conditions. (K1)

Because Maori were very poor, they rarely could afford to see the doctor. (Social security was introduced later in the 1930s, which made it cheaper, though not necessarily free, to visit the doctor).

And ah never being able to get funding to go and see a doctor in any case because if they charge well they never had any (money) (K1)

Even when it was necessary to see a doctor, it took time to get to the doctor, and more time still if a house visit had to be made. Thus accessibility to medical care was also an issue!

(my brother) told me that when I was born ... he went in on a horse, miles you know ... and the doctor came out in a gig. (K1)

Consequently, many Maori could afford only to use the old ways to treat their conditions. One kuia’s granny tended her family and many others as well.

Like I said my granny ... I use to watch her putting, putting this stuff on, on people. Wasn’t only our family that used to come to her ... I think my father and mother were the only ones who could have followed on doing those things. (K4)

So poverty was a very influential factor in limiting the progress of Maori in the changed world. If there were jobs and good pay, then it may have been different. But they also faced discrimination in work and social situations. During World War 2, many young Maori went to fight, and did so alongside Pakeha. The Maori Battalion gained a reputation as a formidable fighting force. The bonds that existed between Maori and Pakeha soldiers overseas were strong; “... overseas is different because the Pakeha was your blood brother there.” (K11)
However, these strong bonds did not translate into acceptance within Pakeha society and respect at home. The following example is not an isolated case of discrimination of this sort. It is also clear that, if one was fair-skinned, it was possible to be accepted as a non-Maori and move within Te Ao Pakeha.

... as I say I looked Pakeha. ... And yet I've been in circumstances where there have been friends that didn't know that I had Maori in me. You think they're your friends ... There such a lot of Pakehas that think that Maoris are below them. I'll give you an instance; I nursed in (hospital). Nursed these Maori boys that came home and they were lovely people. And we'd passed our Junior State and I hadn't really participated in drink those days. But we went down to have a few drinks, looking out the window and here comes (H) on crutches and another chap that's been discharged, and they said, "Oh there's (H)." And they called him in and his friend and he no sooner sat down and the barman came and said to us, "Maoris are not allowed in this hotel, not in the Private Bar." Well I was terribly hurt over that. Here were these people that had gone to war but they weren't. They were good enough to go and fight but they weren't good enough to, to drink in the private bar. So of course I went berserk. And they, people said certainly knew that I had Maori in me. (K6)

The combination of poverty, discrimination by people of the dominant culture and lack of resources made it very difficult for Maori to improve their situations. We still see the lingering effects in the modern New Zealand.

With life for Maori being so difficult, and with the survival of Ta Te Ao Maori threatened as it was, reaction was inevitable, because "you can only take so much you know." (K25)

Even though this kuia came to understand why her father took the approach that he did (refer P. 39), she decided not to follow his approach. Her children would be raised differently, she intended to bring them up in a way that they would thrive, if possible; for her father, survival was important, for her children's generation, something more was needed. The children had to be better equipped to handle the difficulties, and she tried to develop in them some skills that she believed they would need.
Because my kids are raised differently. Made damn sure they were. ... When my daughters were growing up ah I always had this rapport with them. You know if, if, like when they were starting their menstruation they would tell me I explained everything to them. Which was never explained to me, when we were kids. All those sort of things. And now both my daughters are outgoing people. ... there's no shyness with them. (K25)

Also, this kuia has a lingering wish that Maori and Pakeha would develop a good understanding of each other and each other's ways. Maori, with having to live in Te Ao Pakeha, learnt to understand Pakeha, at least better than Pakeha learnt to understand Maori. She still hopes that the process will become a two-way one. Then relations between Maori and Pakeha would be much better and all New Zealanders would benefit. Many of the problems would diminish, perhaps even be eliminated. Despite the obstacles, there is still optimism that things will be better.

The only way you could understand us anyway was if you learnt, I learn your way and you learn my way and we're right. And I'm still a believer in that. You know I, I think things will go better. You'd be able to understand each other better. I mean I understand the Pakeha a lot more than he does me. Hehehe. (K25)

There is still reason for optimism. Maori and Pakeha worked in together in war, and there are examples of togetherness in peacetime, not only in the days when Pakeha were a minority.

"You know we just were just the one people, in war."  (K11)
"... here, we were just like brothers, we, we had European people staying with us. And we go stay at their place. We all played together."  (K13)

3.3 I Enei Ra (Nowadays)

How is Ta Te Ao Maori faring now? For the kuia and kaumatua, there has been much change in their lifetimes. They would have learnt from their kuia and kaumatua about life as it was before the Treaty was signed at Waitangi.
Things are so, so different really. You know we can’t generalise, but it’s not as it used to be. (K6)

The old people mostly have a good understanding of Ta Te Ao Maori but the young are being brought up differently, and there are doubts that they will develop the same understanding as their kuia and kaumatua.

... but the younger ones well I don’t know, they getting bought up in the Pakeha world. (K23)

Some of the food Maori eat now is different to what they used to have. In the past, the land and the sea provided, now takeaways form a significant part of Maori diet, at least for the younger ones. This, one kaumatua asserts, is why the modern sicknesses (of Maori) exist (and who would argue??!)

... but now this generation see. What causes all this now is eating all that European food ae. You know McDonalds, Colonel Sanders and eating all these lollies, pop coms and chocolates, ice cream. See that beggars you up. (K13)

People need healthcare. With the passing of the healers, many of whom apparently took their knowledge with them, someone else has to fill the void. New sicknesses have to be faced and treated, and GPs play a major part in modern healthcare for Maori. Patients often go to the GP first for their care; however, if one is not getting better, then the bush is still there (even if greatly reduced in area) for those with, or access to, the old knowledge.

I think you still got to see GPs, this generation still got to see GPs. But you know there’s new sicknesses coming up .... Oh well this generation goes to the GP first because it’s too far away the bush. Hehehe. I know the bush is not very far but I mean to say, you’ve got used to using, using the, the GP. But I mean to say if it ... gets worse then we go to the bush. (K13)

Another kaumatua, who is knowledgeable and practiced in rongoa Maori, explained that modern science has contributed to the changes, and people are “looking forward to the cures that they’ve advanced today, It’s vast. It’s far beyond our rongoa.” (K9)

A concern that was raised spontaneously and independently by two of the kaumatua
related to “ownership” of their resources, namely the rongoa. One asked, referring to a story of a few years back; “... has the French got authority of our Maori rongoa now?” (K18)

The other referred to the “Pharmaceuticals companies overseas ... coming in and getting the property rights. ... (and) exploiting those rights.” (K22)

He referred to it in terms of “human rights” and that those rights “belong to the country of origin ... (and) needs to be preserved for our people to enjoy at this stage.” (K22)

He then gave an example, which he related to the threat of the (commercial) dollar to the culture, the tikanga (refer Section 2.2.4);

... look at the honey. But what do we do? Exporting it to Aussie. And they turn around and turn it into medicines. Offloading it for ten times as much ... by just changing the structure and making something.
(K22)

The kaumatua had varying views on whether the old knowledge is being passed on to the young people. How one is brought up remains a significant factor; some of the old people are still trying to retain as much as they can of the old ways.

“To modern Maori, is still dependent on how he is brought up.”
(K7)

“Well I, I come from the old school. I’m a native. I went to a Native School. Where Maori our native school which means it’s a, it’s a Maori school ... it’s stuff like that you don’t forget.”
(K15)

One kaumatua voiced his pessimism about the survival of the old ways (“All the old ways are dying off. They getting too Europeanised.” K13) Yet he retained some hope that the young would retain the link, via the Maori educational institutions, with the past; “(If) they stick to the Kohanga Reos and Kura Kaupapas ... They might, might restore it.” (K13)

However, the key to keeping the old ways and knowledge is on the marae, especially
at tangi, where Maori can “cry for our dead.” (K13) Despite all the changes, the difficulties, the consequences of what has happened, some things do not change in Ta Te Ao Maori; it seems as though there are some things that regardless are just part of life, or of the landscape, or perhaps of the wairua of the area.

All those curses left behind. ... Mmm. See things like that. You know like curses, witchcraft all those things, still goes on. (K13)

“The days of change.” (K12)
CHAPTER FOUR

THE MAORI PATIENT

In this chapter, I endeavour to present the viewpoint of Maori as a patient needing to go to a Pakeha GP. In Section 4.1, I will discuss what may be considered “typical” characteristics of Maori. In Section 4.2, I will cover their need for medical care and, in Section 4.3, how they go about choosing a GP.

Are there qualities or characteristics of Maori that one can say are particularly Maori qualities or characteristics?

I believe that one can generalize, and state that Maori have qualities or characteristics which, while not unique to Maori, are part of a makeup that distinguishes them from Pakeha.

4.1 SOME CHARACTERISTICS

During the interviews, some characteristics came out about Maori people and how these impinge on their healthcare. Some of these characteristics are very much to do with personality and others that relate to life experiences. They were presented very much as being part of a Maori way of thinking, part of Maori way of looking at life, that is, they are part of the cultural reality of the Maori patient. One impression I had was that the kuia and kaumatua generally were direct, except when, during the interviews, they seemed to be put in a position where what they may say could be construed as being critical of an expert; then they tried to politely not answer the question!). One kuia spoke very directly about this part of her character.

And it's in my make-up anyway, ... I’m well known for it here well I speak my mind. .... I don't worry about people's feelings but I expect the same thing back with me. If they got anything to say ... tell me don’t go behind my back. I prefer people to be straight up ...  

(K25)
Another of the kuia who is known for her no-nonsense approach had this to say.

“I’d let you know if I wasn’t happy.”  (K20)

Is this particularly a characteristic of the kuia?? Of the people whom I interviewed, those who appeared to be the most direct were kuia. They are also direct with their own people, as this story shows!

I know when Aunty W used to go and visit doctors, she would say ‘Oh he was wrong. Suppose to do this and do that’, ... she was a bit deaf herself and didn’t understand. She was telling the doctors what to do and Granny said to her, ‘You go to the doctor to get better, you don’t go to the doctor and tell him what to do.’  (K2)

Granny can be our best friend!

I found also that they knew their own personalities and accepted themselves as they are. One stated that she could “talk the leg of a table”!! (K24) In my experience, Pakeha are not quite so openly self-honest.

Maybe the directness of character is related, at least partly, to another quality that some possess (this seems to me to be a quality of the kuia in particular), namely having the ability to work out whether they can trust another person, even in the moments after meeting for the first time.

Yeh, yeh, yeh. You can, you can pick it ae. I can pick them anyway. ... I can pick it either I like a doctor or I don’t. Mind you it’s on sight. And my instincts are normally right.  (K25)

This instinct seems to apply also when there is direct physical contact of a medical examination and related matters in healthcare. (refer also chapters 6 and 8)

... the Maori can uncannily sense, feel whether you are genuine in your examination of the body, being truthful in your diagnosis. (K18)

Maori, like other people, have certain attitudes regarding their bodies; these attitudes seem to be part of Maori culture, and affect how they present to professionals when in
need of medical care. One kaumātua states that “They are very shy, you know? They’re shy especially to approach a Pakeha GP.” (K18)

It seems to be part of Maori culture to be respectful to the body. Although most people take their body seriously, the Maori seem to treat it with special reverence.

Well the Maori treats the body as holy, you know. ... some of them are very sensitive in some aspects ... you get some our Maori people, all women especially and even our men you know. Certain parts of their body to them are more sacred than other parts ... This is the sensitivity that I’m referring to actually. (K18)

This sensitivity was reflected in another comment about physical contact;

some bodies don’t like being touched in certain places you know? Like Maori men don’t like their heads being touched. (K21)

Bradford Haami, in his book Dr Golan Maaka, tells the story of a rangatira who “had a cyst on the back of his neck that he did not want anyone to operate on except Golan. There was to be no hospital involved because he would allow no one but Golan to touch his person.” (A rangatira is highly tapu and this power can be highly dangerous in certain circumstances; refer Schwimmer 1996.) The importance of personal tapu was also emphasised by a kaumātua who was talking to Jim Nicholls (personal communication); “walking over the top of people’s bodies (is) frowned upon. So the body is tapu.”

This sensitivity is reflected in the attitudes of Maori in other matters related to their bodies. Jim Nicholls (personal communication) gave the following example; “many Maori girls will only swim in shorts and t-shirts because they do not want to expose themselves to others.” Even though the men often are shy, it is the women, especially the young women, who are most affected in this manner. This has a major influence on healthcare, especially going to doctors; the younger people in particular are unlikely to be communicative in such situations.

“... ladies were so shy about their bodies and different things.” (K6)
“... a lot of Maori people are shy especially the young ones. You know that women are shy and Maori women are terribly shy, where your body is concerned.” (K25)

Consequently, they “hate going to the doctor.” (K25)

It appears that this problem is not just as simple as a difficulty for young Maori women approaching a male Pakeha GP; it may be part of a more general difficulty that stems from their upbringing and, in particular, difficulties in communication about private matters.

I have a lot of young ones come down here and see me, they can’t sort of approach their own families, can’t see their own mothers and fathers. Come down here and they’ll talk about it you know. (K25)

It is not only shyness that leads to difficulties in going to a doctor. Maori have their fears as well. There may be a number of reasons for the fears, including fear of being sick, fear of what may be wrong (such as cancer), fear of separation from the whanau. Consequently, the sick Maori patient may not tell the whole story, or even any part of it, even when the patient has been attending the doctor for years! Important matters can still remain private because they’re too frightened to go or won’t go. They, they still like that. I know family they won’t, won’t even go to hospital. They ill, but they still won’t go, they won’t admit it, or admit it to their GPs. (K15)

Cause I’ve known some of the whanau that can go to the doctors same doctor for years but they will not tell the doctor everything, what’s wrong with them. They’ll go for a certain thing and yet they’ve got something else wrong with them. But they won’t tell the doctor. They’ll just go for the thing that’s hurting at the moment. ... and when they come back, “Did you tell the doctor this?” “No it will go away.” You know, they don’t want to. And sometimes some of them, they think they might get put in hospital or something. You know they hide a lot of these things. Go for the one they got pain. (K23)
Being sent to hospital is a particular fear for many Maori, who "... don’t like off to hospital being away from family. ..." (K23) and prefer to be with family and suffering rather than going to hospital to get better.

The possibility of having cancer is one situation that induces fear! When very private parts of the body are involved, attending for screening tests is likely to be avoided, despite the importance of the screening.

... you had to have these smear tests, listen I really hated it. And so I would make damn sure I never got sick. Hehehe. ... And I find most Maoris are like that because you are brought up that way. (K25)

Is there a positive side to this attitude? Perhaps there is one, if it means that the patient looks after him or herself well!

How can Maori patients and their whanau improve this? One point that was made clear is that most Maori do become more open with the GP as they age. The young women generally become more confident as they grow into the whaea role, and have more dealings with the practical aspects of healthcare. Until then, they need support.

They like another person with them until, they, they’re well into about mid 20’s is when they able to, to speak. ... Different in my age group, cause we all been there, done that you know. (K25)

However, some of them remain less open.

What support makes a difference, especially for the young shy people? The caring roles belong to the women, and generally it is the kuia, the aunt, (and sometimes the koroua) who provide that support and direction. The women will usually be the ones to speak on the behalf of the young patients.

Some of them had been like especially the ones that their grandparents is still alive. ... they are fortunate enough to still have their grandparents. (K23)

Could someone have spoken on her behalf?
My mother could. ... I’d tell her and she’d tell the ah doctor you see. ... I’d never tell the doctor meself. I mean now I would but it doesn’t worry me now, but it did then. (K25)

It is possible for the parents (especially the whaea; refer Section 2.2.5) to influence these matters positively, to give their young ones confidence, by being open to them. There have been times (and still are?) when the openness was not part of the culture in some whanau.

And I think a hell of a lot of it is to do with upbringing. ... if you were able to speak to your mother all the time I think it opens, broadens your outlook. Depending on your, your mother’s way of raising you I think. My mother was very remote ... she was very Victorian actually, my mother. (K25)

The shyness of the young ones provides real barriers for the GP; even when the patient goes to the GP, the fear can mean that the real issues are not discussed; they are not denied necessarily but are avoided.

It does seem to make a difference when they have the right support from a family member who can do the talking for them. This is likely to be the mother or aunt (refer Section 2.2.5), who may have been the one to send the patients in the first place. It would help if the GP knows the family connections (whakapapa) and who wields influence (roles).

The kaumatua who had been close to death on three occasions also made very interesting comments, with underlying humour, on avoiding doctors. He seems also to have developed an acceptance of what life will throw his way. His life experience has a strong influence on his outlook.

... it’s so easy for people to give up. The will say oh just have a bit of a rest, relax and the other half say no, that’s the will to keep going. ... So I know what it’s like to be close to death. I been, been in that situation, so I said, “Well, chop, chop when I’m ready to go I’ll go. (K22)

So when does he go to a doctor?
... if I'm sick enough I go see them, and trouble them. If I'm sick enough. ... Because what I try to do is keep away from the doctors. Because they might find out something wrong with me and they've enough on their plates, to worry about those who are really sick. (K22)

I think "his tongue was in his cheek", after all he would go if he was sick enough! Life experiences do not need to lead to a Maori man avoiding doctors. One of the kaumatua has problems with his health, which (he realizes) are connected with the war. He looks for the support he needs from a GP.

... you explain to them about where you're hurting and that and what you think. See I told them about mine is more war related. (K11)

So these characteristics do significantly affect contact between Maori patients and Pakeha GPs; there are the shyness and tendency to avoidance of discussing major personal health issues to overcome, yet there is a directness which seems almost contradictory; and then some (many?) Maori make their assessments on instinct, and they may or may not like what they see in the GP. These are characteristics of Maori that Pakeha GPs should be aware of, in their dealings with Maori patients.

4.2 THE NEED FOR MEDICAL CARE

Before Maori had much to do with Te Ao Pakeha, they had their sickneses to deal with. Within Te Ao Maori, there were the experts, the Tohunga, the healers, to turn to when they were needed; also, within every family grouping was a person who had expertise in use of rongoa.

The need for medical care persists. Since Pakeha arrived, Maori have encountered illnesses that were foreign to them. Infectious diseases such as meningitis and tuberculosis took their toll of Maori. An indication of the health outcomes for Maori is given in the following; during the influenza epidemic of 1918, "at least 1,130 Maori died, a rate 4.5 times greater than for Europeans. ... In 1938 the Maori death rate per 1,000 people was 24.31; that for non-Maori 9.71. The Maori infant mortality
rate was 153.26 per 1,000 live births as against 36.63 for others.” (King 1997).

One kaumatua mentioned having pneumonia and also suffered some severe injuries. With wonderful understatement, he summed up his experiences thus; “So yeh. I had a few scrapes here and there.” (K13)

Another suffered from wounds and other effects from the war; “... all my wounds are war related ... I got trouble in the head too from the war you know.” (K11)

One kuia talked about the wider picture and the need to be able to talk about what really is concerning her, the need for reassurance, and the need to know “why, what or how it happened?” (K23)

Other kuia were quite blunt and practical about their needs.

But I said, “At the moment I’m here for you to prescribe something for me.” (K2)
“I look for him to cure whatever’s wrong with me. ... therefore I really only go to get the medicine that I need for the time that I need it.” (K14)

And the comment of one kaumatua about when he was a tough young man; “All we worrying about was getting well that’s all.” (K13)

Therefore, the need for medical care remains. Maori still have Tohunga, but it is not like the old days. Some illnesses came with the advent of Te Ao Pakeha, and there are experts within that world to provide medical care. Does the patient choose to go to a Pakeha GP? How does she choose?

I would go to a Pakeha doctor because he’s got the medicine. (K14)
4.3 CHOOSING THE GENERAL PRACTITIONER

This is taken seriously by the kuia and kaumatua. A lot of time is put into finding out about the GP. The women, mostly, take the lead role in this, as they have the caring role in Ta Te Ao Maori.

I gotta get a feel for the doctor. If I haven’t got that feel then no it wouldn’t be very good. (K20)

4.3.1 What Do We Know About The GP?

The GP is a key topic of conversation! But if Maori are to get to know the GP well, someone has to be the first patient to go to him. This is part of the process; for example, one of the kuia came to see me.

And I could talk to them about you, so I decided I would come and see you … (K14)

And then she told me (during the interview for this thesis) what was her assessment on that visit!

This process is going on even before going to a GP. GPs are talked about, and in detail. The women, especially, talk among themselves about all matters to do with people - this behaviour is a normal thing for them; one kaumatua commented on the kuia on the marae, “just sitting there man, they’re absorbing all the knowledge you know while they’re sitting there.” (K18)

Everything that they see and hear is shared, discussed and analysed. The kuia especially “to sit there and talk about their doctor.” (K2) This occurs “In our time.” (K2)

And that’s the kind of thing that we do amongst ourselves. That’s what we did before I even went (to Dr A), even I knew the other one was very busy. We still found out what he was like. … Or just sitting in there waiting for you. While we were waiting for
you. That's natural, that's human nature. (K14)

As a result of all this assessing and talking, the GP becomes well-known, at least to the older people, even before they come in, as illustrated by this comment; "You now how good they are." (K2) Another kuia had done all this before meeting me, and she knew quite a lot about my background.

I knew about you right from the beginning when you first came. And from this area anyway. That made a difference. You did your schooling, ... And one of your brothers had gone with ... So he must have been a younger brother ae? (K20)

I have heard kaumatua also doing this when trying to recognize a visitor to the marae. One conversation went along these lines (in more detail than I give here);

"Who is that girl?"

"She is A’s daughter, B is her uncle.”

So this process is "natural", as one kuia (above) says, it is part of daily life, it is whakapapa in action, so to speak (recognizing everyone by their relationships to other people, and to places). This same process, where Maori discuss doctors, goes on everywhere, and Maori get to know about doctors outside their area.

And where I go they ask me, and I travel Hauraki, and outside Hauraki. "What's your doctor like?" Well I tell them. (K14)

So we GPs do not know how famous we are!! There must be benefits for us from all this; for instance, the patient must come along with some idea of what to expect from the GP, and hopefully this helps in developing a therapeutic relationship. Furthermore, the GP’s assessment and advice is likely to be discussed among the whanau, and someone is likely to ensure that the patient does follow instructions. If so, this must have positive implications for the health of both the individual and the group; the level of knowledge is increased, not only of the patient but of the carers in the whanau.
4.3.2 The Choice

It appears that the women usually have the say when choosing a GP. When one kaumatua needed a GP, “I really didn’t choose the GP in the first place my wife did.” (K11)
(“... the whaea (is) the central figure ... in the Maori household.” (K5) refer Section 2.2.5)

When one goes to live in an unfamiliar area, the usual sources may not be able to help. One kuia, when she moved to a city as a young woman, asked people whom she met, who had resided there for some time;

“now who would you recommend as a good doctor?” And they said, “Well I recommend my doctor because he’s excellent.” I said, “That’s good enough for me, thank you.” (K24)

When one kaumatua and his family arrived in town, they knew what they were looking for in a GP, and sought one with that particular quality; they also asked around.

(We were looking for) a very caring doctor ... and they said, “Oh (try) Doctor D” so we went and registered with him and we never left him. (K9)

Some people live in isolated areas; this can mean - choice? What choice?

“But as to say, ‘Well I prefer you to that other chap over there,’ be all right if you were given two or three doctors to choose from.” (K5)
“But you must remember, in those old days we were out in the wilderness, you know.” (K9)

So a decision is made, when and where there is a choice.

The GP has been checked out; the patient (or the kuia and kaumatua) has a feel for the GP who has been chosen. Why was that GP chosen?
Even though one kaumatau said that "... personalities don't come into it" (K5), some of the kuia commented on

Wondering if I like him or not hehehe. (K23)

In clarifying this point the kuia explained the need to be able to communicate. She needed "someone I could talk to – respond to. Have confidence in." (K23)

This point was also taken up by other kuia. One said of a GP she had started going to that "I quite like him too because he can (communicate). He can compute ..." (K25)

This GP understands the patients he was seeing. The level of communication produces the confidence that the patient can trust the GP. Then the patient is feeling comfortable and able to open up about the inner things that matter to the patient.

Another kuia emphasized this point.

I could say anything I wanted to say to him. I could sort of open up and explain things that I couldn't do with the others in the past. (K17)

She then explained the effect on her in a situation when she did not get that feeling that she could open up.

I just felt that I just couldn't, I couldn't open up it was just a feeling I had when I walked into the surgery that I couldn't open up to that person. (K17)

Therefore, she was unable to explain what she needed to.

Consequently, a GP may be completely unaware that the consultation has not been satisfactory to the Maori patient. The patient will not give away that he or she does not understand. This relates to the level of communication, including the use of medical terms that are not understood by the patient.
Some doctors do not relate on a similar level, sometimes Maori do not understand but say "Oh yes", they are too shy to ask and don't always know how to ask a doctor; they don't know what the doctor means and will not ask. (K23)

The difficulty is not only in whether the doctor is understood by the patient but whether the doctor understands the patient (refer K25 quote above).

Even you see I feel I can talk to you as a doctor. I think since you’ve come here and mixed with the Maoris you’ve learnt to understand our ways. And I think ... you’d go that bit extra. And I think with Maoris they expect that little bit extra. A lot extra. (K23)

And that “lot extra” is the need to “like” the GP. As another kuia stated, “I liked you and so that made all the difference.” (K20)

So the personal is very important in the professional relationship. The patient has confidence and trust in the GP and knows “that they are there for you.” (K23) (also refer Sections 6.2 and 6.3)

In choosing the particular GP to go to, the expertise of the GP is considered. In the following quote, the kaumatua appears to me to be saying that self-protection (or self preservation??) is behind the choice.

And you have the expertise that I need. Cause see, generally with you, and it’s you you’re protecting. (K3)

(I understood this kaumatua to mean “I” in the latter part of the quote, when he was using the second person.)

These matters do not always matter in the choosing of a doctor. One kaumatua said that when he was young, “well you know never notice in those days, you know. You just walk into the doctor and see the doctor.” (K13)
Maybe some things become more important later in life. The availability of the GP was probably more important to this kaumatua; “If he’s available I’ll go.” (K22) This kaumatua had also said that “what I try to do is keep away from the doctors.” (K22)

What difference does the GP’s knowledge or involvement in Ta Te Ao Maori make to which GP one chooses to go to? This seems to be very much an individual matter. Two of the kaumatua took very different views, and my impression is that they made their own decisions themselves.

“It’s not an issue.” (K22)
“I relate to you for any part of my body better than I would a doctor that don’t understand Maori, Maori at all. Cause I know you got ah Maori in you and you got ah the feeling of the, the Maori in you. Otherwise I, I won’t go to a doctor. (K15)

Having a GP who is working under a Maori kaupapa, such as within an Iwi practice, influenced two in their choice. There may be personal factors in the choice, but the whole setting is relevant.

and that was the reason why I said, “Well I’d rather go into (the Iwi) practice ...” (K9)
“... when (my husband) was alive. All the good things that happened with you and (the) staff, that came to visit him ...” (K20)

In making the choice, both personal and professional abilities are assessed; if the kuia and kaumatua “like” what they see, then they have the confidence to go to that GP.

4.3.3 Why Change?

If the kuia and kaumatua are being treated well by their GP, would they change? It appears that most would not.

“(I would go) to present doc. If treatment still appears/feels adequate – OK.” (K7)
“... if a doctor can tend to my needs, that’s my doctor.” (K14)
Out of all the kaumatua and kuia whom I interviewed, only one talked about an unsatisfactory experience with a GP. He had a problem that was not treated adequately for some time, and it was causing him much distress. Eventually, he discussed his situation with some others who had lost their husbands, and went to another GP and was referred. To him, the most important factor in staying or changing is to do with the quality and outcome of the treatment he received.

I think it’s just the way ah that I been treated. ... Results. (K10)

So what would influence the decision to change? Some reasons were given, the first being if a GP cannot tend to the needs of the patient.

... if at any time that I didn’t think that he would tend to my needs, I would talk to him about it, which I do, do. And he, if he’s not able then I would say to him that I would move on to someone else. (K14)

Another reason can be to do with deteriorating health and mobility.

... it means if I went to him I’d have to walk. I suppose the walking would do me good, world of good, but by the time I get back here haddit. (K8)

Another would “change on impulse. I just change if I wanted a change.” (K22) My attempts to draw more about this were not rewarded.

Another explained that the trust that has built up is a significant aspect of the relationship with the GP, and would influence any thought of changing. Any desire to change would be counterbalanced by the need to retain the benefits of the trust that exists. It may be a difficult decision.

... it’s very hard to say. I mean um, if you had a GP that you’ve, who you have been going to for years. You have your trust in him. (K17)

If there was a Maori GP in the area, would they go to him? On the surface, it would seem that the Maori GP would have an understanding of Ta Te Ao Maori that
Pakeha GPs would not have. It also may be felt that a Maori would have an empathy or special connection with a Maori patient that is based on the Maoritanga that they share. One kuia expected that this would be so.

... he would be supported by the Maori people like the elders ... cause he would be able to speak to them in their own language and explain things to them. ... Especially if they know where they come from. From what area that doctor may be related to them and of course then they bring this whakapapa ... (if) they’ve had doctors (in the family), people remember the name and they say, “Oh that’s so and so tamaiti, well I’ll support him, I’ll go to him.” Some of the kuia and kaumatua seem to feel this way, at least to some degree. (K17)

Consequently,

“being a Maori I probably would go to the GP, Maori GP.” (K17)
“If something happened and I changed Doctors, I would go to (the Maori) Doctor.” (K7)
“I would like to give the Maori GP a go, hehehe. It’s not that I prefer but we being in circumstances being Maori we haven’t really had a fair go in the Pakeha world.” (K6)

Obviously, some feel the would desire or need to tautoko other Maori; this is also reflected in the next comment, which came after asking about the need for Pakeha GPs to understand Ta Te Ao Maori, which was not an issue to him. He would like there to be “more Maori doctors perhaps.” (K22)

But others would not want to change; if they know the GP, and are being treated well, and are satisfied, they will stay. One kaumatua explained why he would have reservations about going to a Maori GP.

I’m familiar with the Maori. I know his weaknesses. I know what his failings are. (K5)

It does not seem to follow that a Maori patient with a Maori sickness will see a Maori GP; “... if I did need that kind of help I would go home ...” (K14)
When the longstanding GP retires, the patient may be left in a bit of a quandary. One kaumatua found that he did not settle with the GP who took over and so spent time looking for someone with whom he was comfortable.
he didn't give me the confidence (as had my previous GP) ... I was searching then for a bit until (H) came along ... (K9)

There is more to follow on the qualities of the GP, and other matters, that the kuia and kaumatua see as being desirable. But first, I want to look at the role of the GP (refer Chapter six).
CHAPTER FIVE

THE ROLE OF THE GENERAL PRACTITIONER

In Section 5.1, I will discuss how the kuia and kaumatua view the profession of the GP. I also cover their view of the role of the GP, who serves people, and tries to cure their illnesses; in Section 5.2, I will cover the need for GPs to help patients and the whanau to understand their situation by using examples given by two of the kuia.

Earlier, in Section 2.2.5, I discussed the importance of roles in Ta Te Ao Maori. How do the kaumatua and kuia view the role of the GP?

5.1 A Sacred Profession

The following comments show how important the role is to Maori people.

Sacred profession man. ... That’s what I think of doctors anyway. Course in our prayers if someone’s sick in our prayers we, we ask Him to especially bless your people. Bless the kind hands that are tending to that sick patient you know. And it works. (K18)

“It’s an honourable profession.” (K22)

The role of the GP is specialized, it is a Tohunga role, the GP is a Tohunga, and therefore has considerable mana. The role is important enough that GPs are included in daily prayers! Consequently, great trust is placed in the GP.

“And they’ve been very good. And I’ve always held a highest regard and respect for them.” (K19)

“After all I put my faith and trust in the medical professional.” (K22)

The GP is a carer, a professional who provides a special service to people with specific needs relating to health. The GP is a servant to those who are sick.

“I looked upon them purely as professionals. They’re to help me with whatever I’ve had.” (K19)
"...he can only provide (a) service ... if you sick you go see the
doctor"  

(K22)

When a Maori patient is sick, he or she looks to regain health, so seeks a means to fix, or cure, the illness affecting him or her. He or she goes to a GP with the expectation that something positive will be achieved, that the GP will "cure whatever's wrong with me." (K14) and has confidence in the ability of the GP to be able to find out what is wrong and to be able to help the patient.

"But they find a lot of things wrong with the body you know."

(K22)

"Because you're repairing their bodies, trying to repair their bodies so they be longer here on this earth ae?"

(K18)

Sometimes, the patient comes along with specific expectations of obtaining a medicine that will fix the illness.

"At the moment I'm here for you to prescribe something for me."

(K2)

"I really only go to get the medicine that I need for the time that I need it."

(K14)

One of the kuia commented on not receiving a prescription from a GP; it may be that a proper assessment had been made and appropriate advice given, but it was still important to be given something to help the recovery process.

"... well sometime he says, "Oh just go home and have a rest." He doesn't even bother to give you something to take."

(K2)

It is interesting that none of the kuia or kaumatua commented on the "gatekeeper" role** of the GP. I questioned one kaumatua on this point but did not get a specific reply. He had, in the past, said to me "Before (-) came, the Maori did not know where to go." (K15) I was in no doubt that this conversation was about such a role.

**(The "gatekeeper" is the first point of contact the patient has with the health system, and refers to others when their expertise is needed.)
For what kinds of illness is the Pakeha GP to be of service? Maori recognize both Mate Maori and Mate Pakeha. (Refer also Section 2.3)

But I hesitate to go to any Pakeha (GP) when it has anything to do with any other kind of sickness but an ordinary kind of sickness …”

(K14)

What is an “ordinary kind of sickness”?

Oh like my asthma. (K14)

So the Pakeha GP is there to diagnose and prescribe treatment for Mate Pakeha. Can he help when a patient has Mate Maori?

“I think that should go back to their homes and then the marae.”

(K22)

“I wouldn’t go to a Pakeha doctor if he didn’t know anything about Maori sickness. … normally what we do, we go home or go to our own. … if I did need that kind of help I would go home and I know where to go.”

(K14)

Should a GP know more about Mate Maori? The kuia above is acknowledging the possibility that a Pakeha GP can learn about these matters but one kaumatua believes that it is too much to expect of a Pakeha GP because “they got enough on their plates now.” (K22)

It seems that the kuia and kaumatua know enough to be able to decide where they need to go. In choosing to go to different Tohunga or specialists, depending on their illness, they are recognizing and acknowledging the different roles and expertise of different people.

It appears from the above that the health needs of the young people will be looked after by their kuia and kaumatua if they keep in touch; if that contact is lost, then they must be more susceptible to negative consequences of ill-health when they become unwell.
5.2 Informing the Patient and Whanau

The GP is an expert with special knowledge of life and health. Consequently, part of the role of the GP is to pass on part of this knowledge to patients and their whanau to allow them to know what to expect, what to do, and how to cope with situations that are even frightening to them. For instance, the approach of death can be frightening, and it is important that the GP provide the information needed by the patient and whanau. Two of the kuia told of experiences involving death of people close to them.

One of the kuia had two experiences of this nature and afterwards felt that she needed to have been better informed. With her first experience, she was not prepared to face the inevitable, but believes that if a doctor had talked through what to expect, she would have been receptive.

... and that GP knows that, that person is dying, ... you're given so much information and you've got to guess, you've got to think to yourself now, 'Is he going to die?' 'When's he going to die?' ... But we had a nurse from a Nursing Agency who came down to stay with us and it was the nurse who actually walked me through the dying thing. And it was excellent. But I wasn't receptive to it. Cause I didn't want to face it, ... When it comes to dying I would like GPs to say "these are the signs that you can look for to help you to be prepared." ... I think that if a GP were to tell me that I'd be more receptive than a nurse. ... It is what I'm saying, that it's to take away the mystery of dying cause I want to be prepared.”

(My italics) (K21)

She then talked about her other experience, and summed up thus;

They're the sorts of things I think a GP could cultivate anyway. ... I don't know that Maoris would be receptive to that, I know I would be, because I'd be more prepared. (K21)

The other kuia had a more positive story to tell.

He asked her, 'How long?' And she said, 'Well between 5 and 6 months,' ... she was right. Six months so when he realised that he was going downhill he said to her, he wanted to know how he was going to die. She said to him, '... you really do want to know don't
you?" And he said, 'Yeh I want to know.' 'I know when you die in agony am I going to be like that?' She said, 'No.' And there's another one ... you know, bleed to death, ... and she said, 'No that's not you.' And he said to her, 'Well what am I then?' She said, '... you're just going to go to sleep and you're going to die in your sleep.' ... And he was happy with that. Because she could sit there and tell him. (K25)

So the role of the GP is to assist the sick person, to explain in a way that demystifies the illness, to heal or repair where possible, to prescribe what is needed. This explains why the profession is "honourable", "sacred", and why prayers are said to help our healing hands.
CHAPTER SIX

QUALITIES OF THE GENERAL PRACTITIONER

In this chapter, I will look at the qualities that the kuia and kaumatua consider a Pakeha GP needs to be able to provide effective care for a Maori patient. In Section 6.1, I will look at the importance of the GP’s attitude towards the Maori patient. In Section 6.2, I will look at the need for the GP to overcome barriers, especially the shyness of the Maori patient. In Section 6.3, I will look at the need for a sensitive caring approach by the GP. In Section 6.4, I will look at the professionalism of the GP. In Section 6.5, I will look at the GP’s communication with Maori patients. In Section 6.6, I will look at some special qualities of the GP.

What are the qualities of the Pakeha GP that the kuia and kaumatua look for which enable the successful establishment of a therapeutic relationship?

6.1 The Attitude of the GP towards the Maori Patient

During the first meeting or two with the GP, the kuia and kaumatua assess the GP as far as they can. The attitude of the GP is a very important early indicator of the likelihood of forming a lasting relationship with the GP.

“... his attitude towards me. Ah his attitude toward me and his questions he ask me ...” (K1)

“It’s attitude really ac, you know I take a person on his attitude. I don’t care if (he is Maori) or Pakeha, I take him on his attitude.” (K11)

“Well I just find out what he’s like. You got to meet him first. ... it’s personality ac. Some doctors got good personality. It’s their personality, the way they treat you when you go and visit them, they open the door, they come in, they show you, they introduce you and they treat you like a human being you know.” (K13)

The first impression sets the tone for what follows. If the feeling is positive, that can be the start of a relationship that is very special to both parties. For one kaumatua a GP became close enough to be like a member of the family.
... if he had to go out past our place or something like that he always called in to see how they were getting on. ... he felt like he was one of the family. (K10)

That GP clearly felt a special affinity with the kaumatua and his whanau, even seeming like a father figure. He was “more like a father” and was able to effectively intervene at an appropriate time to encourage a positive change in the kaumatua’s life. (“If you don’t knock off the booze you won’t see seventy.”)

But what if the impressions are not favourable? What sort of impression can be made that the patient finds he is put off that GP? Clearly certain attitudes do this. In particular, pomposity or lack of humility on the part of the GP can have this effect.

“... but if he’s a bit pompous well I, I’m inclined to back off.”

“... most of them that I’ve known have a, have a, have an attitude of their own you know, this high and mighty attitude ... they knew everything.”

Q: “OK. So GPs you’ve seen ... have lacked humility?”

R: “Yes, yes they did.” (K11)

One kuia commented thus on first impressions (and she relies strongly on her instincts, which she finds serve her well):

... manner for a start. And their approach ... Cause some doctors are elegant ae. Well I don’t think they mean to be it’s their manner. (K25)

A further comment of this kuia also reflects on this “elegance”, which may reflect a lack of humility.

I mean don’t, don’t, don’t talk down to us. Like if I ask you something I don’t expect people to just brush me aside. (K25)

So the attitude of the GP is crucial to forming an effective relationship. If the GP is humble, not pompous or “elegant”, what other qualities positively contribute to the establishment of this relationship?
6.2 An Electric Spark

What does it take for the kuia and kaumatua to warm to a Pakeha GP? It is clear that most of them are looking for the warmth to come from the GP in the first instance. One kaumatua explains that this is because of the shyness of Maori people, especially if they are lacking in education (and many Maori probably will feel that they lack education compared to the GP, yet some – refer Section 6.1 – are not affected in this way).

(Maori) are very shy, you know? They’re shy to especially to approach a Pakeha GP. And ah this is (why) I think it’s the warmth. If the warmth came from the GP first, I think he’d find they’d warm; ... and I think you’ll find, most Maoris especially the ones with not much education like I had, you know? ... this electrical shock has got to come from you fellas, you know? (K18)

As well as the shyness of many Maori patients, there is also their sense of unease which is a significant barrier to be overcome. It is ill-health, or the fear of ill-health, that brings the patient in to be seen, and hence is not in a relaxed frame of mind. One kuia explains it thus:

“Get up on the table.” And they examine you ... then they’d ask you questions. And I feel they don’t make you feel relaxed before. You know you’re all tensed going to the doctor anyway. (K23)

How can the GP help the patient to feel welcome, to feel relaxed? One kaumatua explained that he chose to go to a particular GP

because of his attitude, his friendly approach, his ability to make you feel welcome. Just a little touch of humour, which always helps to make you feel, relaxed. (K18)

The attitude of the GP is reflected in his friendly approach, and he uses humour to help the patient to feel welcome and relaxed. Another kaumatua, whom I could not interview, elaborated in writing on how to help older Maori to feel at ease:
Easygoing manner. To older Maori, show a little empathy. Courteousness - less severe demeanour. Lightly chatty to put at ease. Even light banter - humour. All to put at ease - makes more amenable. (K7)

He seems to feel that contact with Pakeha GPs has led to better understanding on the part of Maori, but that apprehension is still present when the contact is needed, at least by Maori who have remained in rural areas and may be more “traditional” in their outlook.

Maori elders in outback areas could still be somewhat apprehensive. To modern Maori is still dependent on how he is brought up. (K7)

The use of humour clearly has a settling effect on an apprehensive Maori patient, and aids the establishment of a good relationship. Humour is important and has its place in breaking the ice, but one kuia also had an interesting point to make about the “sense of humour ... one that you know is actually listening.” (K21)

She elaborated on the importance of listening. The GP may not be listening, instead he is “just sort of firing questions and not really interested in the answer. And before you’ve finished one answer the next question comes ...” (K21)

She wants a GP to be “actually listening and interested in what you are saying.” (K21)

This need to take the time to listen, and hear the story, requires patience, and time pressure should not get in the way.

It seems that the most of the experiences of this kuia have been unsatisfactory and consequently she had not been able to “get close to” a GP, one she could “feel comfortable with”. She is aware that GPs can have particular strengths but her korero emphasised the need of the GP to listen, to take her seriously, to give her the time she needs, to treat her as a “human being”.

Perhaps this makes sense of a quote that puzzled me:
To me the reason is in the eyes of each other and how they respond (K7)

6.3 Sensitive and Caring

The importance of a sensitive and caring approach by the Pakeha GP in working with Maori patients was commented on by a number of the kuia and kaumatua. One kuia (K24) listed these in a small list of qualities that she believed showed competence in working with Maori patients. Another, who has had negative dealings with Doctors, has found that some GPs “are really sensitive to ... feelings.” (K21)

One of the kaumatua put this in the cultural context. To him, Pakeha GPs should demonstrate some degree of particular traits that are important in Ta Te Ao Maori.

The key I think to a GP’s profession is to be patient, loving, and a little spiritual but above all he must be culturally sensitive. (K18)

He elaborated on this - “to be culturally sensitive is to understand their some, some of their ways ...” (K18)

In taking this further, he affirmed the need to go cautiously into some areas, to not be pushy, to take things gently. By doing so, the GP shows respect for the person and culture, thereby also demonstrating cultural sensitivity. The kaumatua seems to expect that a caring GP would do all of this.

Two of the kaumatua have had GPs who demonstrated these qualities in their dealings with them. They related very well to these GPs and felt very positive about them, even describing one as being “almost like a Maori”. Consequently they were very loyal to the GPs concerned.

“... a caring person and he ... not only just fixes your complaints but he tries to find the causes and all the family problems ...” (K9)

“(Doctor G) was just almost like a Maori. Where he told us to go, when one of my kids had goitre ... he said to my wife, ‘Go down to the beach ... Get the kina and the pauas,’ he said, ‘That’s where
the cure for that is.” ... My gosh he was great, terrific doctor. ... oh we loved him. He had your interest, you could feel it. ... Wonderful doctor.” (K4)

Another kaumatua talked about “going the extra mile”, that is by demonstrating their commitment to the welfare of the Maori patients. Sometimes there are difficulties for patients in even attending GPs at the appointed time, and some follow-up shows that the GP cares.

This man might not be able to get in ... Now you gonna (think) why isn’t he here? Is he not able to get here? ... So if you go looking for him ... I think that’s going the extra mile man. ... That’s right, this is the warmth I’m speaking of yeh. And, and I think they’ll appreciate it, you know. Telephone calls alright, but there’s no beating face to face is there? (K18)

There’s no beating face to face. That actual contact is very important. Going the extra mile may be taxing, and time can be hard to find sometimes in General Practice. But, according to this kaumatua, the effort will be rewarded.

Two kuia spoke about the commitment of their GP which was demonstrated in tending to their husbands in the course of their terminal illnesses. Their feelings related to these emotional times were very positive towards the carers who were involved.

“... like I said it’s the caring. ... Come at all hours of the night. Um, and even if I called on (the GP) at home.” (K16)
“... my feelings for (R) as a doctor here in this area brings up a lot of nice things. Nice things for when (my husband) was alive. All the good things that happened ...” (K20)

IT’S THE CARING; this is what helps the Maori patient to warm to the GP. Maybe, if the GPs care enough about the patients, they may be interested in learning about their ways, even to become involved to some extent in their world.
And like I say if they ask about our Maori beliefs. ... and also if you actually come to our Maori people and ask um our opinion on different things. Even as far as to learn the Maori language. (K16)

In view of recent New Zealand history (refer chapter 3), such steps are very welcome to Maori.

These matters are to do with the personal side of the GP and the GP’s work; what about the “professional” side of the GP’s work? How important is that?

6.4 Professionalism of the GP

While the personal aspect of the relationship between Pakeha GPs and Maori patients is very important, so is the professional aspect. The kaumatua and kuia indicated that they expect the professional to have high standards in his work, to be “thorough and competent. ... professional.” (K24)

Not all Maori look at the personal aspect when going to a GP. Sometimes there is only one GP (in isolated areas); however, the GP is an expert, a Tohunga, and therefore must have the knowledge and ability to help the sick patient; the Maori patient would “regard the doctor as a professional.” (K5)

Because the GP is a professional,

you just got to agree with what he says and what he prescribes for you. And I don’t think personalities come into it. ... he’s given us his professional advice and we abide by that. (K5)

So the patient is going to a person who is a professional, not necessarily to the person. The kaumatua pointed out that the patient is going for very practical reasons; the GP has “something that patient needs.” (K5)

One kuia put it this way; “… he’s got the medicine.” (K14)
Some of the kuia and kaumatua commented on their expectation that a GP would treat all patients equally, something that clearly is important to them.

"he didn’t seem to alter his ah, his way of ah, of practicing (with different patients)"
"And I presume he had the same attitude to (other patients), I never heard of his patients ... say anything bad about him.”

Maori can get the impression that they are not being treated as well as Pakeha if they do not understand the GP.

You hear the Maoris and that they don’t like going to see the doctor and ah I use to ask them, “Why do you say that?” ... And they turn and they said, ‘Oh sometimes they get a bit you know.’ Oh I think it’s because they don’t understand what the doctor’s talking about. And then they sort of get that feeling he’s favouring a Pakeha patient and not favouring them.

Therefore the way a Pakeha GP treats Maori patients compared to a Pakeha patient reflects, in the thinking of at least some Maori, on the professionalism of the GP; it also is taken as reflecting on his personal qualities (refer Section 6.1).

Perhaps the personal is strongly related to the professional.

As stated already, the GP is an expert in health matters. The expertise of the GP is particular to the profession of General Practice, and practitioners are expected to display the skills needed. The racial origin of the GP is not relevant;

It would be mostly because of his skills. And if his skills were there and I was satisfied with him no trouble at all. But I would look for those skills.

One kaumatua stated that his GP has “the expertise that I need.” (K3) He needed the GP’s practical skills. As well as that, he was looking for the knowledge that the GP had acquired, which builds up with time and the experience gained in working with Maori patients. This knowledge would include some understanding of Ta Te Ao Maori (refer earlier) and he is clear that the GP is then capable of working “on my
behalf.” In short, the GP gets to know the patient and his illness. (Patient-Centered Medicine!)

Well, it’s the ah, the experience and the knowledge of the GP that I’d consider. Where his ah, practical knowledge and understanding of on my behalf. Of conditions that we have … (K3)

Learning which conditions individual Maori patients have is part of this process. The GP will find out, by asking, and by checking the old medical records, the medical history of the patient. This is an integral part of patient care.

Well of course after two or three visits he’d read our records … look back on our health ah over the years. Ah that’s the way it was … They always had my record to work by. (K1) (K2)

Because the GP has the skills and the knowledge, he is able to intervene effectively to positively influence the health of patients. The GP is judged by his effectiveness in doing this.

It’s sort of a family you know. I thought oh well he cured me and he set me right again, so I stayed with him … (“…sort of a family …”! The personal aspect is always there!)

“They do a wonderful job when you’re sick, I appreciate that. Cause they’ve kept me alive.” (K22)
“(If) you been to him and he fixed you up well that’s alright. He’s done what a doctor should be doing. Get you well.” (K13)

He’s done what a doctor should be doing. The professional, the expert, is doing his job properly. In the end, the outcome is the key. Another kaumatua also endorsed this in saying that “it would depend on how he was being treated. … Results.” (K10)

This is how a Tohunga is measured, by outcomes. It is not always feasible to get people well. In such situations, the standard of care remains the key to producing satisfaction.

“Definitely if they were getting the care, good care.” (K10)
“… but I think as long as they treat you well and you think they
doing the right thing by you, I think that’s the most important thing.”

(K4)

One kuia was very positive about the expertise of GPs in New Zealand, in our ability to work effectively with patients of different cultures.

I sincerely believe that our GPs are adequately trained and are exposed to people of all cultures, we are a unique multicultural country.  

(K24)

6.5 Communication with Maori Patients.

A particular key to success in the relationship between Maori patients and Pakeha GPs is to achieve mutual understanding. In view of the different background perspectives of the two parties, this can require some effort on the part of the GP. One kaumatu succinctly described the important components of the interaction.

“... she didn’t come from here but she understood the Maori more than most of the New Zealand Pakeha did so. ... she’d query you about different things you know to, to be certain about it, ...”
Q: “So she’d ask questions, she’d make sure she’d understand?”
R: “Oh yeh she’d ask questions yeh that you could answer.”
Q: “OK and then afterwards she’d explain?”
R: “Yeh, she’d explain, she was bloody good.”
Q: “And she’d make sure you understood?”
R: “Yeh, she’d make sure you understood.” (K11)

“She listened”. After the introductions to each other, it is time for the Maori patient to talk about the reason for coming. This requires time, especially as the patient is likely to be shy around a Pakeha GP (refer Section 6.2). Working to a booking schedule can be inhibiting, especially if the GP is busy or is running behind time. One kuia talked about some of her experiences.

And they were patient. ... And I’d never struck that with anyone else before. With any other GP I mean it’s all, always been, well look at my watch sort of thing I’ve got another patient waiting and all, all that. But I felt as if (these GPs) were willing to hear me through.  

(K21)
Dr A Ruakere (**PreMeC case study 86: June 2000) explained the need for time to be given to a kaumatua who was presenting with multiple health problems. The “kaumatua” in the case study was similar to some whom he saw in his practice. The time needed to be given then, when the patient was there. (We have all probably heard the term “Maori time”, which does not go by the clock, but by its own rhythm. If “now” is the right time, then now it must be. This makes it difficult when patients who are not patient – usually, but not always, Pakeha – are having to wait!) How much time is given must affect the formation of the relationship with a Maori patient. It is important to the patient to be able to “talk to (the GP).” (K8) If the patient cannot talk, then “I hold back.” (K8) and then the GP is not able to effectively help the patient.

“She understood.” For this kaumatua, it was very important that he be understood. He was involved in World War 2, and the GP concerned was a young woman. She could not know from experience what the war was like, yet she understood him where others did not.

I like to talk, yeh tell em about me aches and pains ... they weren’t in the war so they don’t understand what I’m trying to tell em. (K11)

One would expect that in a country where almost everyone is relatively fluent in the English language that understanding should be able to be reached. Yet some of the kuia and kaumatua indicate that their experiences prove otherwise. One may wonder whether this is to do with racial differences or even different education (one kaumatua referred to not being educated, and hence shy in the presence of an educated person such as a GP) but it may be much more to do with the approach of the GP which encourages a positive response from the patient.

(**PreMeC is the National PREferred Medicines Centre; case studies are regularly send out to GPs, who send in their responses. Experts, including a GP, then comment on the case and the collated responses of the GPs.)
... it would be how he would project himself towards to me. To be able to communicate with each other. I mean if he can understand what I'm going on about ... (K25)

“She’d ask questions you could answer.” When the GP has reached the stage of understanding the Maori patient, then the GP and the patient can talk on the same level, and the patient warms to the GP; the GP is OK (kei te pai).

As long as you get on well you know. You know you’re on the same standing I think. That’s what I’m getting at you know. Like I think if you speak the same way I do and you can communicate good, I think you’re ‘kei te pai.’ (K25)

One kaumatua had a telling comment on what it takes to ask the right questions, the questions that need to be answered.

If they don’t understand (Maoritanga) then they’re not going to, to ask you the proper questions are they? (K11)

Speaking a little of the Maori language to the kuia and kaumatua will often produce a warm response. If a GP can say something simple like “Haere mai, e noho” then the old people feel really safe, you know. That’s how they feel. ... they were able to communicate ... If they do not understand a Pakeha GP they shrivel up and sort of get all tensed inside. But if they’ve got a Pakeha GP that they can communicate with and can speak with, they’re very happy. (K17)

Once the questions have been asked, the necessary information obtained and examination undertaken, then it is time to provide answers to the patient.

“She’d explain.” The GP now takes over; the GP is the person with the knowledge, and the expertise to start making sense of the situation for the patient.

... they explained things that I have no idea about. (K21)
The patient wants to be informed. The explanation is part of the demonstration by the GP of his expertise and is he expected to "explain thoroughly." (K24)

The explanation should also be direct. Even bad news should be discussed directly.

"Yeh, they were straight. ... Yeh they didn’t fool around."

(K13)

"Cause she told him straight, he asked her she told him. How, that’s what he’s like he likes to be told the truth. ... Even the bad news. ... well I like to be told. Much rather than be told a (lie). Or go around, skirting around you know. Don’t actually tell you a lie or the truth either. You either going to tell me the truth or you’re not.”

(K25)

Being open-ended, rather than direct, is the "wrong way around." (K18) It may suit some people to have open-ended options given to them but it is not the way expected of a Tohunga, someone who is expert in their work. It is best to give a direct answer and to avoid confusion. Indirect explanations will probably result in loss of communication.

Another way to lose communication is to be perceived as being superior. How one speaks, and the language used, is important in maintaining the level of communication.

I mean don’t talk down to us. Like if I ask you something I don’t expect people to just brush me aside. I want to know what the story is with me, don’t brush it aside.

(K25)

"She’d make sure you understood." One kuia emphasised the importance of being involved in the thinking of the GP, and consequently she had an understanding of what was happening, even though the diagnosis was unknown at that stage in the example she gave. (The patient was seriously ill).

But I felt really good, you know I, I thought well he’s thinking about it and I’m allowed to, ah I’m allowed to be part of that thinking and it was really choice ae. ... And um sort of allayed your fears, they took away that fear thing. And I think that’s really, really important.

(K21)
How did the GP allay the fears? The process of doing so starts early at the stage of initial communication. The kuia now gives what for her was the key,

Listened and gave explanations that I could understand. ... And I felt good about that. You know she wasn’t sort of bullshitting.  
(K21)

An important key!! If the kuia feels that she is not being told the truth, or that the GP is not being straight with her, she feels “brushed aside” and thus her opinion is expressed harshly. Another kuia explained how Maori feel if they do not know what is happening in their healthcare;

... they don’t understand what the doctor’s talking about. And then they sort of get that feeling um he’s favouring a Pakeha patient and not favouring them.  
(K2)

They feel that they are not being favoured with the same treatment as Pakeha patients. Two of the kaumatua had talked about being treated “the same” as Pakeha, that is, the GP gave them as good care as they did to Pakeha. I understand the kuia to mean that Maori are favoured with the same treatment as Pakeha and that the problems come from

not serving them properly you know, well not examining them properly. (This is to do with) communication I think it is. .... they don’t understand.  
(K2)

The patient does not understand what the GP is saying and therefore does not know whether the GP has done anything else satisfactorily. Consequently, Pakeha GPs may be seen as unfriendly to Maori patients. Possibly the GP needs to know more about Ta Te Ao Maori. However, if the patient does understand the GP’s explanations, then the patient trusts the Pakeha GP and feels confident with him.

Is it the same for the young as for the kuia and kaumatua? It has been stated that most young Maori are particularly shy.

And so (the) Pakeha GP has got to be able to break through that (shyness). It’s actually confidence I think to, to instil confidence in those young ones. To be able to, for the young ones to be able
to relate back. Cause a lot of them just clam up. They can’t explain, they can’t explain what’s wrong. ... you got to get their confidence. (K25)

Once a GP has broken through the shyness and good communication is established, then “I think you’re home and hosed with them.” (K25)

From what has been said, being patient, listening, gently encouraging and explaining simply is important. If an older person can come with the patient and speak for him or her, that also helps the consultation process. And if the communication is right and the work done in a caring way, then the GP is “bloody good”! (K11)

6.6 Some Special Qualities

A point made by one kaumatua is that doctors have a special gift which is particular and not universal. There is recognition of the special nature of the work and of the person (Tohunga) involved.

Any doctors I have been to have, had that special gift. That talent being able to heal people. It’s not given to everybody ae. (K18)

For GPs to be able to work satisfactorily with Maori patients, GPs need to be able to be respected. There is the mana that goes with the profession as well as the personal mana that the individual GP acquires.

... to be able to get on with a Maori ... that doctor he’s also got to have that certain something. So yes you could be right it could be mana. (K25)

An example was given of the commitment that shows particular caring by a Pakeha GP towards a Maori patient. This example indicates that the rules regarding boundaries may be viewed somewhat differently within Ta Te Ao Maori compared to Te Ao Pakeha. A special bond had developed between a Pakeha GP and a Maori patient who came down with a terminal disease.
Yeh. I know you can’t get too close. ... Well for a doctor he’s not suppose to, to get that close to a person ... (Dr K) met him and realised what sort of a man he was. And they got on well ae. But he was like a father to her. ... She was great. And she had it. She had that thing. ... (She) use to come and see him everyday (when he was dying). Use to go out there and bawl like anything. She’d bawl coming in. ... I know you’re not suppose (to be emotional like this) towards a patient ae. ... Yeh well she had it you see. ... You could talk to her you see. She was great. I had me utmost faith in her ... (K25)

At a time when getting close to patients is “risky” due to boundaries not being respected, this is a challenging story; the GP concerned became very involved and that was highly valued for the Aroha displayed in her work.

I have listed the qualities of GPs that the kuia and kaumatua seek when attending a Pakeha GP. They want a GP to be both human and professional, and to be able to relate to the person of the GP. Herein lies the healing potential of the relationship.
CHAPTER SEVEN

THE GENERAL PRACTITIONER’S KNOWLEDGE OF TA TE AO MAORI

In this chapter, I will look at what a Pakeha GP should know of Ta Te Ao Maori to be able to work effectively for Maori patients. In Section 7.1, I will look at whether the GP needs to know about Ta Te Ao Maori. In Section 7.2, I will look at the need for the GP to take the step into Ta Te Ao Maori. In Section 7.3, I will look at what the GP should know, and how far he can delve if he wishes to develop a deep knowledge of Ta Te Ao Maori.

The worlds of the Pakeha GP and the Maori patient are separate, yet they can and do overlap, perhaps even becoming one in some circumstances in the provision of medical care. Is healthcare improved for Maori when a Pakeha GP makes the effort to learn about Ta Te Ao Maori? Does this help to establish and maintain a good therapeutic relationship with a Maori patient?

7.1 Should the General Practitioner Know about Ta Te Ao Maori?

One kuia does not even consider this issue when deciding to go to a Pakeha GP.

When I go to my doctor, to a Pakeha doctor I actually don’t think of that. It has never entered my head that I should look for any part of Te Ao Maori that should be there for me to, to be attracted for me to go to him. I didn’t go to him for, for that. (K14)

This kuia goes to the GP for her specific health needs relating to “normal” illnesses. To her, a Pakeha GP is not an expert in Ta Te Ao Maori. Another said, about the understanding her GPs have of Ta Te Ao Maori, that “some of them do. But some of them can’t understand what it is.” (K12)

Does it make any difference to her whether they do or not? Her answer is clear; “Nah. Doesn’t make any difference to me.” (K12)
So it appears that a Pakeha GP can do his work for Maori patients without knowing the background of the patient, yet should it be useful to know something? According to another kuia, “But it helps. Yes, but it helps.” (K2)

The desire of a Pakeha GP to know about a Maori patient produces positive feelings in return, not only for the patient concerned but for those around him;

I just had the feeling that he was willing to understand a little bit more about where my brother was at. (K21)

(This kuia’s brother had responded in a very positive way to the GP concerned.)

Some have found that some GPs are interested in their patients as Maori and others are not interested, or do not seem to think it is important to do so. One kuia made a very interesting observation about how she is viewed.

But most of the doctors have treated me as, not as a Maori but as a person in New Zealand I think? (K19)

Therefore, does it matter that a GP understands the patient as a Maori, rather than a person in New Zealand? Does it matter that they understand the patient’s Maori side?

“I would say yes.” (K10)
“Well to me it would be good if they did ...” (K23)

One of the kaumatua (K11) thought that a lot of Pakeha do not understand Maoritanga, yet it is important to him that they do. He found that Pakeha GPs tended to have a “an attitude of their own”, a “high and mighty attitude” which, he seemed to imply, would be different if they understood Maori and Maoritanga.

If a Pakeha GP is to treat Maori patients effectively, he needs to have some understanding of Maoritanga, otherwise “they’re not going to ask you the proper questions are they?” (K11)

If a GP makes the effort to learn “the Maori ways, or if they’ve learnt about Maori I think that’s when they have a better understanding of Maori people.” (K25)
Some doctors are seen as managing to understand Maori, whereas others do not seem to Maori to be interested.

“And some doctors do understand the Maori people and their ways.”

“I been to some GPs that never even bother about those sorts of things. ... Not all GPs are interested.”

7.2 To Take the Step

How are Pakeha GPs to make the step in learning about Maori and their ways? Over time, a GP would get to know the Maori patients and is expected to make a point of learning about them and their culture. “And then the only way the GP would become accustomed to his Maori patients would be through legs of time. I mean he’ll gradually understand them, understand his patients, understand their culture. Then he makes it his business to understand their culture. To know their culture.”

Through being involved in a community, a GP would almost inevitably learn about the local people and their ways. If the community “where he administers his profession is totally Maori, like the East Coast use to be once upon a time,” then it seems that a GP must learn about the Maori there, “just by being part of the community.”

Times have changed. Pakeha are present throughout New Zealand. Maori are still present, but their presence is not strongly visible in all of the country. If the GP is to learn about Maori, what must he do?

Well I think they have to learn, learn ah the way some part of the living of Maori anyway ae. How they move around. They have to go and meet ... speak to them.

Where is the GP to go to meet Maori? The marae is the focal point for Maori people to get together, and a number of the kaumatua and kuia strongly emphasized that the marae is where Pakeha GPs should go to meet Maori.
“Some GPs would make it their business to come along to the marae.” (K5)
“... and his knowledge of the Maori world. That he’s involved in ah visitations to maraes amongst the people.”  (K3)
“... being involved amongst the Maori people. Both on the marae and also the house visits, plays a major part as well.” (K15)
“... if he had anything to do with Maoritanga, whaikorero and one who would be visiting marae and giving talks and advising our people.”  (K17)
“... you got to go and look, stay on a marae.”  (K11)

A significant aspect of the importance of attending the marae is that tikanga Maori rules there. By going onto the marae, the GP is moving into the Maori world, moving among Maori in their own setting. A GP shows an ability and a desire to work with Maori by being seen among them, “moving into the Maori world, their thinking, their tikanga and their culture.” (K17)

Two of the kaumatua specifically referred to attending tangi.

“You know spend a weekend or a day there at a tangi ... you’ll understand the Maori better (by attending) a tangi ... than any other way.”  (K11)
“We sometimes judge the GPs by what they’ve done. Sometimes we have functions. Particularly funerals ...”  (K5)

GPs are “judged” by what they have done! When a GP turns up at a tangi, that act produces a very positive response from the Maori people there. It helps the Maori people to feel positive about that GP.

... nothing will draw the Maori toward that person (more than) by just seeing his presence there. ... just by him being there. You’ll see, that Maoris will relate to him far, far better. In fact he might even get more, more clients, Maori people that way. Once they’re satisfied that he is prepared to come there, prepared to be part, part of us, part of culture, right we’ll patronise him.  (K5)

This is clearly a very positive response, that Maori feel prepared to trust and go to a Pakeha GP who shows by his attendance that he is willing to enter into the other world, the world of the Maori. This is affirmed by another kaumatua, who is very
reluctant to go to a GP who does not have involvement in Ta Te Ao Maori.

... you being involved amongst the Maori people. Both on the marae and also the house visits ... Yeh. My feeling towards you knowing Te Ao Maori. ... I relate to you for any part of my body better than I would a doctor that don’t understand Maori, Maori at all. Cause I know you got ah Maori in you and you got ah the feeling of the, the Maori in you. (K15)

Being involved in Ta Te Ao Maori and “working with Maori people” enables the GP to learn things that would not be learnt any other way. “... it’s understanding that’s what it is.” (K25)

The development of the GP’s understanding of Ta Te Ao Maori has the positive effect that Maori can expect value from the GP “being involved in these issues would be a great aspect for the, ah Maori patients.” (K17) and the GP is able to be effective in areas he would not know about if he was not involved. Thus the GP can provide much better healthcare for Maori patients.

... if he had anything to do with Maoritanga ... he would be the one that I would go to ... because he was able to advise us on things that some other European doctors do not know or not capable of not giving. (K17)

Another kuia finds she is satisfied with where her GP’s involvement and, his knowledge. She is able to get what she needs from him.

We’ve even had him down here at kohanga for lunches and that’s how easy they are moving in and out. I can’t think of anything that he could up-skill his knowledge of Maori things. I’m quite satisfied with where he is. (K14)

Thus the kuia and kaumatua seem confident that they can get good healthcare from a Pakeha GP who has become involved in Ta Te Ao Maori, but “that needs to be the step, yes.” (K17)

As another kuia puts it, “Well I don’t see why not. Really, after all we did hahaha.” (K25)
How deeply should the Pakeha GP go into Ta Te Ao Maori? Should the GP know about rongoa and its use, the reo, whakapapa and whanaungatanga? Would it make a difference to the care provided?

7.3 What Should The GP Know?

Should the Pakeha GP know about the usage of Maori rongoa? The kaumatua and kuia have used it and some (most?) still do, and some of them use it regularly. It is feasible that the use of rongoa may conflict with, or affect use of, the medicines that we prescribe. Should we ask about its use? The kaumatua and kuia have not been asked by many GPs about their use of rongoa, many seemingly not at all. One kaumatua who had never been asked, “offered” to his GP the information that he used it but felt that GPs “leave that to the Maori world”, a sentiment reflected by some of the other kaumatua. One kaumatua explained that this traditional knowledge is “handed down” (K3) and that it is not necessarily relevant whether a GP asks or not. Others (K1, K2) also thought it was not very important whether a GP asked. Another felt that it is “up to him (the GP)” (K9) whether to be interested or not. One kuia thought that rongoa is important but responded “Nah” (K21) when asked whether a GP should ask about it.

In contrast to these views, two other kuia were more positive about a Pakeha GP showing interest in rongoa Maori. One, whose mother was “a great one for Maori medicine” and combined its use with those she had prescribed by her GP, explained why this is so important to her.

It shows you not only think of your own medicines (but) you also think of ours. (K16)

To this kuia, showing interest in her culture reflected the caring attitude of the GP. The other kuia was also definite that the GP should know about rongoa usage. She also explained that some Maori may be reluctant to tell the GP very much because “they could make something out of it.” (K17)

They do not want commercial exploitation of their traditional knowledge by Pakeha.
Should the GP learn about the background of Maori patients? For one kuia, this was not a concern; if the GP “wanted to learn he can learn.” (K25)

However, one kaumatua expected that the GP would learn the background of his patients from other cultures, that the GP “should study their background, obtain knowledge, habits and spiritual beliefs” (K18) and that this would be welcomed by the patient. Knowing the immediate family of the Maori patient “gets you across the bridge too as far as Maoritanga is concerned. … I think that’s half your battle. Getting to know the Maori patients.” (K18)

When he first goes to a GP, he seems to expect that the GP will already have some knowledge of him, at least something about his culture, as he stated above.

I think that goes without saying. You chaps have already checked up on me background I guess. … (GPs) do inquire after their patients, don’t they? Try and get some information on their background, don’t they? Or do they wait till they get the patient then get the background? (K18)

After all, Maori spend a lot of time finding out about the GP, so perhaps the process is expected to work in reverse! It may be that the GP, as an educated person, is expected to have a broad knowledge of people and cultures. Furthermore, it is clear that any effort made by the GP to learn about Ta Te Ao Maori is likely to be appreciated and rewarded.

How much of the reo should the GP know? In any consultation, it is important that the patient and the GP understand each other, for the consultation to be effective. For a Pakeha GP to fully understand someone of another culture, there will be barriers to overcome. The first barrier

would be language, wouldn’t it. That would be the first difficulty that a GP would have, in dealing with a Maori client. (K5)

It seems logical that, if a Pakeha GP can speak Maori, Maori patients would respond well to that GP. One kaumatua explained that he is able to relate to a Pakeha GP who understands Maori; for him, his GP must have “some relation to Maoridom”
(K15) and that having some understanding of the language is important because “it plays a vital part in Maoridom.” (K15)

For a GP to understand the language, he or she would have to be involved in the culture.

Maori and English are official languages in New Zealand, however English is the predominant one. Although Maori (te reo) is the indigenous language, it is not the first language of many Maori. Maori grow up learning English;

“... we weren’t allowed to speak Maori at home. ... everything was Pakeha.” (K25)

Does it matter to her whether her GP can speak Maori? “(If) they can say kia ora fine, but it’s no big deal.” (K25)

But for others it was very important that a Pakeha GP could say a little in Maori, especially to “the middle aged and onward” (K18) which helps to “break down the barriers” (K18, K19)

What would help to achieve this breaking down of the barriers? Not much; only a few well-chosen words!

“Just a kia ora, tena koe.” (K5)
“Kia ora, kei te aha koe.” (K6)
“Hello or Tena koe, kei te pehea koe?” (K17)
“The important ones are: “Tena koe. Kei te pehea koe.” ... the greetings.” (K18)

In te reo Pakeha, “Hello” and “How are you?”

Does it matter that the pronunciation is correct? (One hears Pakeha using Maori names or terms but often the pronunciation is incorrect.)
"I don't think the pronunciation really matters. ... Whether it's right or wrong but you are making an effort to speak to him in his own dialect." (K5)

"And they'll appreciate that." (K6)

How does this help the GP in his work with Maori, especially the kuia and koroua? Greeting the elderly in Maori clearly helps enormously in breaking down the barriers to good communication in the consultation.

The biggest thing of all ... if he greets them in our language ... They sort of feel they are able to speak to him and they do open up. (K17)

One kuia, who had been a nurse, (and who has fair skin) found that this had the same benefit for her in her work. She would "... greet them in Maori. ... And they sort of relax ah that’s how I use to relate to them.” (K6)

She found that the kuia “sort of melt.” (K6)

A kaumatua explained this reaction by the kuia.

(They) are very, very receiving of that kind of thing you know see their faces light up. They say, "Oh you know that fella wants to speak to us in our own tongue, he wants to relate to us." It means a lot to them. (K5)

With a greeting in Maori, the most important barrier between the (older) Maori patient and the Pakeha GP has been broken. The patient comes in. One kuia suggests telling them then to

"come (in), sit down (‘Haere mai, e noho.’) They do feel oh this is good, this is good, I like this doctor because he’s speaking Maori to me.” (K17)

Because of this, because the GP could greet the kuia or koroua in Maori, the patients “feel really safe, you know. That’s how they feel.” (K17)

The lines of communication are opened up, whether the GP knows any more of the
reo or not. The patient is able to speak with that Doctor (who cares enough to learn something of the culture), and

if they’ve got a GP, a Pakeha GP that they can communicate with and can speak with, they’re very happy. \(\text{(K17)}\)

and the relationship is established. The GP will find out what the patient is really there for, and will be able to use his skill to help that patient. Only a few words are required.

If a GP is interested in learning about Ta Te Ao Maori, how deep is it reasonable, or feasible, to go? We GPs have our own area of expertise, and are already busy, and this is recognized by others. We are “only human” and have “enough on (our) plates now.” \(\text{(K22)}\)

To fully understand the Maori culture means understanding the spiritually and also tohungaism. One kaumatua feels this is “totally beyond” the GP and that, from the GP’s professional point of view,

there wouldn’t be any need for him to know a lot about it, unless of course he’s very, very interested in that sort of thing. \(\text{(K5)}\)

If a GP was interested enough to want to know so much about Ta Te Ao Maori, then he needs to go to the right people to learn from. There are the people who have the special knowledge and that, if a GP (or anyone) is to learn,

... he go to certain ones. They’re well versed in the Maori culture, in the Maori language and he asks his advice. And the person will tell him all this kind of things if he very interested in it. \(\text{(K5)}\)

Then the GP may get a deep understanding of Ta Te Ao Maori.

How far will this help in working with Maori patients? One kaumatua said that, if the GP was fluent in te reo, it would make “no difference” \(\text{(K13)}\) and one of the kuia said that “the Maori side as far as I’m concerned stays with me.” \(\text{(K14)}\)
Is it, then, a disadvantage being a Pakeha GP if the patient is Maori? It has been stated that having only a few words of Maori helps to break down the barriers very effectively. Maori patients come to us for the skills we have; they need something that we have (such as the medicine). Some of the kuia and kaumatua would go to a Maori GP, even just to support someone from a race which has not had a “fair go” in Te Ao Pakeha. However, one explained his perspective, which favoured Pakeha GPs. He explained that a Maori GP

should be knowledgeable (in Te Ao Maori). So am I. So we are both in the same field. But for him to teach the Pakeha knowledge I’d be wary. (K15)

He regards our knowledge and expertise as belonging to Te Ao Pakeha, and for him “The Pakeha one with the knowledge of Te Ao Maori, that’s me.” (K15)

He needs to know the GP, and to see his involvement in Te Ao Maori. It is important to him to be able to respect the GP (refer “Mana” in Section 2.2.2), and he summed up thus;

Ah it’s like a horse. You got to break it in before you can ride it. And you’ve got to see it broken before you. (K15)

It helps if the Pakeha GP is trained, by the right people, to work in Ta Te Ao Maori!
CHAPTER EIGHT

"LEGS OF TIME"

"And then the only way the GP would become accustomed to his Maori patients would be through legs of time. I mean he'll gradually understand them, understand his patients, understand their culture."

(K5)

One expects that over time the relationship between a GP and a patient grows and works to the benefit of both in provision of healthcare. Is this the case for Maori patients, and if so what is gained over “legs of time”?

Although some patients try “to avoid going to doctors” or go to see “whoever is around”, most prefer to have a long-term relationship with the GP. As long as the patient has warmed to the GP, he or she is likely to stay with that GP.

I don’t like searching. I’d rather stay with one doctor once I’ve started with him because you get to know them. (K9)

The need to get to know one another is important to the kuia and kaumatua. One kuia talked about her and her husband’s meeting up professionally with a GP whom he had known at another place. They already had knowledge of and respect for each other and their therapeutic relationship developed; over “about three or four years, five years (K) got to know him properly.” (K25)

Another kuia had emphasised the value of knowing the GP and how it affected the relationship. “We know you and that makes all the difference.” (K20)

It takes time, as mentioned above, to get to know patients. The time spent together in professional consultations is a valuable part of developing the relationship, and helps the GP and patient to “actually get to know one another …” (K16)

Even outside of the consultation, the Pakeha GP can make the effort to get to know his Maori patients. The GP can, by mixing and asking questions, gradually come to “understand his patients, understand their culture.” (K5)
In Section 7.2, some kaumatua emphasized the value of attending tangi to get a real understanding of Maori. One kuia spoke about a GP who had done this and went often into Maori settings, and of the gains for both parties;

... he mixed with the Maoris a lot that he got to understand us a bit better. ... he sort of became part of us and we got to know him and he got to know us. (K23)

The Maori responded positively to a GP who came to

ask about our Maori beliefs. ... actually come to our Maori people and ask our opinion on different things. (K16)

and they developed lasting relationships with that GP. One kaumatua explained that he was wary of allowing any doctor to be “taking over my body” (K15) but that he was able to relate to the GP “for any part of my body better than I would ah doctor that don’t understand Maori, Maori at all.” (K15)

For him, the demonstration of commitment to learning about Ta Te Ao Maori meant that he would trust that GP to look after what was “holy” (refer Section 4.1) to him.

The age of the GP seems to be irrelevant in the relationship. One kaumatuva said that he “never thought about his (GP’s) age.” (K10)

Another compared two GPs, both of whom he had been happy with, and both had provided good treatment for him. One was the “old family doctor” who “would talk of many things - ... a very interesting man.” (K7)

The new GP was “youngish, (with a) modern outlook, computerized office” (K7)

The special time of looking after a patient with a terminal illness has the effect, not only for the patient and the GP, but also for family members, of “sort of (bringing) us quite close.” (K16)

This kuia commented that, when the GP had visited her terminally-ill husband, “he’d
always sort of reassured him ...” (K16) and he would “Pick up a bit, you know.” (K16)

This reassurance is very positive for the patients, perhaps the kuia in particular. (The kuia were the ones who talked about this.) The presence of the GP is reassuring. If the GP is away on holiday, the absence is noted;

My family kept on asking me, ‘When’s Doctor (R) coming back?’
It’s not as if everybody was sick it was just that (Dr) weren’t there.

For her and her family, it is reassuring “just knowing that (the GP is) around.” (K16)

It may be that the physical presence is not the issue but the spiritual presence (wairua) has beneficial effects for the patients.

As a consequence of the strength of the relationship that develops, the kuia felt confident that they could contact the GP even at the hours we all want to be asleep.

“Come at all hours of the night. ... if I called on you at home.”

“Yeh I can ring them anytime ... I feel really secure. ... That I felt really good about disturbing them in the middle of the night. I don’t feel good about disturbing anyone but I didn’t feel afraid to.
“In a way you know you could ring him up if you were scared at night.”

It was not a privilege that they abused; they are all very aware of respecting the GP’s needs too. But they all appreciate the GP being “there for me and my kids.” (K16) “The mother will do anything to see their children get through.” (K25)

As the Maori patient and the GP get to know each other well, and the GP shows interest in, and respect for, Ta Te Ao Maori, the level of trust also develops and “if I’ve got a doctor I’ve got trust in that’s the one I’ll stay with.” (K25)

Furthermore, because of the level of trust, the patient feels that she
could tell him the deepest secret after awhile anything that mattered
I felt that I could talk with him and he was caring. (K23)

One of the kaumatua said of one GP; “We loved him. Yeh. ... we would never have
changed him. We would never.” (K4)

A kuia said of her GP that “we grew to love him over the next 30-40 years” (K24)
and that

somehow you had the confidence to put your life in their hands
and you allowed them to do the healing. (K24)

She had got to know her GP, and he got to know her. She developed very positive
regard for him, and the level of trust grew to the point that the therapeutic
relationship was a healing one. This is what we want to be able to do for our
patients. This is the stage where we can use

that special gift. That talent being able to heal people. It’s not
given to everybody. (K18)
CHAPTER NINE

DISCUSSION

Before I analysed the interviews, the topic I had in mind was whether the Patient-Centered Medicine model is an appropriate one for Pakeha GPs to use in consultations with Maori patients. The kuia and kaumatua talked about their world and the interface with Pakeha GPs, and what they had to say led to a change in the chosen title. So, what is Maori Patient-Centered Medicine?

First, however, how suitable is the Patient-Centered Medicine model for Pakeha GPs to use with Maori patients?

9.1 Is the Patient-Centered Medicine Model Suitable for Pakeha GPs to use in Consultations with Maori Patients?

These are the elements of PCM (Stewart et al. 1995);

1. Exploring both the disease and illness experience
2. Understanding the whole person
3. Finding common ground
4. Incorporating prevention and health promotion
5. Enhancing the Doctor-Patient relationship
(Refer Section 1.1)

When I first analysed the information from the perspective of this method, I found little to do with the disease aspect of element one, or of elements four and six, whereas there was much to do with the other elements. This is probably accounted for by the cultural unwillingness of the kuia and kaumatua to talk about what is another’s area of expertise. These elements may be viewed as being entirely within the area of expertise of the GP, or other Tohunga, and therefore the kuia and kaumatua will not talk directly about them.
With regard to the disease aspect of element one, some of the kuia and kaumatua did talk about their medical conditions and experiences of injury but, upon analysis of the interviews, I did not find anything that I felt would enlighten the Pakeha GP on the disease experience. However, they did have much more to say about the illness aspect. Including in the Patient-Centered Medicine model are the following “principal dimensions” of the illness experience for patients;

(a) their ideas about what is wrong with them
(b) their feelings, especially fears about being ill
(c) the impact of their problems on functioning
(d) their expectations about what should be done

The kuia and kaumatua made some comments on their ideas about what was wrong; sometimes they knew - “like my asthma” (K14); another told the story of her deaf aunt who told the doctor what to do, when it was the doctor’s role to advise her! One kaumatua had very clear ideas about his illnesses – they are related to his experiences in the war; his GP needed to understand this to be able to help him. He was also very explicit about the effect on his functioning - “buggered the next day” (K11). One other kaumatua detailed the impact of his prostate disease on daily functioning, even how it affected going shopping.

Some referred to the feelings of the sick person. One kuia explained that Maori have their fears when going to the GP; they are tense; they are worried about what is wrong, but they also worry about being separated from their whanau. Consequently, they may not tell the GP everything, even when they have “gone to that GP for years.” (K23) The kuia who had lost her tane, her brother and a sister reminds us that the patient is not the only one to be affected by the person’s illness; other members of the whanau are affected, and endure their own illness experience even though they are not the sick patient (refer Section 9.2 for further comment).

The kuia and kaumatua do have their expectations about what should be done, or at least achieved. Two of the kuia described going for the GP “to prescribe something for me” (K2). One kaumatua was less concerned with the methods than the outcome - “all we worried about was getting well” (K13); their expectation is that the GP will enable the patient to get well - “Results” (K10).
Is it possible to understand the whole person (the second element of the Patient-Centered model) without understanding the culture? The “whole person” includes the context of the patient’s life setting, the stage of personal development, the family, and the cultural beliefs and attitudes of the patient. The kuia and kaumatua talked about their culture and emphasised that the GP can be more valuable to Maori patients if he or she understands the culture. The authors of the Patient-Centered Medicine model also state that “understanding the whole person can deepen the doctor’s knowledge of the human condition, especially the nature of suffering and the responses of persons to sickness.” The kuia and kaumatua believe this; from my experiences, I believe this to be true and I suspect that most GPs would agree.

The third element is about developing an effective management plan through the doctor and patient reaching agreement in three key areas, which are
- the nature of the problems and priorities
- the goals of treatment
- the roles of the doctor and the patient.
To be able to do this, to be able to achieve the “meeting of minds”, the key is to understand the roles of the respective parties in the consultation. The GP will not find this easy to achieve if he lacks knowledge of the culture; “… if they don’t understand (Maoritanga) then they’re not going to ask you the proper questions are they?” (K11)

There was no discussion pertaining to element four (incorporating prevention and health promotion), although this may be a reflection on my questions.

The fifth element is about the need for continuity of care, and building an effective long-term relationship with the patient; the kuia and kaumatua value these also - “I’d rather stay with one doctor” (K9). They expect that the ability of the GP to heal will develop over time as the patient becomes confident with the GP and allows his hands to “do the healing” (K24). There is also agreement that the GP uses personal qualities to build and enhance the relationship with the patient (refer Sections 6.2 and 6.3). Furthermore, the authors emphasise that the GP learns about the patient over time and
can use this knowledge to the benefit of the patient. The kuia and kaumatua share the belief that a good relationship builds over “legs of time” (K5).

Under element six of the Patient-Centered model, the following dimensions are listed;
- the doctor manages time efficiently for the maximum benefit of their patients
- priority setting
- resource allocation
- teamwork

Two kuia talked of experiences of teamwork involving doctors and nurses. They were appreciative of having the benefits of both professionals in attendance and working together, but only one commented on their specific work; she wanted the information relating to her tane’s impending death to come from the GP rather than from the nurse; it is her view that this is the GP’s role to do this. Patients want clear information from the expert so they know what to expect, how to recognize the signs, and how to manage the situation.

One kaumatua commented that GPs have enough on their plate; some matters are for others (e.g. the whanau) to deal with (this is about roles and setting priorities; we cannot do everything and should not try to do so). I found that the need to manage time efficiently was challenged in the sense that time management would usually mean doing things in a way that people do not have to wait for too long. Yet it is very important to take the time to make sure that a high level of understanding is reached (refer Section 6.5).

I suggest that being realistic is about doing what one can at that time with that patient. If something comes up that needs to be dealt with, but is not, then the patient is unlikely to come back.

Therefore, one can say that the elements of the Patient-Centered model are suitable and applicable to the interaction between a Pakeha GP and Maori patients. The model has validity. It recognizes that the patient has a culture and that it may be different to the culture of the GP. It seems to me, however, after analysing the interviews, that the model is insufficient without something more. Maybe the context of the GP’s work needs to be considered.
9.2 Maori Patient-Centered Medicine

The crucial point seems to me to be the need to be Maori-centered. During the interviews, it became clear that Ta Te Ao Maori and Te Ao Pakeha are different entities (refer Section 2.3). The kuia and kaumatua talked about their world (Ta Te Ao Maori) and the changes since the coming of Pakeha and the domination of the latter's culture - “everything was Pakeha, right?” (K25) over their own.

Despite the changes, Maori retain values and ways passed to them from their tupuna. New ideas have been adopted (for instance, Christianity), in ways that add to their spiritual values rather than supplanting them.

When the kuia and kaumatua move within Ta Te Ao Maori, they still have their tikanga to guide them. The elements described by one kaumatua (whakapapa, whanaungatanga, te ritenga, te rereke) form their framework for describing the world, and embody the “spiritual, mythical, traditional, historical, physical, psychological and political” (K22) aspects of Ta Te Ao Maori. Through tikanga, Maori relate to the world, to the universe, to each other, and in very personal terms. Everything and everyone has wairua, and all are interconnected. When they move within Te Ao Pakeha, they carry with them their culture, their values, which guide their assessments of people they meet and situations they encounter.

Roles have been discussed in some detail by the kuia and kaumatua. Everyone is valued for what they can contribute to the whanau or to the hapu. Everyone has a role, everyone has a level of responsibility. Those who have greater mana have a greater level of responsibility. Those who have received special or higher education are recognized as Tohunga, and this transcends racial boundaries. A Pakeha GP is a Tohunga. A specialist from another culture is accommodated within Tikanga Maori. The role and the framework are there for the outsider to work within Tikanga Maori. The kuia and kaumatua have clearly indicated that Maori welcome a Pakeha GP who is able to relate to them and who is prepared to make the effort to “go and meet them” in their setting (marae), and to learn their ways - “I learn your way, you learn my way, and we’re OK”. (K25). By learning “their way”, the GP learns how to help Maori, for instance by knowing “the right questions” to ask.
Does it follow that the GP should work within a Maori setting when seeing Maori patients? I do not believe that it has to be so; a Maori patient moving within Te Ao Pakeha still carries his Maori culture with him, and that will not be different when going to a Pakeha GP at his rooms. The setting may be Pakeha but the context of the consultation should still include Ta Te Ao Maori, so the context is still the meeting and overlapping of the two worlds within the consultation. This is really no different to any other consultation, but the specific culture that the GP comes face to face with is Maori.

Consequently, being Maori-centered for a Pakeha GP is being tikanga-centered; the GP works within the perspective of tikanga Maori, the framework is there for the Pakeha Tohunga to apply his expertise. These are the things that the kuia and kaumatua emphasised. Dr S Gunatunga (personal communication) emphasised the same perspective (tikanga) when he stated that “Maori patient-centered medicine is based purely on Maoridom”. He has found this from his own experience, and gave the following example;

“I remember long time ago one elderly Maori patient told me ‘eye is sore, urine no good.’ I could not interpret what he was telling me. Later I found out that he had been applying urine to the sore eye (perhaps due to cultural influences), and that is why he said ‘urine no good.’ There are so many instances like that …”

He explained that Maori go away after seeing us and “do what they want according to their culture.” This may not be in accordance with the GP’s advice, which may not take tikanga into account. This reinforces that a tikanga-centered GP is more likely to be effective than one who is not.

When a Maori patient comes in to consult a GP, he brings his world view, which reflects his cultural background. Although some rangatira seem to feel no sense of inferiority to the educated GP, Maori are “shy to approach a Pakeha doctor”. (K18) The kuia and kaumatua talked about the GP using himself to break barriers (refer Section 6.2), by greeting the older people in Maori - the kuia “sort of melt.” (K6) -
and by the suitable use of humour; but, as one kuia stated, it has to be a “listening” sense of humour.

The GP brings his specialist knowledge and abilities to the consultation, as well as his cultural background. He also is looking to using his skills to help the patient. To be able to use his skills, he needs to be able to relate to that patient. It has been emphasised that the GP needs to know something about Maoritanga to be able to ask the right questions, and that to know that, he needs to meet Maori on their territory. Once he has done this, he and the patient can relate to each other, especially if he already knows something of the patient’s whanaungatanga which takes us “halfway across the bridge” (K18). The patient then has confidence in the GP’s commitment to Maori and can expect his confidence in the GP to be rewarded in his healthcare.

A good level of communication was emphasised by the kuia and kaumatua as being essential to achieve what is desired by both parties. It is important to speak the same language—“talk like me”, and not in an “elegant” manner (K25); “she’d ask questions I could understand”, “she made sure I understood” (K11). This comes from listening intently to the patient so that both communicate properly. The patient knows that the GP is applying his or her expertise and understands what is happening and what is to be done. Now the GP is fully across the bridge. The barriers dissolve and the GP is “home and hosed” (K25). If then the outcome is a cure or best possible care for the patient, then the GP is doing his job, and, incidentally, proving that he or she is a Tohunga—“results” (K10).

In discussing element one in Section 9.1, I noted that more than one person may be enduring an illness experience although only one person is sick. A kuia had talked about how illness of others in her whanau affected her. She needed to be involved also in knowing what was happening and how to manage the situation. Furthermore, when a patient comes to see the GP, it may have been a kuia or whaea who sent the patient in. So, directly or indirectly, more than one person may be involved in the consultation. So the GP is dealing not only with the presenting patient, but also with others of the whanau. Mason Durie (1998) has written about the Tapawha model of healthcare which incorporates the whanau component.
Another point I wish to discuss is what I perceived to be the Doctor–centeredness of the kuia and kaumatua whom I interviewed. Part of their way is to learn as much as they can about people, and GPs are discussed far beyond their working area. The kuia and kaumatua responded very warmly to any GP who takes the step into their world, who takes the trouble to ask questions so that he or she can learn about Te Ao Maori, and who learns a little reo to use especially to make older Maori feel at ease in their presence. Maybe such moves are appreciated all the more because of the historical background of Maori-Pakeha relations in New Zealand.

Is Maori Patient-Centered Medicine covered in the education of Pakeha GPs? The Royal New Zealand College of General Practice covers cultural health issues in the GP Registrar education; included is “a module on Maori health issues.” (Dr. Pamela Hyde, personal communication). A cultural workshop is included, “often occurring on the local marae in which Treaty issues are looked at as well as culturally competent ways of working with Maori patients and their whanau.” Dr Hyde explained that “Tikanga Maori is offered to Maori (GP) registrars.”

Interesting initiatives which seem to be valued by all parties who are involved are being made within the Medical Schools in New Zealand. Medical students at the Otago and Wellington Medical Schools spend a week immersed in the communities and culture of Ngati Porou in Te Tai Rawhiti; the students relish the experience and gain confidence in Te Ao Maori (Dr P. Ngata, Professor T. Dowell, Associate Professor J. Broughton, personal communication). However, the teaching of tikanga tends towards “fragmented opportunities through the curriculum” (T. Dowell, personal communication). How well the present methods work in the longer term is yet to be determined; and there may prove to be more effective ways (Dr S. Crengle, personal communication). The best time to do such teaching may be questioned; some Pakeha medical students have indicated that they feel lacking in a cultural identity and the medical school environment can be daunting (T. Egan, personal communication). It may prove to be more effective if students look first into their own culture to learn who they are (S. Crengle).
9.3 Benefits of Maori Patient-Centered Medicine

When a Pakeha GP gets to know a Maori patient, he learns about another culture, which is in itself a benefit to the GP. The GP begins to learn more about how the Maori patient thinks, about the world of the Maori patient (Ta Te Ao Maori). With this increase in knowledge comes increasing awareness of the patient’s health and reactions to illness (and of those around him). From this awareness comes greater understanding, and the GP becomes more able to use his skills to help the patient.

The patient and his (or her) whanau learn about the GP and develop a level of comfort with that GP, works out whether he (or she) “likes him or not” (K22), or is able to have confidence in him. Once the patient trusts the GP enough to open up, then he or she has the confidence to put his or her “life in the GP’s hands and allow them to do the healing” (K25), that special talent which is “not given to everybody” (K18).

9.4 Conclusions

Is working with Maori really any different to working with Pakeha, or any other racial group? Even if their underlying health issues are similar (or the same), the perspective is different, the culture and the underlying spirituality of Ta Te Ao Maori is different from Te Ao Pakeha. Each individual element or characteristic is probably not unique to Maori but the whole is. Within that whole is a core set of beliefs, and therefore a particular way of looking at the world which is distinctly Maori as opposed to that of any other culture. This gives all Maori a common perspective, despite the differences that exist between individuals.

A Pakeha GP who can move into Ta Te Ao Maori and not be a square peg in a round hole finds that there is a place for him, in his role as a specialist or Tohunga. Ta Te Ao Maori accommodates him. As he becomes more knowledgeable about Ta Te Ao Maori, his patients receive care that is culturally appropriate.
In conclusion, Maori Patient-Centered Medicine is Tikanga-Centered Medicine. The Pakeha GP who enters a Maori community has significant mana because of the specialist knowledge and skills acquired over years of study. Also, the GP needs to be humble. "He says nothing ... but he has the mana. That's the thing, the Maori thing. ... there's where your respect starts. ... the humbler the person the bigger the mana." (K25). A GP who brings the Pakeha knowledge and embraces Tikanga Maori will add an extra dimension to his or her practice and his "healing hands" (K24) will do their work.
CHAPTER TEN

FINAL CHAPTER

10.1 Summary

What are the strengths and weaknesses of this thesis? This study was done with kuia and kaumatua in Hauraki, most of whom were already known to me, and I was known to them. I went to the right people (the Kaumatua Council) to seek support. I also received support from Trustees of important Maori organisations within Hauraki. Without the support, this thesis was not possible.

This thesis stands or falls on how well I elicited information from the kuia and kaumatua, on what they did or did not say (I believe that they were open with me), and how well I analysed the interviews. My grasp of Te Ao Maori is also important; I was careful to ascertain what terms/words meant and hopefully I have all the interpretations correct.

My conclusions relate to Pakeha GPs working with Maori patients. Do they apply to GPs from other cultures (that is, not Maori or New Zealand Pakeha) working with Maori? I suggest that they do, and I believe this is supported by the comments of Dr S. Gunatunga (p. 102).

Is my thesis be relevant to the work of primary health care practitioners who are not GPs? I am certain that it is; I see some other healthcare workers working among Hauraki Iwi, and I see them working in a patient-centered manner under Tikanga Maori.

Is my thesis relevant to secondary and tertiary care practitioners? It probably is, although their context differs from that of primary care; furthermore, their emphasis must be orientated more strongly towards disease management than is the case in primary care. I was told recently (personal communication, whanau member of the patient involved) of an experience which indicates the need for hospital doctors to be
knowledgeable of tikanga; the doctor was told that “There is a person attached to that leg!” Having knowledge of tikanga would have helped that doctor.

Does this thesis apply also to older Maori from other areas? It seems logical that it should do so. Does it apply to young urban Maori, or to those who have not been brought up with knowledge of tikanga? My impression is that being patient-centered is still valid, but how relevant is being tikanga-centered? The GP has to find out how strongly the patient identifies with Ta Te Ao Maori, and the GP should be able to do this by asking the patient where he is from.

How relevant are my conclusions to GPs and patients of other cultures? In New Zealand, Pacific cultures are particularly relevant. Maybe Southeast Asian cultures are also relevant, as Maori came to New Zealand from the Pacific, and evidence suggests that the ancient origins are in or near modern Indonesia. (Thorne & Raymond 1989). Logic suggests that this work should be applicable to Pakeha GPs working with patients from other cultures which have some relationship to Maoridom. I suggest that this is the case, especially where patients have grown up with strong involvement in their traditional culture.

However, to confirm my conclusions, further research would need to be done.

10.2 Recommendations

If Pakeha GPs (and, perhaps, other healthcare professionals) are to be knowledgeable about Ta Te Ao Maori, the learning needs to start as early as possible. Prospective medical students should begin this process before admission to Medical School. I recommend that

-nonMaori students spend a semester among Maori, learning the tikanga, including the spirituality, history, traditions and mythology. This would allow them enough time to develop a good understanding of Maoridom and to learn some Maori language.
this time be recognised by the Universities as being equivalent to a full semester of University papers, and that this contribute to the student's qualifications.

-the students should demonstrate willingness and capability in learning about Tikanga Maori and that this be one of the main criteria used in the selection process for entry into Medical School.

time be given to learning more about Tikanga Maori during the undergraduate years if the appropriate experts deem it necessary.

-the students should also learn about other cultures in this country.

The Royal New Zealand College of General Practitioners has recognised the need to work with Maori to improve their health status. I recommend that, as part of the ongoing education of GPs, all active GPs learn about their local hapu/iwi, and that those GPs who are not familiar with Te Ao Maori put in the time and effort to learn the tikanga.

Doctors from other countries come to New Zealand to work. I recommend that they be educated in Tikanga Maori during their orientation to medical practice in New Zealand.

I also recommend that research be undertaken to see whether the conclusions reached in this thesis apply to consultations between Pakeha GPs and younger Maori patients, and between Pakeha GPs and patients of other cultures in New Zealand; I also recommend that a study be made to assess what differences there may be for patients of the indigenous (Maori) and immigrant minority cultures attending a Pakeha GP.

Finally, if established Pakeha GPs can use this thesis to help them in their care of Maori patients, then I will be very pleased; I believe that the kuia and kaumatua would be also.
Bibliography

Nicholls, James Ponui. Taa Te Ao Maaori – A Maaori World View. He Tuhi nga Aronui Volume 2, Number 1, May 1998: 60-72
Nicholls, James Ponui. The Maaori Tribal Histories of Hauraki. He Tuhi nga Aronui Volume 2, Number 2, October 1998: 1-17
Nicholls, James Ponui. The Socio-economic Decline of Hauraki Maaori. He Tuhi nga Aronui Volume 2, Number 1, May 1999: 16-26

References

Broughton, Associate Professor J. (Medical School, Otago) –personal communication
Crengle, Dr S. (Medical School, Auckland) -personal communication.
Dowell, Professor T. (Medical School, Wellington) –personal communication
Egan, T. (Medical School, Dunedin) -personal communication
Gunatunga, Dr S. –personal communication.


Hyde, P. (National Director Intensive Clinical Training Programme, Royal New Zealand College of General Practitioners) – personal communication.

King, Michael. *1000 Years of Maori History: Nga Iwi o te Motu* Reed Books: Auckland 1997

Ngata, Dr Paratene. –personal communication

Ruakere, A. in *PreMeC Case Study* 86; June 2000; 74


Sutherland, Hoha. *Presentation to the Waitangi Tribunal, WAI 100.*


Tipene-Leach, David. Cultural Sensitivity and the GP: a Maori GP’s Perspective

*Patient Management* September 1994: 21-24

Tipene-Leach, David. Maoris – their feelings about the medical profession.

*Community Forum* November 1978: 1-4

Welch, G. Kemble. *Doctor Smith: Hokianga’s ‘King of the North’:* Blackwood and Janet Paul: Auckland 1965

Appendices

Interview theme list:

1. Why would you warm to one Pakeha GP and not to another?

2. What understanding, in your opinion, does your Pakeha GP have of Ta Te Ao Maori (the world view of Maori)?

3. Why did you choose that particular GP in the first place?

4. List five ways that you think a Pakeha PG shows he or she is competent in dealing with Maori patients?

5. How many Pakeha GPs have asked you about your use of rongoa?

6. If there was a Maori GP in the same area, would you continue to go to your present GP or to the Maori GP? How would you decide?

7. Is there anything more you would like to add?
On graduation the medical students of the Faculty of Medicine should be able to:

Knowledge objectives

* Demonstrate an understanding of the special relationship between Maori and the Crown under the Treaty of Waitangi
* Describe the Maori world view of health and related health attitudes, beliefs and practices
* Outline the provision of health services for Maori
* Outline health promotion and education activity targeted at Maori
* Depict the diversity of Maori within contemporary Maori society
* Explain the social determinants of health and their impact on Maori health and well being
* Describe and discuss the health status of Maori
* Describe and discuss the status of Maori mental health

Skills objectives

* Engage with Maori patients and their whanau in an empathetic manner

Attitude objectives

* Demonstrate an understanding of Maori society within contemporary New Zealand society

Associate Professor John Broughton
Department of Preventive and Social Medicine
Dunedin School of Medicine
University of Otago
PO Box 913
DUNEDIN
NEW ZEALAND

Telephone (03) 479.7268
Fax (03) 479.5611