LETTER FROM . . . NEW ZEALAND

The four cornerstones of well-being in a multicultural society

New Zealand Maori believe that when they die the spirit stays with the body for 3 days. After this, it leaves to travel north to the top of New Zealand, slides down the roots of a sacred pohutukawa tree and joins its ancestors under the Pacific ocean. Doctors must know and respect this and other beliefs, or they will not understand why whanau (the extended family) must take possession of the body immediately after death. Wakanau will drop all commitments to be with the deceased, so as to make their farewells and to talk to the departing spirit. Imagine the terrible anguish for the departing spirit. Imagine the terrible anguish for whanau if the deceased must spend time alone in a drawer of a chilled holding room, undergo a post mortem or have body parts withheld.

An example of the dilemma of Maori faced with European-style medicine is that of an elderly man who came for rehabilitation after amputation of a leg for peripheral vascular disease. He was withdrawn and entirely unmotivated, despite having good physical rehabilitation potential. The indications for surgery were reasonable, but the leg had been disposed of without his knowledge or consent. If the leg had been preserved in some way, and buried with him when he died, he could have travelled whole to join his ancestors.

Maori refer to the four cornerstones of well-being: binengaro (mental well-being), wairua (spiritual well-being), wakanau (family well-being) and tinana (physical well-being). All of us who practice old-age medicine and psychiatry would say that we subscribe to these concepts, and strive to practice in this way. Perhaps we do, but not necessarily in the ‘Maori way’ for Maori. In a European dominated society, we now know that we fail Maori to varying degrees, often by assuming that all Maori have become assimilated into our European-based culture, and that our medicine and our style of delivering services are the best for everyone.

The first great ocean-going canoes brought Maori to New Zealand from Polynesia in about 1000 AD. Maori are referred to as the tangata whanau of New Zealand: the people of the land, the people who were here first. The first pakeha (white-skinned people) known to have made contact with Maori were with the Dutch navigator Abel Tasman who came in 1642, followed by Captain James Cook in 1769, who claimed the country for Britain. In the early nineteenth century, sealers and whalers were appearing, followed by traders in flax and timber, then missionaries. By 1840, Maori had suffered enormously from European diseases from which they had no immunity, and from firearms. Much of the trading with Europeans took place in the north of New Zealand, and tribes from here used the musket to exact a terrible toll on those further south.

In 1840 the Treaty of Waitangi was signed between representatives of the British government in New Zealand and the paramount chiefs. Maori and English translations and interpretations of the Treaty vary; but in part the Treaty promised Maori people equal status with British subjects, and allowed peaceful colonization by the British. But it was not until the Treaty of Waitangi Act in 1975 that the necessary framework was set up to address Maori grievances. Many of these grievances went back into the last century. As they became aired, the public conscience awakened to injustices of the past. Since 1975, both Maori culture and language have slowly become more and more accepted as part of New Zealand heritage, but not without resistance from some pakeha and radical posturing from some Maori. Our medical schools now include Maori health, taught by Maori. All hospitals are required to provide training so that employees understand Maori custom and views on health issues. We are required under the terms and agreements of the Treaty of Waitangi to ensure that services to Maori are delivered in a way acceptable to Maori. The principles are now firmly in place, the commitment is there, but implementation still requires diplomacy and negotiation.

The development of geriatric medicine and old-age psychiatry in New Zealand has parallels with early European history and settlement. Career-trained geriatricians (the missionaries!) did not arrive until the mid-1970s, psychogeriatricians even later. Services for older people have been developed largely along traditional British models, and for older people who are mostly of British extraction. In a predominately Caucasian society, it has been difficult to know how best to relate to the needs of kaumatua. Kaumatua are older Maori, defined as the wise and experienced older members of the wakanau, usually over the age of 55 years. Geriatric services are not funded to provide for people under 65, yet Maori suffer the debilitating illnesses of old age earlier, and have a shorter life expectancy than Caucasians. Maori represent fewer than 12% of a population of 3.8 million, only 3% (about
16 000) are over the age of 65 years, and less than 2000 over the age of 80 years [1]. As the twenty-first century brings even more refinement and complexity in service delivery, we continue to have an obligation to Maori that we find difficult to fulfil. Furthermore, because of what we have learnt from Maori, we have become more aware of a need to understand and work with other cultural minorities. Many Pacific Islands people have made their home here, for example from Tonga, Samoa, the Cook Islands, Niue, Fiji and Tuvalu, and we also have strong and flourishing communities from many other countries. All have brought with them an individuality that we must seek to understand.

Issues arising from the Treaty of Waitangi 1840, and the Treaty of Waitangi Act 1975, have taught us that we should not make an assumption that Maori, or people from any other culture, should be expected to embrace our majority European values at the expense of their own. Learning how to work with, understand, and value our bi-cultural agreements with Maori, and to extend the same understanding to other cultural groups, is one of the great challenges of the twenty-first century not only for medicine, but for all New Zealanders.

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