Readers Write

# Treaty obligations

Michael Cooper's letter in the April *NZFP* highlights the problem of understanding the relationship between the Treaty of Waitangi, College governance and clinical care.

There are two issues to be considered.

1. The role of Mäori in governance, as defined in article two of the Treaty of Waitangi.
2. Recognising the equality of our patients.

The first point was the central work of treaty audit, as defined in its Terms of Reference. It was an audit focused on the College's governance structures and the only impact on clinical practice was looking at how the College *'can improve Mäori health delivery through its members and the development of effective educational processes.'* Issues such as chieftainship, biculturalism and the Mäori rights as people of the land relate in particular to the governance role in a Royal College. It is important not to confuse these issues in clinical care.

It is the second issue that Dr Cooper is addressing in his letter. Article 7, as quote by Dr Cooper, does not exist in the latest edition of the NZMA code, but article 8 refers to the Human Rights Act:

'*When a patient is accepted for care, doctors will render medical service to that person without discrimination (as defined by the Human Rights Act).*'

No matter what, there is no part of the Treaty audit that conflicts with the basic principle of a doctor rendering service irrespective of a patient's race or colour. Article 3 of the Treaty of Waitangi clearly defines that Mäori have the same rights as British subjects. It does not make Mäori little Englishmen.

We must treat patients with equality. This does not mean treating all people identically the same. Patients are all unique individuals. We recognise this and it drives our desire to understand a patient's environment, for it has a huge influence on the efficacy and uptake of general practice care. A major part of that environment is the patient's culture and living circumstance.

Thus we need to have an understanding of cultures other than their own, especially with the significant changes to the nation's ethnic makeup that New Zealand is undergoing. The challenge for us, as GPs, is to recognise a need to be more effective in delivering care to cultures other than our dominant Anglo-Saxon culture.

If a nation has an indigenous people and culture, defined in the nation's founding document as an equal party

with the colonisers, and if that culture has a significant population with significant different health problems through socioeconomic and genetic differences, then it is entirely appropriate that an audit against the document that founded the nation should suggest that the RNZCGP makes it an objective to improve Mäori health care delivery by College Fellows and Members. One hundred and sixty-two years is not too late.

Mäori culture is indigenous to Aotearoa and predates pakeha culture in this nation by a millennium at least. It exists throughout our nation from Cape Reinga to Rakiura. Is it unreasonable to expect GPs to have a good understanding of Mäori culture?

*Jim Vause*

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Dr Michael Cooper complains that the compliance of the College with Treaty of Waitangi obligations to Mäori has the potential for *'serious violations of ethical principles' (NZFP 2002; 29:78)*. He highlights sections of the BMA and NZMA codes of ethics that require treatment to be given irrespective of race or colour etc.

However, it must be noted that the Crown has a responsibility to achieve equity of health outcome for Mäori. That commitment arises from the Treaty of Waitangi and is devolved to bodies such as the College.

Unfortunately the College position statement is necessary because of the inability of the health system (including traditional general practice) to *'render medical service'* to Mäori equally or to provide equitable outcomes.[1,2,3] As a result, Mäori (as a group) have large, clearly identified health disparities.

Articles in the *NZMJ* over the last 18 months highlight the poor performance of the health system when it comes to the health of Mäori.[4,5,6] For example, the report by Sporle et al concludes that the *'poor state of Mäori health cannot be explained solely by relative socio-economic disadvantage. The high Mäori rate of potentially preventable deaths indicates that the Health sector is still not meeting the serious health needs of many Mäori.'* These results emphasise the need to make health services more responsive to Mäori.

Given the failure of traditional general practice to address these issues at any time in the past, it is disappointing to read arguments for the status quo when there is a clear need to lift up the health status of those at the bottom of the pile.

It is also disappointing that *NZFP* did not seek the views of Mäori, to publish alongside those of Dr Cooper, so that a balanced perspective was presented.

*Peter Jansen*

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## References


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