The Treaty of Waitangi Principles in Māori Health Policy

A Critique from the Perspective of TB Care
Māori

- Indigenous people of New Zealand
- 14.7% of total population
- Māori Life expectancy 7-8yrs < Pakeha
- 21.2% Tertiary level education
- Median income $14,800
- Unemployment rates 16.8%
- Criteria for defining ‘Māori’ contested
The Treaty of Waitangi

- Signed by Māori and the British in 1840
- English and Māori translations differ
- Contentious political symbol
- Contemporary framework of policy targeting Māori
The Treaty of Waitangi Principles

- Modern interpretation of underlying tenets of Treaty versions
- Key source of principle meanings are the Courts and Waitangi Tribunal
- Contextual application and evolving list
- Interpretations interrelated, controversial and frequently challenged
3 Principles frame policy for Māori

- Partnership – collaborative process between groups to achieve a common purpose
- Participation – enablement of individuals or groups to reduce inequalities
- Protection – akin to fiduciary duty
The 3 P’s in Māori Health Policy

- Partnership – ‘working together’
- Participation – pathways of access enabling Māori to participate across the health sector
- Protection – a duty of health services to recognise and respond to Māori cultural beliefs, values and practises
But…

- Policy is supply-side focused
- Difficult to control at point of implementation
- Existing cultures – medical, organisational and racial
- Principles applied in an interrelated manner
- Low knowledge levels of Treaty of Waitangi and Treaty principles
The Research Question…

- What do the Treaty principles mean in Māori health policy and what do the presence of Treaty principles deliver to Maori health service users?
TB Study Of Maori

- Located within Auckland Regional Public Health region
- 10 participants, 22 months - 72 yrs and 4 Males 6 Females
- 6 pulmonary, 3 x-pulmonary, 1 reactivation
- 4 employed, 4 income support, a pensioner and a child
- 1 with tertiary level education
Issues for Māori with TB

- Rangatiratanga
- Patient-doctor communication
- Stigma
- Māori Identity
Partnership Principle…

- “if it wasn’t for [PHN] I would have been locked down. But she had so much patience with me. She did, she had a lot of patience I was just a real bitch…”
- But
- “…the major doctor that I had, I just had a real problem with him, simply because he would not sit down with me and explain to me everything that they were putting me through, it was like, we're gonna do this, and I'd say why? And he would just say, we're gonna do it, ok.”
Participation Principle…

- “Somehow we really make sure they get to those appointments…We either pay via the service, like taxi chits, or petrol vouchers…or we pick them up ourselves.”

- “…well most Māori that I've worked with have really wanted it (TB) to be kept within their family. And if its talked about outside of that family, then they do it. We don't.”
Protection principle...

- ‘...The Ministry of Health will continue to encourage the integration and implementation of Māori models of health into the activities of the health sector.’ (p.12)

- But

- “I only know the basics. I think that's all I probably will learn to do...I'm like Māori hard but not in the language. Not even in Māori culture. I don't think I would adapt to it very good...”
Challenges to the effectiveness of 3 P’s in TB care for Maori:

- Partnership – challenged by public health imperatives
- Participation – professional/laypeople medical language barrier, historical problem of stigma
- Protection – Māori health models apply to more than the biological, but are definitions of Māori reflective of the lived realities?
Conclusions

- The effectiveness of principles in Māori Health policy are difficult to evaluate because of multiple interpretations.
- TB throws health policy into relief because of the public health imperative.
- The lack of a clear policy framework, suggests the Treaty is not the main impetus for developing health policy for Maori.
The End

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References
