

# Palliative care: how can we do things better for Māori?’



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# Ko tōku whānau



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# Introduction and background

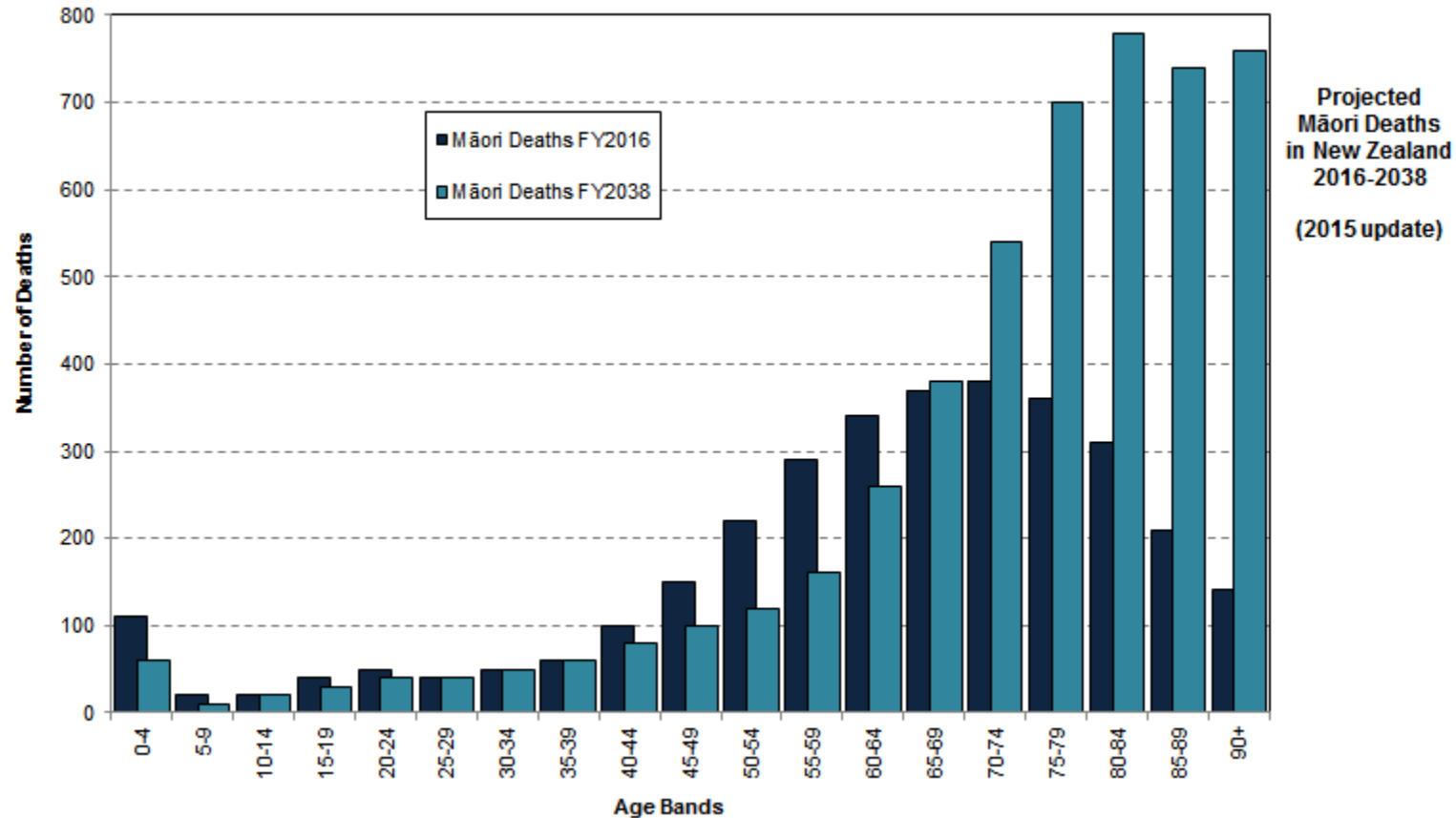


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# Projected Māori Deaths

FY2016 and FY2038



The projections show substantial ageing of Māori deaths over the period with many more deaths at the oldest ages. Māori deaths are projected to increase by **48%** from 2016 to 2038.

**Source:** Analysis of projections produced by Statistics New Zealand according to assumptions specified by the Ministry of Health, 2015 update. Palliative Care Council (2015). McLeod, H. (2016).

# Definition of palliative care

(Ministry of Health, 2001)

- Affirms life and regards dying as a normal process
- Aims neither to hasten nor postpone death
- Aims to provide relief from distressing symptoms
- Integrates physical, emotional, spiritual and family aspects of care to help the dying and whānau to maintain an acceptable quality of life
- Offers help to whānau carers during the person's illness and their bereavement.



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# “Whānau are healing”

Moeke-Maxwell & Nikora, 2018 (publication pending)

Ahakoā te rereke ō ngā kawa, ngā tikanga ā whānau e pā ana ki te tautoko ngā māuiui i roto te whānau

- Diverse whānau care systems; strong cultural, spiritual, physical, emotional and relational dimensions
  - Diverse histories, experiences, care trajectories and needs
- Tikanga - cultural customs specific to iwi/whānau
  - Whānau provide a broad range of care (different roles)
- Kawa – etiquette, specific to iwi/whānau (tino rangatiratanga).

Ngatokimatawhaorua and Aroha  
(kōtiro) at Waitangi, 2018



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# When things go right

Manaaki Poto's story

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It's all about the journey... whānau don't know what they don't know and they don't have what they haven't got...



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# Challenges for whānau



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# Doing things better

## Improvements to health and palliative care services

- Palcare workforce development; recruitment & extension, excellence; navigators, coordinators
- Māori Pal Care cultural education and training; to promote relational, contextual, circumstantial context of care:
  - Māori diversity (building understanding; challenging stereotypes, “not one size fits all” approach)
  - Communication (jargon); manage conversations (prognosis, treatment, place of death/home; “death looks like”)
  - Informational exchange (two way system)
  - Advance Care Planning (having the conversation)
  - Extending health provider knowledge; traditional Māori values and care customs (whakawhanaungatanga, manaakitanga, tikanga and kawa) and adaptations
- Service coordination improvements; ensuring people are well connected (more link people)
- Increase psychosocial support (stress, bereavement, family support, financial/WINZ, spiritual distress)
  - Counselling, social work, bereavement support, financial resource support (pharmaceutical costs, food, transport)
- A community palliative care approach
  - Strengthening communities to CARE; demystifying hospitals and hospices as merely “places to die”
  - Use link people/ cultural vacillators to support whānau; kaumātua, kaitakawaenga, Cancer Nurse Coordinators.



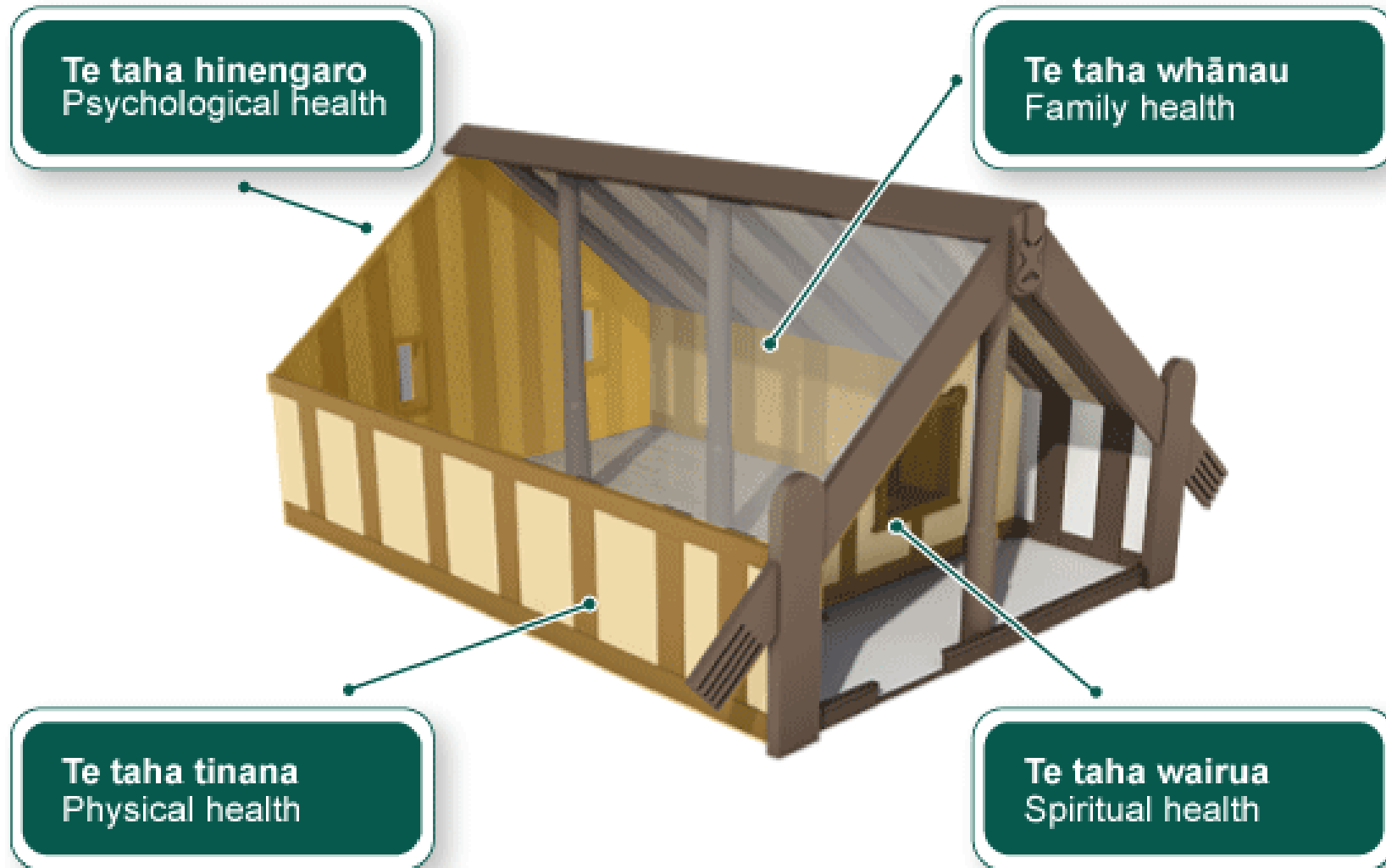
# Pae Herenga study

Investigate end-of-life Māori care customs that Māori whānau draw on to strengthen their end-of-life caregiving activities and support palliative care provision. Identify barriers and facilitators Māori experience to using these care customs within different care settings (home, hospice, hospital and aged residential care). Develop a free on-line educational resource (includes digital stories).



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# Whare tapa whā



Durie, 1994

# Supporting whānau tino rangatiratanga



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