

Special Issues



Maternal and child health

There are a wide range of issues that relate to maternal and child health among Pacific peoples. As we only have space to summarise these issues in this resource, the following is a list (with recommended article information) of issues you might consider when dealing with Pacific maternal and child health:

- Pregnancy planning ⁴²
- Maternal smoking ¹³
- Breastfeeding ¹⁰
- Sudden Infant Death Syndrome ⁴¹
- Non-immunisation of Pacific infants ⁴³
- Diabetes in young Pacific peoples. ^{49,64}

Care of older and disabled people

Pacific peoples generally prefer family to care for older people or disabled family members, even if community support services are available. One reason for this is that Pacific peoples are often uncomfortable sharing problems outside the family. Within Pacific communities, disability and ill health may be attributed to a curse or be seen as evidence of sin. Because of this belief, individuals and families may be ashamed of illness or disability and want to keep these issues very private. Pacific peoples also often lack confidence in home care services because they do not understand them well.

This means that many Pacific families try to provide care independent of any support agencies. Unfortunately, traditional patterns of care for older Pacific people may be under pressure because of demography and employment demands. This can cause extreme stress for family members trying to provide caregiver services, as well as a lower quality of life for the patient. By developing an open and respectful relationship, you will be able to help the family and patient to understand the options available to them, and perhaps to encourage them to make use of helpful services.

Gender issues

While some broad generalisations can be made about gender, the diversity of Pacific nations and peoples makes it is critical to approach each patient with an open mind and to ask about their own circumstances and preferences.

Traditionally, men were expected to provide food, shelter and protection for their family. Female roles revolved around reproductive capacity and care of the family. While tradition does not define modern reality, it continues to influence the roles of males and females today.

Gender identity issues

In many Pacific societies, there are people who adopt certain characteristics of the opposite gender (transgenderism). In ancient Polynesia, and particularly in Samoa and Tonga, gender was a secondary principle in ascribing social rank.⁵⁹ In Samoa, for example, a 'fa'afafine' may be physically male, but considered feminine. With the

centre of Samoan life being family, rather than self (and thus gender), the acceptance shown towards fa'afafine in modern society should be no surprise. In Tahiti the equivalent of fa'afafine is 'mahu', while Tongan people use the term 'fakaleiti'. Some transgender patients may be reluctant to have genital examinations and it is essential to use a non-judgemental approach.

Although men with feminine characteristics and behaviour have been accepted historically, homosexuality and lesbianism are at best ignored or at worst formally disapproved of in Pacific societies, mostly because of the widespread influence and teachings of Christianity.

Addiction

Addiction issues for Pacific peoples are similar to those of the general population.

Alcohol is the number one drug of choice, with cannabis becoming more popular amongst the younger generations. Methamphetamine use is increasing, but is not as common because it costs more than alcohol and cannabis. Problem gambling is an issue for some Pacific peoples.

Pacific peoples are more likely to face barriers to treatment than other ethnic groups in New Zealand. Language barriers and the shame of 'having a problem' may prevent Pacific peoples from accessing effective treatment.

Pain and palliation

Studies of pain behaviours across cultures emphasise the need to be wary of cultural or ethnic stereotypes. While there are general cultural differences, it is always important to assess each person individually. Many Pacific peoples will not be confident to speak out about their pain. Because Pacific peoples traditionally respect those with higher status, such as healers and doctors, they may answer a practitioner's questions with a simple yes or no, or may avoid the issue for fear of 'wasting the doctor's time'. This can prevent you from fully understanding the patient's issues, unless you make an extra effort to inquire about any concerns.

Using open-ended questions may be helpful, as well as specific questions on how pain or disability is affecting daily activities. As Pacific peoples use painkillers are less often, they may be reluctant to ask for analgesia, even when they desire it. Therefore, health practitioners need to build a strong bond with Pacific patients to provide them with appropriate care.

Hospital-specific issues

Many Pacific peoples are reluctant to go to hospital, partly because they consider hospitals 'places where people die'. Since hospitals do not place the same spiritual significance on death, the hospital rooms and beds may not be properly cleansed (by Pacific peoples' standards), creating worry or discomfort for Pacific patients. Pacific peoples are also used to being surrounded by friends and relations, particularly when they are ill. Hospitals that place restrictions on the visitor hours and numbers can make the unpleasantness of a hospital stay even worse. If it is necessary to restrict visitors, be sure to explain the reasons to both the patient and their family, and work to find a compromise.

Hospitals in larger centres such as Auckland and Wellington have Pacific cultural support teams as well as access to interpreters. Clear protocols for working with these teams can help you greatly in your dealings with Pacific patients and their families. These hospitals also provide Pacific cultural awareness training; taking part in this training, as well as having a collaborative approach to the cultural support teams, can help doctors to communicate more effectively with patients and families in the hospital setting.

Sexual health

Sexual health is an issue for Pacific peoples, as it is for other ethnic groups in New Zealand. However, some issues are more common within Pacific communities. For example, young Pacific peoples are influenced to a greater degree by the wider population, which translates to a higher rate of casual sex for the younger generation than their elders experienced.

Young Pacific peoples who contract a sexually transmitted disease are often not confident to tell their family. This creates a gap, and young people may not know what to do. Rates of chlamydia and gonorrhoea have increased significantly in the past few years in New Zealand, and the rates of both diseases are disproportionately high in the Pacific community.

Sexual health is one area where Pacific patients (particularly young people) may well prefer to see a non-Pacific provider. It is likely that they will want to discuss sexual health issues without family members present. Young women may feel more comfortable discussing these topics with female clinicians, and young men may prefer male providers. The responsibility lies with the doctor to have the necessary communication skills to address sexual health in a comfortable manner.

Commenting about Pacific parents' religious and cultural preference for celibacy before marriage, will signal to a young patient that the doctor understands the conflicts that the patient may face being sexually active in a community that tends not to acknowledge this reality. This may empower the young person to make responsible decisions about their sexual activity.

CONFLICTING IDEAS

A case study about expectations

Dr McFarlane looks at her schedule. Her next patient is Ms Anna Tairi, a 16-year-old Cook Island woman, there for a sexual health check. She realises that this visit will require a totally confidential consultation, due to the questions she needs to ask about sexual practices and other sensitive topics.

When Anna arrives, her mother, Mrs Tairi is with her. Dr McFarlane greets them both and asks Anna why she's there, in case Mrs Tairi does not know that her daughter has requested contraception. Mrs Tairi answers, explaining that Anna is there for a sexual health check and birth control. She laughs when Dr McFarlane looks a bit surprised and explains that she and her daughter have talked openly and honestly about sexual health since Anna began her periods. Mrs Tairi is aware of how Anna's relationship is developing with her current boyfriend and she's glad that her daughter is behaving responsibly in taking care of her sexual health. She's there to support her daughter.

Dr McFarlane congratulates the mother and daughter on their close relationship and explains how she would like the consultation to go ahead. She also advises Mrs Tairi that she will ask her to leave the room during part of the consultation, but will then invite her back in.

Mrs Tairi nods agreeably and Anna looks happy as well. In this way, Dr McFarlane has made sure that she will have some time to speak with Anna privately and address any confidential issues, but she has not offended either woman by summarily evicting Mrs Tairi from the room.

Note: The need for a physical examination provides an opportunity to speak with the teenager without her family present. During this time, additional questions or those of a sensitive nature can be asked. Please also see the Council's guidelines on *When Another Person is Present during a Consultation and Sexual Boundaries in the Doctor-Patient Relationship: A Resource for Doctors*, both available online at <http://www.mcnz.org.nz>>>Publications

Care of youth and adolescents

The challenges faced by today's Pacific youth are very different from those of past generations. Young Pacific peoples find it increasingly difficult to balance the conflicting pressures and demands of traditional and modern cultures.

Many of today's young people find it hard to cope with contradictory peer and parental advice. Increasing numbers of young people do not receive adequate emotional support from families or communities, because families and traditional community structures have broken down. Within and outside the school system, adolescents have limited opportunities to develop their leadership skills and to realise their right to participate.⁶⁵ Problems, including alarming rising rates of juvenile crime and adolescent high-risk sexual behaviour, are related to these complex issues.

Pacific youth are also exposed to risk factors such as increasing urbanisation and decreasing consumption of local foods. Obesity is emerging as a problem among adolescents. This is mainly due to high fat diets, the accessibility of fast food, lack of exercise and a more inactive lifestyle.

Emerging issues

The spiritual sacredness of the person in Pacific culture means that emerging issues such as organ donation^{23,46} and DNA collection are particularly sensitive. The best way to approach these issues is, as always, to communicate openly and respectfully. Rather than avoiding certain topics based on so-called conventional wisdom (for example, 'Pacific peoples don't donate organs'), it is always better to ask each patient and family what they prefer and feel.

Death and dying

While each Pacific culture has its own experiences of death and dying, there are some similarities between cultures.

These experiences are similar to those outlined for Māori in the Council's *Best Health Outcomes for Māori: Practice Implications*.

Death and dying are stressful times in any culture, and every culture has its own rituals. Some ceremonies are more complex than others, and most, when unfamiliar, can seem odd or intimidating. For Pacific peoples, death and dying have deep cultural significance, and it is not uncommon for Pacific peoples who are otherwise relatively unobservant of tradition, to follow very traditional practices when they or their loved ones are near death.

The communal nature of Pacific society is particularly apparent at these times, with family members travelling to visit and stay with the patient. A medical team's ignorance of Pacific practices could unintentionally make a difficult time for the family harder, for example by interfering with the family's need to see and speak to the deceased.

It is particularly important for the family to understand the patient's medical needs during the process of dying, and the intensity of support needed to ensure the patient is able to die with dignity and in comfort. Anecdotally, doctors do not always refer Pacific people to hospice or palliative care services when they should. This creates a gap between the family's preference that the patient die at home, and the services available that can give the family the support necessary to care for the dying patient.

How doctors can help

It is particularly important that the family have familiar faces they can rely on when facing the death of a loved one. This is a time when Pacific families, like most others, may be very dependent upon their GP for help in understanding the medical environment. Even if the patient's care is mostly in the hands of specialists, the GP is likely to have the strongest relationship with the family, and should continue to be involved in the patient's care and in discussions with the family. Times like this can make or break your relationship with the family, and your continuing close involvement can do an enormous amount to ease their anxiety and suffering.

If you are familiar with the family's cultural preferences, or are comfortable asking about them, you can provide a much-needed bridge between them and other, less informed

medical staff. As with all cultural practices, do not allow your unfamiliarity or discomfort with talking about issues like dying, death, handling of remains, or funeral practices prevent you from helping your patient and their family. Ask respectful questions so that you can help the family work with the hospital to make the experience as positive and culturally appropriate as possible.

When old people are near to death, Pacific peoples may delay consultation until very late. This may be not because they do not care or because they misunderstand the condition's severity, but because the patient wishes you to confirm their belief that death is imminent. The patient may not be seeking, expecting, or even hoping for a cure, so do not feel that you must rush to 'undo the damage' caused by the late presentation. Be clear on what the patient and family's wishes and expectations are. Keep in mind that, whenever possible, many families will prefer to take a terminally ill patient home, rather than have them die in hospital.

Pacific mourning and funeral rites

Pacific mourning and funeral rites are important and complex. Whenever possible, it is best to ask the family spokesperson (or the patient) about their preferences. Pacific staff or knowledgeable community members may also be able to help determine the family's preferences. In nearly all Pacific families, a death will be a time for family and wider relations to gather together to perform the appropriate farewell customs. The farewell is likely to be held over several days. It may take place at the deceased person's home, a family member's home, a church or church hall.

If they are not present, the patient's family should be told immediately when a patient's death is imminent. The family will want to be with their relative and remain with them after death, so a private room should be provided. The family may wish to wash and dress the body themselves, so their preferences should be determined and, wherever possible, honoured. Try to allow the family enough time to grieve before moving the deceased. The family should be consulted as to how the deceased should be moved, as well as whether they wish to accompany him or her.

During the grieving process, the family will host all visitors at the place where the deceased is lying. This can be a huge human and financial undertaking, so be aware of this when dealing with the family of a seriously ill or dying patient. Some family members, for example, may be thinking about or planning for the grieving process when they ask you about the patient's prognosis or when the body can be released.

The more you can understand what they are thinking, the more help you can be to them at this critical time.

After death

It is important to note that the family may strongly resent delays in the grieving process. Explain any necessary delays and help the family work with the hospital to minimise these delays as much as possible. As Dr Durie notes: 'The doctor's duty does not end when the patient has died, but should continue until the body has been respectfully returned to the bereaved family.'¹⁷

After the formal grieving process and burial, there will usually be a substantial meal. An official period of mourning may be observed which could be anywhere from 3 months to 12 months. A headstone unveiling will often take place within 3 months to 2 years after the passing of the deceased. As the doctor, you may be invited to attend some of the ceremonies, but do not feel you must wait for an invitation. You will usually be most welcome.

As with all groups, Pacific peoples expect a complete and accurate explanation any time that a post-mortem is required, whether it is a coronial or non-coronial proceeding. Pacific peoples may wish to be present during the procedure, and the deceased should be released to the family as quickly as possible afterwards. Avoid cutting the deceased's hair whenever possible; if it is necessary, explain this to the family ahead of time. Any tissue, body parts or fluids taken during the autopsy should be handled sensitively; ask the family whether they would like the material returned, retained or disposed of.

- Alcohol remains the number one drug of choice in Pacific communities, as in many others.
- Make use of hospital-based Pacific cultural support teams if they are available in your area.
- For sexual health issues, many Pacific peoples may prefer to see a non-Pacific physician and may prefer not to have family present. Be sure to find out the individual's preferences.
- Death and dying are of deep cultural significance for Pacific people. It may help to discuss these issues with patients and families before a crisis occurs.
- Most Pacific families will want to remain with their relatives during and after death. They may wish to wash and dress the body themselves.

Summary points – special issues

- Pacific peoples, especially older people, may prefer be cared for by family members, even if community support services are available. Help your patients and families to understand their options and help them to negotiate the ideal blend of family and community support so that family members do not become extremely stressed or burnt out.
- Although transgenderism exists in many Pacific societies, homosexuality and lesbianism are often ignored or denounced.