

Providing holistic care for Māori children and parents

Lessons from my clinic

Te Aro Moxon

Paediatrician

Waikato Hospital
New Zealand

I am the first Māori paediatrician in over 30 years in a region where more than a third of the children are Māori. My experience shows me that the healthcare system must invest in culturally appropriate care.

Tuatahi ake me mihi ki ngā tamariki, ki ngā whānau o te rohe o Waikato, o te ao whānui hoki e whai tonu nei i te ora. Kia piki te ora, kia piki te māramatanga ki a tātau katoa.

Firstly, I would like to acknowledge children and families who are seeking wellbeing, from the Waikato region (in New Zealand) and also worldwide. May we all grow in wellness and understanding.

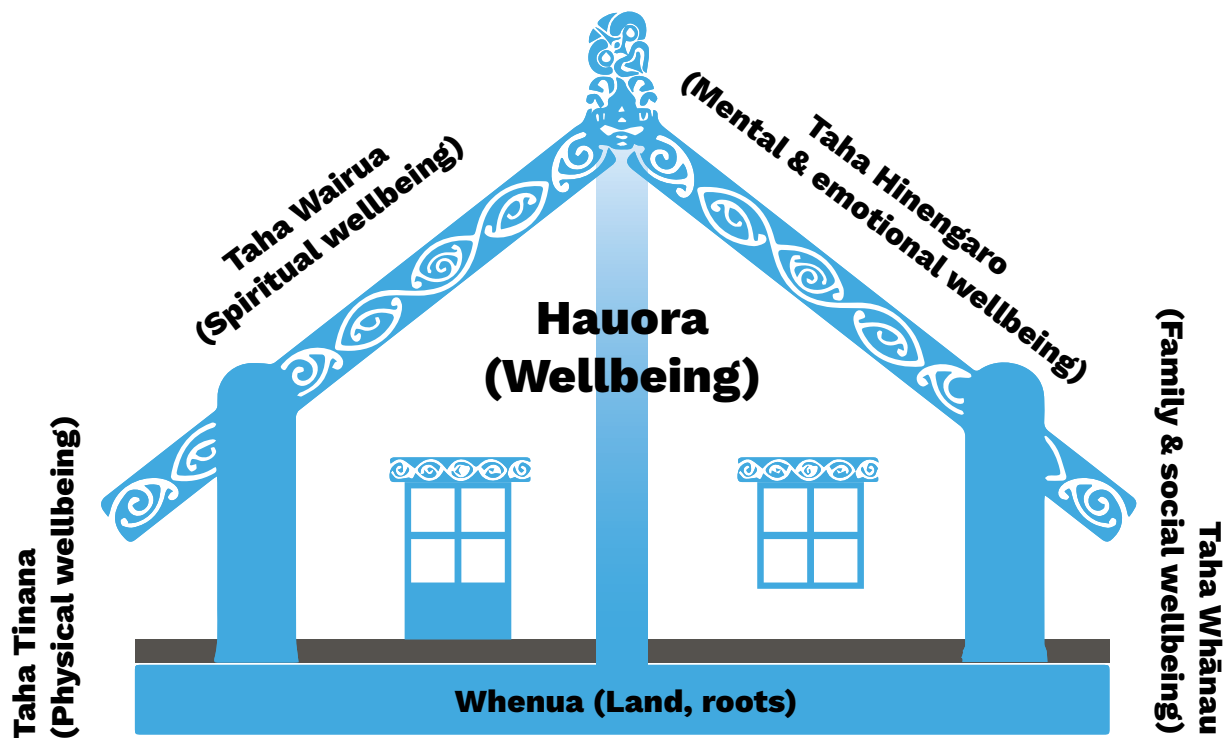
He uri tēnei o Ngāti Kahungunu, o Ngāi Tahu, o Ngāti Pākehā iwi e mihi atu nei ki a koutou katoa.

I am a descendant of Ngāti Kahungunu, and Ngāi Tahu tribes, and also of English heritage, and I greet you all.

I recently had the privilege of reviewing a 3-year-old Indigenous Māori girl in the paediatric outpatient clinic at Waikato Hospital, New Zealand. Her mother, who was understandably anxious, had brought her to the clinic because she was complaining about abdominal pain. I exchanged greetings in Māori with the mother before switching to English, her main language.

However, I soon learned that the girl attended a Māori-language preschool and that her primary language was Māori. So I spoke to her in Māori. When I examined her, I gave simple instructions in Māori which she duly followed. Throughout the review, her mother kept commenting on how well I seemed to be getting on with her daughter; she marvelled at how relaxed she was, as the girl had previously been quite scared when assessed by doctors.

Towards the end of the review, as I recapped the management plan to the mother, the young girl walked towards me, looked up at me and hugged my leg. It was an unexpected and special moment. Her mother told me how much less stressful she had found it to receive care for her daughter from a clinician who spoke the Māori language and understood their cultural context. They hadn't experienced this before.



↑ Māori health model *Te Whare Tapa Whā*, developed by Mason Durie

This was not surprising, as I am the first Māori paediatrician in over 30 years to work in the paediatric department in Waikato region in the North Island of New Zealand – despite the fact that 37% of the region’s children are Māori (Stats NZ – Tatauranga Aotearoa, 2022a). In my work I see first hand the impact of health inequities on the Indigenous Māori population (Cure Kids, 2023); I

“I am the first Māori paediatrician in over 30 years to work in the Waikato region – despite the fact that 37% of the region’s children are Māori.”

have found that these children comprise about half of paediatric hospital admissions in the region.

Māori experience poorer health outcomes, compared to non-Māori, partly as an ongoing legacy of New Zealand’s colonial past, but also because health services need to provide more holistic care to Māori families (Reid et al., 2017; Curtis et al., 2023; Sinclair and Lyndon, 2023). Across the country, Māori make up approximately 17.4% of the population (Stats NZ – Tatauranga Aotearoa, 2022b) but just 4.4% of doctors (Medical Council of New Zealand, 2022). As non-Māori doctors often treat Māori patients (Sinclair and Lyndon, 2023), they need specific training in cultural safety and in Māori cultural concepts (Curtis et al., 2019; Graham and Masters-Awatere, 2020). These include *Te Whare Tapa Whā*, a Māori health model which recognises four key components of wellbeing: *taha tinana* (physical health), *taha wairua*



(spiritual health), *taha hinengaro* (mental health), and *taha whānau* (family health) (Durie, 1984; Ministry of Health, 2017).

The *hui* process is a structure for Māori medical assessments that focuses on *whakawhanaungatanga* – the building of relationships in a culturally appropriate way (Lacey et al., 2011). Also, the importance of correctly pronouncing patients' names should not be underestimated to avoid patients feeling disrespected (Mauri Ora Associates, 2006; Pitama et al., 2011).

Why culture matters

Having a sick child is always stressful for caregivers. When the healthcare system adds to their stress rather than helping to alleviate it, the care they receive is less likely to be successful. Earlier this year, for example, I reviewed a Māori infant who had presented acutely to the emergency department

for assessment. They were seen by a junior doctor initially and the plan was to complete several investigations including blood tests and a CT scan of the head.

However, after a period of observation, the family felt that their child was well and did not need further investigations. They wished to return home to look after their other children. The family was on the verge of self-discharging against medical advice when the junior doctor requested that I, as the paediatrician on call, see them.

In keeping with the *hui* process, I introduced myself and spent some time building connection through the process of *whakawhanaungatanga* by explaining to them where my *iwi* (tribe) was based and enquiring about where they were from (Lacey et al., 2011). At this point I asked the family if they would like to begin the assessment with a *karakia* (prayer in Māori). They assented and asked me to say the *karakia*, which I did (*taha wairua*).

I then completed my assessment and carefully explained to the family why the investigations were necessary and why they needed to stay in hospital to ensure the physical wellbeing (*taha tinana*) of their child. The discussion also included careful responses to the family's questions so they could feel engaged in the process (*taha hinengaro*). In the end they agreed to the assessments, and a plan that included who would look after the other children at home (*taha whānau*).

It was crucial to listen to and consider the needs and worries of the parents, in a culturally appropriate way, so that I could provide the best care for their child. Understanding the range of Māori health perspectives and the diverse cultural needs of Māori is important in order to provide appropriate and effective healthcare and address the health inequities affecting Māori children (Graham and Masters-Awatere, 2020; Cure Kids, 2023).

➤ Find this article online at [earlychildhoodmatters.online/2023-20](https://www.earlychildhoodmatters.online/2023-20)

References

- Cure Kids. (2023) *State of Child Health in Aotearoa New Zealand. 2022 Report*. Auckland: Cure Kids. Available at: <https://www.curekids.org.nz/our-research/state-of-child-health> (accessed November 2023).
- Curtis, E., Jones, R., Tipene-Leach, D., Walker, C., Loring, B., Paine, S.J. et al. (2019) Why cultural safety rather than cultural competency is required to achieve health equity: a literature review and recommended definition. *International Journal for Equity in Health*. 18(174). DOI: <https://doi.org/10.1186/s12939-019-1082-3>.
- Curtis, E., Jones, R., Willing, E., Anderson, A., Paine, S.J., Herbert, S. et al. (2023) Indigenous adaptation of a model for understanding the determinants of ethnic health inequities. *Discover Social Science and Health* 3(1): 10. DOI: <https://doi.org/10.1007/s44155-023-00040-6>.
- Durie, M. (1984) 'Te taha hinengaro': An integrated approach to mental health. *Community Mental Health in New Zealand* 1(1): 4–11.
- Graham, R. and Masters-Awatere, B. (2020) Experiences of Māori of Aotearoa New Zealand's public health system: a systematic review of two decades of published qualitative research. *Australian and New Zealand Journal of Public Health* 44(3): 193–200. DOI: <https://doi.org/10.1111/1753-6405.12971>.
- Lacey, C., Huria, T., Beckert, L., Gilles, M. and Pitama, S. (2011) The Hui Process: a framework to enhance the doctor–patient relationship with Māori. *The New Zealand Medical Journal* 124(1347): 72–78.
- Māuri Ora Associates (2006) *Best health outcomes for Māori: Practice implications*. Available at: https://www.indigenousspsych.org/Resources/Best_Health_Outcomes_for_Maori.pdf (accessed November 2023).
- Medical Council of New Zealand. (2022) *The New Zealand Medical Workforce in 2021*. Available at: <https://www.mcnz.org.nz/assets/Publications/Workforce-Survey-Report-2021.pdf> (accessed November 2023).
- Ministry of Health, New Zealand. (2017) *Māori health models – Te Whare Tapa Whā*. Available at: <https://www.health.govt.nz/our-work/populations/maori-health/maori-health-models/maori-health-models-te-whare-tapa-wha> (accessed November 2023).
- Pitama, S., Ahuriri-Driscoll, A., Huria, T., Lacey, C. and Robertson, P. (2011) *The value of te reo in primary care*. *Journal of Primary Health Care* 3(2): 123–7. DOI: <https://doi.org/10.1071/HC11123>.
- Reid, J., Rout, M., Tau, T.M. and Smith, C. (2017) *The Colonising Environment: An aetiology of the trauma of settler colonisation and land alienation on Ngāi Tahu whānau*. Christchurch, New Zealand: UC Ngāi Tahu Research Centre.
- Sinclair, O. and Lyndon, M. (2023) Pathways towards health equity for tamariki Māori. *Child Poverty Action Group*. Available at: <https://www.cpag.org.nz/policy-briefs/maori-child-health> (accessed November 2023).
- Stats NZ – Tauranga Aotearoa (2022a) *2018 Census: Ethnicity, culture and identity*. Available at: <https://nzdotstat.stats.govt.nz/wbos/Index.aspx#> (accessed December 2023).
- Stats NZ – Tauranga Aotearoa (2022b) *Māori population estimates: At 30 June 2022*. Available at: <https://www.stats.govt.nz/information-releases/maori-population-estimates-at-30-june-2022/> (accessed November 2023).