

Task Force on Maori Health not the answer

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This is a review of an historic occasion which for the first time brought together the majority of Maori doctors practising in New Zealand. The hui was co-ordinated by the Medical Research Council of New Zealand and the Department of Maori Affairs and was held at the Wellington Clinical School of Medicine on Saturday, 12 September 1981.

Contrary to the belief of some, there has been very little research into Maori health. This explains involvement by the Medical Research Council of New Zealand in Maori health and their commissioning of Dr Pomare to produce his report ("Maori Standards of Health") published in December 1980.

One of the major suggestions made following this report was that Maori doctors should discuss the report further and consider the proposal that "Maori Doctor Task Forces" be set up to speak to the important Maori health issues at maraes, trust boards, etc. In order that this proposal be discussed further, the hui was convened.

Dr Pomare outlined the major Maori health problems and indicated how these related to difficulties in Maori people coming to terms with the so called "Western" type of lifestyle. It was also noted that these problems were not peculiar to Maori people but were problems common to all New Zealanders. Over-nutrition was seen as an important risk factor in several common conditions, including high blood pressure, diabetes, coronary heart disease and gout. Smoking, likewise, was seen as an important cause of chronic lung disease, lung cancer and coronary heart disease.

Alcohol, and particularly its relationship to motor vehicle accidents, was an obvious area for much concern. In the young, accidents (motor vehicle accidents, drowning) were the most important cause of death, whilst chest infections and asthma were also common. In the elderly, heart disease (coronary heart disease and high blood pressure), lung disease (cancer and bronchitis), and metabolic disorders (diabetes, gout), were the important causes of disease and death.

LOW SELF-ESTEEM

It was strongly suggested that the current health problems were related to two major factors. Firstly, socio-economic differences, and secondly low self-esteem. In the general discussion, these factors were elaborated upon by several of the participants.

It was noted that Maori had always occupied the bottom rung of the socio-economic ladder, had larger families to support, and were affected disproportionately by unemployment. In addition, there were high costs associated with doctor consultations, prescriptions, and transport, all of which placed a disproportionate financial burden on families already struggling. These factors meant less money available for other essential family support activities and encouraged a reluctance to seek help at an early stage, if at all.

A study carried out by Professor Elliott in 1975 was cited, indicating that for Socio-Economic Class I the health experience of Maoris and non-Maoris in this category was identical. It was also pointed out

that from the ages 1-5 years health statistics were quite closely correlated to socio-economic status (poverty) and not so much to the provision of health services, and that infant mortality rates were quite closely correlated with levels of unemployment.

SOCIALLY DEPRIVED

Low self-esteem was seen as an important factor in the high incidence of smoking and alcoholism (in some communities) among Maoris. It was felt that an improvement in self-esteem was dependent both on an improvement in the economic status of the Maori and the greater involvement of Maoris in the decision-making which affected their lives. Social and attitudinal changes were felt to be necessary preludes to the development of effective health care for Maoris.

DOING WELL

Although much was made of the disparity between Maori and non-Maori health performances, Professor Mantell (Auckland) reported that information obtained from Middlemore Hospital indicated that Maori babies did relatively well at birth in spite of the presence of significant adverse risk factors. For instance, a large proportion of these deliveries were "unbooked", their mothers were of low socio-economic status, 80% were smokers, and the majority of the mothers were young.

Professor Mantell questioned the notion that Maoris were less healthy than Europeans and suggested that their poor subsequent health record was related to the availability and effective use of the health services. He suggested there were problems in both the delivery of health care and communication, as potential services were readily available. It was suggested that an investigation into the economic barriers which prevented access to health care might be undertaken.

TOHUNGA CALL

Dr Mason Durie indicated that most of the problems raised by Dr Pomare were in fact problems of "dependence" and that consideration should be given to an investigation into differences in attitudes to "dependence" by different sectors of the Maori population, e.g. Mormons. Dr Durie also felt there was a need to find out why it was that Maoris seemed to seek medical help at a relatively late stage and