Te Kaunihera Rata o Aotearoa
Medical Council of New Zealand

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# Statement on cultural safety

## Key points about cultural safety

Council requires doctors to meet the cultural safety standards outlined below.

Cultural safety requires doctors to reflect on how their own views and biases impact on their clinical interactions and the care they provide to patients.

Cultural safety benefits all patients and communities. This may include communities based on Indigenous status, age or generation, gender, sexual orientation, socioeconomic status, ethnicity, religious or spiritual belief and disability.

This statement outlines what cultural safety means, why it is important and how doctors need to reflect on their own biases and attitudes to understand how these can impact on how patients receive their care. We recommend that you refer to Council's *He Ara Hauora Māori: A Pathway to Māori Health Equity* along with this statement.

## Towards cultural safety and health equity

1 Cultural safety focuses on the patient experience to define and improve the quality of care. It involves doctors reflecting on their own views and biases and how these could affect their decision-making and health outcomes for the patient.

2 The Medical Council has previously defined cultural competence as "a doctor has the attitudes, skills and knowledge needed to function effectively and respectfully when working with and treating people of different cultural backgrounds". While it is important, cultural competence is not enough to improve health outcomes, although it may contribute to delivering culturally safe care.

3 Evidence shows that a competence-based approach alone will not deliver improvements in health equity.

4 Doctors inherently hold the power in the doctor-patient relationship and should consider how this affects both the way they engage with the patient and the way the patient receives their care. This is part of culturally safe practice.

5 Cultural safety provides patients with the power to comment on practices, be involved in decision-making about their own care, and contribute to the achievement of positive health outcomes and experiences. This engages patients and whānau in their health care.

6 Developing cultural safety is expected to provide benefits for patients and communities across multiple cultural dimensions which may include Indigenous status, age or generation, gender, sexual orientation, socioeconomic status, ethnicity, religious or spiritual belief and disability[1]. In Aotearoa / New Zealand, cultural safety is of particular importance in the attainment of equitable health outcomes for Māori.

[1] Papps, E. and I. Ramsden (1996). "Cultural safety in nursing: the New Zealand experience". *International Journal for Quality in Health Care* **8**(5): 491-497.

## A definition of cultural safety

7 Council defines cultural safety as:

The need for doctors to examine themselves and the potential impact of their own culture on clinical interactions and healthcare service delivery.

The commitment by individual doctors to acknowledge and address any of their own biases, attitudes, assumptions, stereotypes, prejudices, structures and characteristics that may affect the quality of care provided.

The awareness that cultural safety encompasses a critical consciousness where healthcare professionals and healthcare organisations engage in ongoing self-reflection and self-awareness and hold themselves accountable for providing culturally safe care, as defined by the patient and their communities[2].

## Cultural safety standards for doctors

8 When considering the needs of your patients, cultural safety requires you to reflect on, take ownership of, and consider in your practice:

a. The effect of your own culture, history and attitudes.

b. The ongoing development of your own cultural awareness and an understanding of how your social-cultural influences inform biases that impact your interactions with patients, whānau, and colleagues.

c. Consciously not imposing your cultural values and practices on patients.

d. Recognising that there is an inherent power imbalance in the doctor-patient relationship, and ensuring that this is not exacerbated by overlaying your own cultural values and practices on patients.

e. Challenging the cultural bias of individual colleagues or systemic bias within health care services, which may contribute to poor health outcomes for patients of different cultures.

9 Cultural safety requires you to engage in ongoing self-reflection and self-awareness. This includes:

a. Being aware that there are limits to what you know and being open to learning from your patients.

b. Understanding how our colonial history, systemic bias and inequities have impacted Māori and Māori health outcomes, and ensuring that your interactions with and care of patients do not perpetuate this.

c. Acknowledging that general cultural information may not apply to specific patients and that individual patients should not be stereotyped.

d. A respect for your patients' cultural beliefs, values and practices.

e. Understanding that your patients' cultural beliefs, values and practices influence their perceptions of health, illness and disease; how they respond to and manage their health; and their treatment decisions and interactions with doctors, other health care professionals and the wider health system.

f. Understanding that culture is dynamic and evolves over time, extends beyond ethnicity, and that patients and their whānau may identify with multiple cultural groupings at any one point in time.

[2] Curtis et al. "Why cultural safety rather than cultural competency is required to achieve health equity". *International Journal for Equity in Health* (2019) 18:174

10 Cultural safety requires you to consider the sources and determinants of inequities and to implement reflective practice so that you are able to:

a. Build a relationship and provide a health care environment that supports the cultural safety of all patients.

b. Self-assess and learn to recognise when your actions might not be acceptable to patients.

c. Develop diagnoses and formulate treatment plans in partnership with patients that fit within their cultural contexts, and are balanced by the need to follow the best clinical pathway.

d. Include the patient's whānau in their health care when appropriate.

e. Communicate effectively with all patients and:

- Recognise that the verbal and non-verbal communication styles of patients may differ from your own and that you will need to adapt as required.
- Work effectively with interpreters when required.
- Seek help when needed to better understand what your patient needs in order to achieve cultural safety.

# Working towards health equity

## Council's statutory responsibilities

11 We are responsible for setting standards for doctors[3], that together describe the expectations we have of all doctors to demonstrate competence and professionalism. This includes standards of clinical competence, cultural competence (including competencies that will enable effective and respectful interaction with Māori), and ethical conduct that doctors will have to meet.

12 All health professionals including doctors must uphold the rights set out in the Code of Health and Disability Services Consumers' Rights (the Code). This includes taking into account your patient's cultural, religious, and social needs, values, and beliefs. Under the Code your patient also has the right to:

a. be treated with respect; and

b. freedom from discrimination, coercion, harrassment and exploitation; and

c. dignity and independence.

## Health Equity for all patients

13 Council supports the Ministry of Health's definition of equity[4]. Health inequity acknowledges differences in health status that are unfair and unjust and are also the result of differential access to the resources necessary for people to lead healthy lives.

14 Council acknowledges the Indigenous rights of Māori within New Zealand and supports the principles of the Treaty of Waitangi. Although health is only one contributing factor to equity, Council and the profession have a leadership role in helping patients achieve cultural safety in health care, and we are committed to best practice in order to achieve health equity for Māori.

15 Council recognises that cultural identity is not restricted to Indigenous status or ethnicity, but also includes age or generation, gender, sexual orientation, socioeconomic status, religious or spiritual beliefs. Culture also reflects the values, norms, and behaviours that impact on decision-making within those population groups. Cultural safety is expected to benefit all patients and communities.

[3] Section 118(i), Health Practitioners Competence Assurance Act 2003.

[4] *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

## Related Council resources

***He Ara Hauora Māori: A Pathway to Māori Health Equity***

October 2019

This statement was updated in October 2019. It replaces the August 2006 *Statement on cultural competence.* It is scheduled for review in 2023. Any changes to the law before our next review may make parts of this statement obsolete.