Te Kaunihera Rata o Aotearoa
Medical Council of New Zealand

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Achieving Best Health Outcomes for Māori: a Resource

Purpose

1. This document outlines the Medical Council of New Zealand's position on how doctors can support the achievement of best health outcomes for Māori. It also provides guidance for healthcare organisations to support achieving Māori health equity.[1]

2. This document should be read in conjunction with Council's *Statement on Cultural competence and the provision of culturally-safe care.*

Introduction

3. Council recognises the special status of Māori as the tangata whenua of Aotearoa New Zealand.

4. Māori health inequities are extensive and exist across multiple health indicators; including the determinants of health, access to health and healthcare, the quality of healthcare provision, and the health outcomes Māori experience compared with the rest of the population.

5. Council recognises the Ministry of Health's definition of equity[2]. The concept of health equity acknowledges that differences in health status are unfair and unjust and are also the result of differential access to the resources necessary for people to lead healthy lives. [1, 2].

6. Council has identified health equity and cultural safety as two strategic areas for review. It recognises that the development of a culturally-competent workforce and culturally-safe healthcare environment has an important role to play towards achieving health equity for Māori.

7. Council supports the notion that cultural safety is an independent requirement that relates to, but is not restricted to, expectations for Māori health and health equity. As a result, developing cultural safety is expected to provide benefit for patients and communities across multiple cultural domains (e.g. age or generation, gender, sexual orientation, socioeconomic status, ethnicity, religious or spiritual belief and disability)[3]

8. Evidence suggests that there are risks associated with solely focussing on the acquisition of knowledge about 'other cultures', in the potential to lead to inappropriate generalising and stereotyping. This document provides a high-level overview of the rationale for how doctors and their associated healthcare organisations can support health equity for Māori.

The Māori population

9. As at 30 June 2018, New Zealand's estimated Māori population was 744, 800 [4].

[1] This document replaces Council's previous *Statement on best practices when providing care to Māori patients and their whānau.*

[2] *In Aotearoa New Zealand, people have differences in health that are not only avoidable but unfair and unjust. Equity recognises different people with different levels of advantage require different approaches and resources to get equitable health outcomes.*

For more information see https://www.health.govt.nz/about-ministry/what-we-do/work-programme-2018/achieving-equity

10. According to the 2013 New Zealand Census, there were 598,605 people of Māori ethnicity living in Aotearoa New Zealand (14.9% of total population), an increase of almost 40% over the previous 22 years [5]. Of these, 98.2% were born in Aotearoa New Zealand and 33.8% were under 15 years of age.

11. The majority of Māori live in the North Island and just under one quarter (23.8%) live in the Auckland region, followed by Waikato (14%), Bay of Plenty (11.5%) and Wellington (9.7%) [5]. The Māori population continues to grow, and although relatively youthful, it is developing an older profile as a population group.

The rationale for addressing Māori health

12. Addressing Māori health and health equity is supported by both needs-based and rights-based arguments [6].

Needs-based rationale: Māori health inequities

13. Māori have on average the poorest health status of any ethnic group in Aotearoa New Zealand [7, 8].

14. Māori are more likely to live in areas of high deprivation than non-Māori. For example, in 2006 24% of Māori lived in an area with the highest New Zealand Deprivation score, compared with 7% of non-Māori. In addition, Māori have higher rates of unemployment and lower total personal incomes, are more likely to receive means-tested benefits and live in households without telephone or motor vehicle access and are less likely to own their homes. Just under 23% of all Māori experience household crowding compared with 8% of non-Māori [9].

15. Māori are one and a half times as likely to be hospitalised for cardiovascular disease as non-Māori, stroke mortality is over one and a half times higher and the heart failure mortality rate is more than twice as high as the rate for non-Māori [10]. Māori mortality rates for rheumatic fever are over five times higher than those of non-Māori. The lung cancer registration rate for Māori females is more than four times that of non-Māori females [10]. Māori have higher rates of self-reported prevalence of diabetes (about twice that of non-Māori), and among those with diabetes, Māori are 2.8 times more likely to develop renal failure than non-Māori. Similar disease patterns and inequities are observed within infectious disease, mental health, suicide, interpersonal violence, oral health, infant health and unintentional injuries [10].

16. Although Māori experience a high level of health care need, evidence suggests that Māori receive less access to, and through, high-quality health care services [11].

17. Taken together, these indicators show the disproportionate health need that Māori have.

Rights-based rationale: Domestic and international obligations

18. Te Tiriti o Waitangi (the Treaty of Waitangi) is the founding document of New Zealand. It establishes the basis for Māori rights to health equity through conferring on the Crown a responsibility to protect Māori and, on Māori the rights of equal citizenship, including the right to parity of outcomes.

19. Over time, the Waitangi Tribunal and the courts have established a body of jurisprudence in the form of principles of the Treaty that further outline the responsibilities of both government and Māori. Chief amongst these in the health sector context are the principles of Partnership, Participation and Protection.

20. Partnership involves working together with iwi, hapū, whānau[3], and Māori communities to develop strategies for Māori health gain and appropriate health and disability services. Participation requires Māori to be involved at all levels of the health and disability sector, including governance, decision-making, planning, development and the delivery of health and disability services. Protection involves the government working to ensure Māori have at least the same level of health as non-Māori, and safeguarding Māori cultural concepts, values, and practices [12].

[3] Iwi - extended kinship group, tribe, nation, people, nationality, race - often refers to a large group of people descended from a common ancestor and associated with a distinct territory.
Hapū - kinship group, clan, tribe, subtribe - section of a large kinship group and the primary political unit in traditional Māori society.
Whānau - extended family, family group, a familiar term of address to a number of people - the primary economic unit of traditional Māori society.
John C Moorfield, Te Aka Online Māori Dictionary, https://maoridictionary.co.nz/dictionary-info

21. The Treaty of Waitangi is also explicitly provided for in the New Zealand Public Health and Disability Act 2000:

Section 4:

In order to recognise and respect the principles of the Treaty of Waitangi, and with a view to improving health outcomes for Māori, Part 3 provides for mechanisms to enable Māori to contribute to decision-making on, and to participate in the delivery of, health and disability services.

22. More recently, the government, in 2010, issued a statement of support for the United Nations Declaration on the Rights of Indigenous Peoples. Articles 23 and 24 of the Declaration [13] state that:

Article 23

Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, indigenous peoples have the right to be actively involved in developing and determining health, housing and other economic and social programmes affecting them and, as far as possible, to administer such programmes through their own institutions.

Article 24

1. *Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals. Indigenous individuals also have the right to access, without any discrimination, to all social and health services.*
2. *Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realization of this right.*

23. The health and social context for Māori and significant inequities across multiple health and social indicators provide the 'needs-based' rationale for addressing Māori health inequities [10]. The Treaty of Waitangi, international obligations and statutory framework provide the 'rights-based' rationale.

Guidance for doctors and healthcare organisations to support achieving Māori health equity

24. Doctors and their associated healthcare organisations can support Māori health equity by:

a. Demonstrating an awareness of Māori indigenous rights and current issues in relation to health and health equity.
b. Responding to the Treaty-based requirement to deliver effective healthcare to Māori.
c. Supporting healthcare organisations to formally identify and address structures and processes that limit Māori health development.
d. Proactively develop policies to improve Māori participation and success at all levels.
e. Engaging in, and showing evidence of transformation with respect to, culturally-safe practice that aligns to the Council's *Statement on Cultural competence and the provision of culturally-safe care.*

Related Council Statements and Resources

- ***Statement on Cultural competence and the provision of culturally-safe care***
- ***Good medical practice***
- ***Cole's medical practice New Zealand***

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