

“What is Māori Patient-Centred Medicine for Pakeha GPs?”

Recently bpac^{nz} programme developer Dr Trevor Walker interviewed Te Aroha GP Dave Colquhoun on the relationship between Pakeha GPs and their Māori patients.....

I wish to acknowledge the work and guidance of Jim Nicholls, a Kaumatua of Hauraki, who helped with both my thesis and this document. Without his input, neither would be of the standard they are. Jim, he mihinui ki a koe, he mihinui ki a koe mo to arahitanga. He kaiarahi, he rangatira, e hoa.

With 25 years of general practice in Te Aroha under his belt, it's no surprise that Dave Colquhoun chose to focus on the relationship between Pakeha GPs and Māori patients for his MGP thesis (Colquhoun, 2002). The thesis was based on extensive interviews Dave carried out with kuia and kaumatua of Hauraki. We asked him if he had any practical advice to pass on. He did not want to promote himself as an expert in Māori matters but was happy to share his perspective.

Throughout our conversation Dave kept returning to the importance of links and connections. “Being connected is important for all people, finding commonalities and making linkages establishes a basis for developing relationships. It seems to me that this is particularly important for Māori. I have found that if I begin a consultation with a Māori patient I have not met before by identifying linkages... it may be people we both know or places we have a connection with... we both start to feel more comfortable in the consultation.”

Establishing an identity in western culture, with its emphasis on individuality, often focuses on someone's name and occupation. In Māori culture identity is more about relationships to people and places. This is the basis of mihimihi, a formality of Te Ao Māori culture. When the meeting occurs in the consulting room, it is good manners and very helpful for GPs to encourage this process by saying who they are in relation to people and place. It is important that the GP feels comfortable with this process. Content of the introduction may include the GPs birthplace, the place they consider home, their family name, if they have children or grandchildren or where they are in their family; e.g. youngest, eldest.

When addressing the patient Dave finds the question “Where are you from?” followed by “Is that where your family is from?” useful. It recognises and respects that Māori people are tangata whenua and have unique relationships with people and places of New Zealand. None of this suggests that knowledge of someone's family, friends and relatives is not an important part of relationships in western culture, however the expression of mihimihi is common and safe practice to establish rapport, trust and respect and makes sense to Māori. Dave also points out a wide range of other benefits.

Patients are put at ease because they can talk about something they are familiar with and understand. Points of connection between patients and GPs are established: “I drove through there last year. Isn't that where the new community centre is being built?” or “I had a cousin move up there a few years ago.” These points of connection help establish the basis for a therapeutic relationship based on rapport, trust and mutual respect.

GPs that use their expertise for the good of others, show a sense of humility and are not arrogant about their position, gain particular respect. “The kumara does not speak of its own sweetness.”

The use of medical jargon in consultations makes it difficult for people to ask questions of their GPs. This often leads to lack of understanding that prevents patients following through on therapeutic interventions that GPs thought had been agreed. For Māori people to follow through on planned interventions, discussions need to be accompanied by clear explanations with ample opportunities for patients to ask questions, make choices and describe how they will put the plan into action.

Dave stresses that the success of interventions for Māori often hinges on the involvement of whanau, in particular kuia, the respected elder women of the family. Although kuia may not do the talking they play a major role in maintaining the health of the whanau and are often the key to getting things done. They often ensure children are presented for immunisations, medicines taken and appointments attended. It can therefore be useful to meet whanau to discuss ways they can support agreed health interventions.

GPs who really want to understand the roles of Māori should attend the marae when an opportunity arises. The results may alter some pre-conceptions. For example, someone who appears to have low status in western culture because of the status of their job may have high status on the marae because of their work for others,

humility and knowledge of protocol. Pakeha are not expected to be conversant with marae protocols but being respectful will earn respect in return. GPs who have been to a marae find their understanding of the Māori world is much improved and in return Māori gain trust and confidence in the intentions of the GP.

Dave lists four major lessons from the kuia and kaumatua he interviewed for his thesis. These are:

1. Act with humility, warmth and respect.
2. Establish linkages and connections.
3. Involve the whanau.
4. Offer to participate in some way.

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