

Description	Cultural Factors in Medicine Taking
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Cultural Factors in Medicine Taking

A Māori Perspective

The 1988 Hauora report on Māori Standards of Health by Pomare and de Boer highlights the continuing gloomy health statistics for Māori people. Despite the significant differences between Māori and non-Māori mortality and morbidity experience during the past decade, there are some encouraging trends for the better.

There has been a marked improvement in Māori life expectancy and mortality, the latter haven fallen at twice the rate of non-Māori. The death rates among young Māori (1 to 14 years), for example, are now equal to or better than those of non-Māori.

However, all is not well when it comes to sickness and hospital admissions for treatment, Māori infants and children are 2 to 3 times more likely to be admitted to hospital for acute respiratory tract and ear infections, asthma and motor vehicle accidents, while adults are 2 to 4 times more likely to be admitted for treatment for respiratory conditions such as asthma, bronchitis, emphysema and bronchiectasis, chronic rheumatic, hypertensive and congestive heart disease and metabolic disorders such as diabetes, gout and obesity. Not surprisingly, many of these conditions are potentially preventable and amenable to effective modern medical therapies.

It has been suggested that social and economic inequalities, adverse lifestyle behaviours, cultural difference, in the perception of health and sickness and the availability, acceptability and compliance with modern drug therapy are important contributing factors. The role that cultural factors might play in the patient's illness, treatment and medicine taking could be more important in the doctor-patient relationship than previously appreciated in achieving a favourable therapeutic outcome.

Synopsis The tohunga (or traditional healer) is an important part of Māori culture because such people have special knowledge and 'connectedness' between the physical/material world and the spiritual world

Appreciation and acknowledgement of the functioning of the Māori whānau (family) system are crucial to understanding and dealing with matters related to compliance with medical care and medicine taking

Mate Māori (Māori sickness) results from violation of the law of tapu or mauri, and therefore diagnosis requires identification of the

particular violation by a practitioner (e.g. tohunga)

Parts of the body considered sacred by Māori people are the head, breast and pelvic region

Extensive intermediary consultations with the family, elders, and traditional healers may take place before a patient seeks Western medical care

Cultural Factors in Patient Management

Few textbooks in clinical medicine and therapeutics emphasise the importance of cultural factors in patient management, despite the fact that compliance with medical therapies is considered such an important factor in achieving a successful therapeutic outcome.

However, Māori people, like many other groups, regard these cultural factors as an integral part of any healing practice and therefore any attempt to understand the cultural factors in medicine taking should consider certain cultural principles in the delivery of health care (Table 1).

An important aid to understanding a community and its reaction to medical regimens is the concept of 'culture', which can be usefully defined as a system of shared understandings - understandings of what words and actions mean, of what things are really important, and how these should be expressed.

Misunderstanding occurs between members of different cultural groups because each interprets the others' words and actions in terms of their own understanding, assuming that these are shared when in fact they are not. Cross-cultural understanding is therefore a two-way process (Kinloch 1984) whereby people from one cultural group can develop a better awareness, sensitivity and understanding about the language, customs, beliefs and culture of another.

It should not surprise then, that patients from different cultural groups may 'see' and 'do' health and sickness differently and use alternative healing practices and remedies. Indeed, in the Māori world there is usually a traditional healer or practitioner, e.g. tohunga, who deals with these traditional forms of healing practice and treatment. Such people are important in a cultural context

because they have special knowledge and 'connectedness' - that is, they form a vital connection between the physical and material world on the one hand and the spiritual world on the other.

Table I. Practical points in understanding the cultural implications of drug therapy

Acknowledge the importance of the concept of 'culture' Acknowledge that different groups 'see' and 'co' health differently and use alternative healing practices and remedies
Give alternative health and healing practices equal value and respect
Recognise that the context and place of healing is important and that a healer goes with traditional practices
Realise that medical practitioners are healers too
Recognise that one of the arts of medical practice is to bring modern practical therapeutics alongside traditional healing practices
Ensure that therapeutic regimens 'start with people as they are and a community as it is'
Remember that what works for people is important

These healing practices and treatments should be seen as being complementary to modern medical regimens, even though their use probably lacks the critical scientific scrutiny required of modern drugs, Furthermore, any indifference or overt show of disrespect towards such practices may well result in a total lack of confidence in standard Western therapy and the bad experience will be quickly relayed to others.

One of the important arts of modern medical practice should be to bring the benefits and advantages of modern medicine alongside traditional health and healing practices, so that 'health and sickness' are done with and alongside people, rather than to them. Therapeutic regimens should 'start with people as they are and the community as it is', and it should be remembered that what works for people is important. Furthermore, changes in the funding and provision of health services, income-tested user-pay charges for general practitioner, hospital and diagnostic service as well as increased charges for medicines will mean that some Māori people will make more frequent use of alternative healing practices and remedies.

Te Ao Māori: The Māori World

The Community

In the Māori world health care was traditionally a function of the community, and health leadership and treatment vested in the rangatira (political) and tohunga (spiritual) leaders of the tribe. The tohunga can be described as an expert in tribal esoteric lore, traditional customs and spirituality. The social, cultural and economic life of the community was governed by the law of tapu. Tapu mean more than sacred or religious. It is an integrated set of beliefs, values, attitudes and behaviours conducive to maintaining the ongoing health and wellbeing of the tribe and community.

'The main social, living and learning unit in the Māori world was and still is the whanau, an extended family network based upon genealogical kinship ties involving a 3-tier support system: the tribe (iwi), subtribe (hapu) and family (whanau). Developments and issues at a tribe and community whanau level have important influences on the individual.

Most subtribes and families have central communal meeting places known as marae. While nowadays it refers to a whole physical complex of buildings, it also embraces a human and spiritual dimension and have come to symbolise the essence Māori health aspirations. The land on which a marae is established is inalienable and collectively owned; the owners have a common ancestry, share responsibilities and Māori is the language of choice. It is where a person has turangawaewae (a place to stand), a sense of belonging or identity and where Māori value, cultural and health practices are reaffirmed. Loss of one's turangawaewae may be equated with loss of mana and self-worth and this is seen by some as basic to many of the current Māori health problems (Durie 1984).

The Individual

The individual Māori person may be seen not only as a member of a collective such as a whanau but also as a descendant of ancestors with certain functions, responsibilities and roles to perform during different stages of the life cycle. For example the elderly are generally treasured and respected because of their age, knowledge, wisdom and links with the past. Children (tamariki) and grand-children (mokopuna) are cherished because they represent continuity with the future. The Māori family organisation provides a comprehensive

system of child and support care with reliance on both biological and tribal parents, ensuring a mix of both traditional and Western medical practice in the management of health and sickness.

The Contemporary Family System

Urbanisation in search of work, unemployment, poor educational attainment and alienation from one's tribal roots, language and traditional support systems have contributed to the breakdown and dysfunction seen in many Māori whanau and individuals. Not only is there a higher likelihood of risk taking and adverse lifestyle behaviour but also of noncompliance with modern medical therapies.

It is not unusual, for example, for the feeling of whakama (apprehension, shyness, fear) and hoha (nuisance, frustration, inconvenience) to be conveyed horizontally to other family members or vertically to one's children or grandchildren, tuakana (elder brothers or sisters), taina (younger brothers or sisters), matua (parents, uncles, aunties) or pakeke (elders). At the same time, relationship-enhancing feelings and behaviours may be encouraged or reinforced through concepts such as whanaungatanga (family cohesion and collective warmth), manaakitanga (to cherish, respect, hospitality, reverence) and awhinaranga (assistance, helping, caring). An appreciation and an acknowledgement of the functioning of the Māori whanau system and cultural factors that influence it are crucial to understanding and dealing with matters related to the acceptance and compliance with medical care and medicine taking.

Table II. Cultural factors in the history

Tribal, subtribal and whanau affliction
Degree of marae involvement, hui attendance
Proficiency in the Māori language
Use of traditional healers and remedies
Knowledge of ones tribal lands, history, spirituality and whanau network systems
Knowledge of current cultural issues

Rongoa Māori: Māori Medicines and Remedies

While all things in the Māori world contain a mauri (a vitality spark, life essence, principle), the human person also has a wairua (spirit or soul) which is invoked through an elaborate system of incantations (karakia), customary practices (tikanga), tribal lore (ture) and ritualistic protocol (kawa) with the appropriate gods (atua) and guardians (kaitiaki). By definition all herbal remedies and drugs contain the healing mauri and wairua of Tane Mahuta (the god of forests and natural things) and Rongomaitane (the god of medicines, harvesting fruit, peace and health).

Rongoa Māori, like many traditional therapies, were a product of the empirical world where the Knowledge and experience with various herbal remedies, medicines and healing practices was gained through observation and experiment and handed down from one generation to the next. Women and the tohunga became the main repositories of this knowledge and were very particular with whom they shared it. The word rongoa embraces the notion of preservation, taking care of and protection against sickness and death. Compliance was encouraged to a large extent by an almost absolute belief and faith as well as fear of the healer rather than their level of knowledge, skill and competence. The ability to understand the Māori mind and behaviour was and is critical in ensuring acceptance and compliance with therapeutic regimens and participation in healing practices. This usually involves a combination of karakia (spiritual) and natural remedies.

These belief and healing systems are important and may even be compatible with modern drug therapies. This is illustrated in the following passage which recounts the thoughts of a Māori patient receiving cancer chemotherapy:

“When I went into hospital with cancer, I watched them connecting all these things to me. I was told by the doctors and nurses I would probably have a rough time with the chemotherapy. But I didn’t. As the medication went through me, I spoke to it, as you would to a person, recognising that it comes from the trees of the forest, the plants, the natural environment. I said ‘Haere mai, welcome to my body, I hope you will take care of me as I will take care of you. And it does seem to be taking care of me. I have put on weight, I have had to diet” (Vincent 1986).

This patient’s loss of hair during chemotherapy could have resulted in his total withdrawal from treatment. However, he was able to rationalise the therapy in cultural terms and this helped immeasurably with subsequent progress.

The Diagnostic Process

In the Māori world, sickness and illness results from violation of the law of tapu or mauri, thus exposing the individual, family or tribe to harmful evil spirits, angry gods, and makutu (witchcraft). The diagnosis of sickness required the identification of a particular violation by an expert practitioner (e.g. tohunga) whose intimate knowledge of tribal lore, customs, cultural practices, natural phenomena, incidents and event, in normal daily tribal life and the circumstances surrounding the use of makutu, would allow him to invoke the appropriate karakia (incantations) to alleviate the illness and restore good health.

By contrast, the diagnostic process in Western medicine involves not only a detailed history, but also a physical examination. A provisional diagnosis can then be made and specific investigations arranged as necessary or therapy commenced. The history is usually the most important aspect of this process and includes comment on one's past health experience, in addition to family, personal and social aspects. In the Māori context, a cultural, tribal and genealogical history may give vital information and provide an important insight into factors that could influence acceptance and compliance with drug therapy. Cultural factors of importance are listed in table II (Murchie 1984).

Physical Examination

The physical examination is an integral component of the clinical assessment. It focuses predominantly on deviations from the anatomical and physiological norm, but provide, little information on matter, of a spiritual or mental nature. Nevertheless, in many cultures physical abnormalities and abnormal behaviour are considered to be a manifestation of spiritual illness which may often be inherited by a family member because of some past misdemeanor and transmitted from one generation to the next.

Certain parts of the body are considered sacred and special to Māori people. All articles and parts of the head, the breast and pelvic region are considered tapu. Certain drugs such as those used in cancer chemotherapy which might result in the loss of hair, sterility, or the taking of steroids which may cause a change in physical appearance and sexual characteristics, may be considered inappropriate and offensive if no logical explanation for the therapy is given, or an adequate counselling or support system established.

Some routes of drug administration, particularly vaginal or rectal, may also be considered to be inappropriate and unacceptable. Again, the notion of tapu is important, particularly with elderly Māori people, and a clear and sympathetic explanation, with an opportunity to consult others is important.

The Consultation and Treatment Process

In many cases the clinical need for drug therapy may initially be discussed by the patient with the family, elders, or a traditional healer before an agreement to accept and comply with treatment is given. In some instances, drug therapy may be supplemented with herbal remedies and other traditional healing practices such as massage and karakia (incantations). The general practitioner may occasionally be the last of a number of experts and people consulted for help in a process that could be quite time consuming (table. 1). This may well be a factor explaining the delay that some Māori people experience in presenting sickness symptoms. However, it is important to know that extensive intermediary consultations and approval to seek and take Western medicine is common and an empathetic and nonthreatening approach is vital in bringing tradition and modern therapeutic systems alongside each other.

Conclusion

For Māori people health and sickness are inseparable from social encounter, economic endeavours, recreational pursuit, respect for the environment and the maintaining of traditional cultural beliefs and healing practices.

It should not be surprising to any medical practitioner in a multicultural society that people from different cultural groups may have different notions, views and beliefs about health, sickness and taking medicines and consequently may 'see' and 'do' these differently. Cotemporary doctors in Aotearoa should at least develop some understanding and skills in working with Māori patients and acknowledge that cultural factors are very important in ensuring better compliance with modern medical therapies to achieve better health outcomes