

by faith in God. The press went so far as to dub him "the miracle man".

Belief in faith-healing persists today in both rural and urban areas. Certain people gain a reputation for faith-healing and are consulted for "mate Maori". These are illnesses that a physician or a number of physicians have failed to cure. Maoris believe that if medical science cannot relieve them of their illness then it is a Maori sickness i.e. one with a spiritual or psychological cause. Since Maoris live in areas such as Porirua, Mangere or Otara which are not well served by doctors, it should not be wondered at that people resort to faith-healing. Society itself has created the social space for faith-healers.

Meeting Maori needs

For good or ill, we New Zealanders have placed doctors on a pedestal. Medicine is the prestigious profession because the public imagines its office holders hold the power of life and death over them. The profession adds to this mystique by a long process of rigorous training and certification. The corollary of this is that the incumbents tend to be drawn from elite WASP elements of society. The one saving grace is that we have a Maori — Polynesian

preference system for entry into medical school. Even so we are a long way from having a medical system that is suited to the needs of a multicultural society.

Much of medical diagnosis depends on how well the patient communicates with the doctor. Obviously, communication is a two-way problem. The question arises have we a medical profession that is capable of communicating not only across the whole range of the social spectrum but in the cross-cultural dimension as well? I doubt it. In Maori society for example the opening gambit is where are you from? Not what is your name? This is followed by do you know so and so? These are the social signals in Maori society that establish rapport and empathy. The prototypes and models for this kind of social behaviour are to be found in myth and tradition. But in an already over-crowded curriculum how can these things be taught at medical school?

One of the consequences of professional demarcation of the medical field is less efficient medication for Maoris and Pacific Island people. The maldistribution of doctors in places like Otara has already been alluded to. We further exacerbate the situation by our failure to recognise the need for para-

medical personnel who would have responsibility for home visiting, ensuring correct medication i.e. that instructions are followed, changing dressings and identifying serious ailments that should be referred to specialists e.g. congenital defects. Even in an advanced society such as ours there is a place for the concept of a bare-foot doctor. Such a person should be drawn from within the community given elementary training to carry out these minor functions thus freeing the doctor for more serious cases. Para-medical personnel who can identify with the people and communicate in a cross-cultural dimension are needed as mediators between highly trained specialists and people of different cultures.

Some thought should also be given to establishing mobile clinics to serve deprived communities. For some people, making appointments is a daunting affair. For others the mechanics of getting to a doctor's surgery are almost insurmountable when there is no family car and public transport is inadequate. Families with a low per-capita income can ill afford to spend money on taxis.

In conclusion might I say that medicine is so firmly established now as a science that some thought ought now be devoted to its application as a human art.



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