

TIHEIWA MAURI ORA!

A Māori perspective of the end of life debate

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Ruia, ruia,
Opea, opea,
Tahia, tahia

Spreading out, scattering,
then gathering, reforming,
becoming as one again

Kia hemo ake
Ko te kaka "koakoa"
Kia herea mai.

With death from exhaustion
always threatening
the cry "koakoa" is the rope
that binds them together.

Te kawai koroki
"Kia tatata mai"
I roto i tana pūkorokoro
Whaikaro

The flock's cry of
"Keep close together"
comes from inside throats
searching for sanctuary.

He kuaka
He kuaka marangaranga
Kotahi manu
I tau ki te tahuna

A godwit
a hovering godwit,
one single bird,
has landed on the sand bank.

Tau atu
Tau atu

It has settled over there
and others are landing beside it.

Kua tau mai

Now they have all landed here.ⁱ

This tauparapara retells the story of Ngāti Te Awa who were besieged in Makora Pā. Finally, Ngāti Te Awa lit a huge fire covering the Whangapē Harbour with thick dark smoke. They managed to escape north across the harbour in the midst of the dense smoke to their mother's lands further north. Hence the name Te Aupōuri (au = smoke, pōuri = dark).

The story illustrates, the will to live, to survive, to fight for life, to draw on the resources and leadership within that community to protect all members even at great cost. These are cultural values and well articulated with relation to end of life care by Moeke-Maxwell, Nikora, and

Te Awekotuku (2014)ⁱⁱ and part of a greater worldview, that is protected under Te Tiriti o Waitangi ⁱⁱⁱ. All of this is reinforced through Maori/colonial history with the advent of the ‘Māori Prophets’ and their desire to lead, share, ensure Māori survival and the practices that promoted health and well-being for Maori communities.^{ivvvi}

There are two significant points that are problematic for Māori and the issue of End of Life Choice for this country.

- 1) The end of life principle and what it seeks is against Māori cultural values and ethos. It will place many Māori in a position that will add greater distress and create further illness to a situation that is already a significant challenge for whanau. There are many stories of whanau^{vii} sharing their need, practice and strength of tikanga, spiritual and whanau values in times of the impending death and illness of older whanau members in spite of the sacrifice and financial struggles. In none of these was the issue of the desire to end life considered or expressed. Many Māori in professional roles within the health system will also feel compromised with respect to duties or expectations that may be experienced as culturally unsafe or anathema effecting their own wellbeing not to mention the challenges such practices could impose on current staff/institutions with ‘for-life’ beliefs and values.^{viii}

- 2) There are more than enough health related issues of an immediate need facing large populations of Māori to address ahead of the minority of non-Maori involved with this Bill.

“Māori are disproportionately represented in the most deprived areas and, therefore, at higher risk of death overall compared to non-Māori. In addition, within each level of

deprivation Māori death rates were higher than those of non-Māori at the same level.^{ix}

1. Cultural values

As with many cultures, the value concepts are held and lived by most people most of the time. Within Māori culture some of these values including Aroha, (compassion/love) Tapu (a sense of the sacred or intrinsic connection to higher powers), whakapapa (not so much genealogy as the inter-connected-ness and relationship of all things to each other and how that has come about), whakawhanaungatanga, (the expression of whakapapa, the relationship through blood connection and actions that create belonging), and tuatoko (support) are a few of the key underpinning actions/beliefs of Māori culture which today do not align with an end of life philosophy or its' practice.

“**For Ngata**, dying and death are a familiar terrain and ancient tikanga are in place to manage this part of the life cycle. A profound belief in wairuatanga, the deeply flowing beliefs and cultural practices involving the spiritual realm, permeate all aspects of life and govern all stages of living and dying” (Pere, R.1991).^x

In times and places where leadership is needed and difficult decisions are to be made, and where life events rare emembered, celebrated or mourned, these values are expressed in ritual, and are vital^{xi}. We call them tikanga. The impending death and following time is one such event of significance for Māori.

“Whakapapa, shared cultural and familial values, and a commitment to the process of caring for a loved person and their whānau as a whole both strengthen and encourage a way forward were more likely, in the face of adversity, to maintain a positive outlook and hope for the future following death.”(Moeke-Maxwell, Nikora, Te

Awekotuku, 2014)

There is a beautiful line used in most korero in addressing those who have passed on;

‘Apiti hono, tatai hono te hunga mate ki te hunga mate, apiti hono tatai hono, te hunga ora ki te hunga ora, join the lines of descent the dead to the dead and the living to the living’.

What is addressed is acknowledging those who have passed, that is, they retain a status and living presence. This is part of a cultural context, a spiritual belief system and a philosophy of life and it shows that there is an alternative view held by the people of this land from their experience of life.^{xii} This needs to be taken into consideration when introducing the proposed Bill – it will create undue stress on the living by its impact on Māori, and thus New Zealand culture.

We see that life holds inherent value in all its forms. The presence of an elder or a kaumatua is a position of mana. Not by what they do, as significant as this may be, or by the mana they hold within the decision-making body of the whanau, hāpū or iwi, but as a reflection of the ancestors. They are a reminder of our past and a living spiritual power in the present. This is a communal value beyond what someone can do, or their capacity to effect life.

In a generalized creation story the children of the co-creators Ranginui and Papatuanuku create a situation where their children can no longer thrive and so the children take action to add life to their experience of existence. This causes upheaval to the world as they know it and sets up rivalries and conflict as well as relationships and the expansion of knowledge and the increasing of potential of each party. The seeking of life even with struggle is a founding element of Maori lore. All seek an ever-increasing knowledge, and experience of life, not its conclusion. Many New Zealand primary school children remember stories related to Maui

and his adventures seeking to understand his life, they show a natural inclination towards life and making all human life better.

The late Dr. Henare Tate focused three years on attending and officiating over 300 tangi (funerals) His research reflected on the impact of this ancient tikanga and the tribal, familial values around the loss or losses, coming to a deeper understanding of the dignity of life. He spoke of Mana I te Atua^{xiii} – the power or dynamic spiritual power of God/Gods influencing life. It can seem to those without such an understanding that a person in a state of need or powerlessness cannot hold and has little mana, or indeed tapu, (the intrinsic worth of one who has derived from the gods, or God).

This is the essence of a Māori view, all things have whakapapa and come from somewhere, and are related to something, or someone, to everyone. Within this system it follows that all things have tapu/ dignity and worth through this relationship. From here we derive that all things have mana, a dynamic-power that emanates from this intrinsic value called tapu. Mana effects, calls out of us, elicits action, movement, response, it isn't idle. Aroha (love, compassion) is a higher order of thinking related to unity of worth, care, and relationship, and has been expressed 'as to be in the presence (aro aro) of the breath (ha) of God (Atua/gods)' (Tate, H.A., Lecture, 1994). In this sense aroha adds life and brings peace, it cannot of its own definition and experience go against itself. It also means that the End of Life beliefs do not sit with Māori practice or way of life. We are inherently wired this way and it is a sign of illness for Maori when life and a system creates distress and leaves most Maori living on the other side of wellbeing indicator railway tracks.

“Ko te mōhiotanga te mātauranga kei te kaumātua, engari ko te maramatanga kei roanga o ōna ra.

Understanding and knowledge is with the leader, but wisdom comes with the length of his days”- Mantua Beau Haerero

2. Increasing the focus on Maori Health and longevity

These issues demand greater focus, time, money and effort seeking to equalise the health of Māori in the provision of medical treatment, advice and accessibility available for most non-Māori with that provided to Māori well before what is being proposed.

One study funded by the Ministry of Health and the New Zealand Health Council^{xiv} suggests one place to start is “...to improve communication practices that contribute to Māori health literacy in palliative care”. (Rauaawa, 2012). This is aside from the lower life expectancy of Māori men and women and whose families can rarely afford or are aware of care options outside the family home (thus making this proposed legislation in a macabre way, a luxury for non-Māori.)

As Māori die significantly younger than non-Māori^{xv} and tend to have significantly less financial capacity to ensure the best conditions for health and treatment, low wages and wellbeing, which arrives earlier for Māori. Yes they come to the ‘end of life’ but given the qualifying factors around care and resource, End of Life Practice is by default for non-Māori. It negates these on-going disparities by drawing attention and resources away from one of New Zealand’s ongoing challenges in the areas of health and wellbeing well documented by Pomare et al. (2007).

The research^{xvi} showed significant disparity in a range of fields including but not limited to: lower levels of health service accessibility and poorer quality of service; lower rates of

hospitalisation than non-Māori for depressive, personality and eating disorders compared with non-Māori, lower levels of treatment for issues such as bronchiectasis and screening in the case of cardiovascular which features significantly in causes of death and illness for Māori. In this instance the option for prescription drugs on the new diagnosis as opposed to the guideline recommendation of lipid and glucose blood tests.

The awareness has grown in GP practice and certainly with new generations of General Practitioners for the need for a specific Māori focus and yet the gap remains in each area thus diverting resources in any form from this large population within New Zealand seems unethical and given our stance on international moral issues this is quite opposed to these philosophical values.

New Zealand is a signatory to the Human rights Charter and has prominently supported the interests of Children Women and indigenous people with the New Zealand government officially endorsing the United Nations Declaration on the Rights of Indigenous People in 2010. It would seem to be lacking integrity to then allow the current and ongoing health and wellbeing of Maori to remain below other populations within the country while supporting a Bill, that address a smaller minority of non-Māori who have a significantly longer life to start with, to end theirs using and applying Health resource.

Again Pōmare asserts that while “inequities are unjust and assert that where systematic inequalities exist governments have a duty to provide interventions such as affirmative action programmes and legislative protection (Bill of Rights Act 1990, NZ; Human Rights Act 1993, NZ; United Nations 1965, 1980, 2001), (pp17)”.

While others debate, tikanga Māori is what is right for us –

“Mahia te taha wairua, mama noa te taha kiko –Take care of the spiritual things in life and the physical will be alright”. Te Maiharoa (Anonymous source)

End Notes

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- ⁱ <http://www.teaupouri.iwi.nz/te-aupouri/> and <https://teara.govt.nz/en/muriwhenua-tribes/page-1> retrieved 6 January 2018
- ⁱⁱ Moeke-Maxwell, T., Nikora, L. W., Te Awekotuku, N. (2014). End of Life Care and Maori Whanau Resilience. *MAI Journal*, 3(2), 149-150.
- ⁱⁱⁱ <https://nzhistory.govt.nz/politics/treaty/read-the-treaty/english-textretrieved> 7 January 2018
- ^{iv} Elsmore, B. (1999). *Mana from Heaven, A century of Māori prophets in New Zealand*. Published by Reed Books, Birkenhead, Auckland.
- ^v Mikaere, B. (1988). *Te Maiharoa and the promised land*. Heinemann Publishers. College Road Auckland.
- ^{vi} Morrison, H., Paterson, L., Knowles, & Rae, Murray. (Eds). (2012). *Mana Maori and Christianity*. Huia Press. Wellington, New Zealand.
- ^{vii} Rauawaawa Kaumātua Charitable Research Trust Project Team, (2012), *Māori health literacy and communication in palliative care*. Auckland University, Waikato University. 79-106,
- ^{viii} Seymour, David. (2017) End of life choice Bill. *Conscientious objection Clause 6 and 7. Medical Administration clause 16 (5) & (6)*, Sisters of Mercy Health Care Philosophy retrieved January 7 2018. <http://www.mercyhospice.org.nz/about/mission.asp>. Sisters of Mercy *Values retrieved 7 January 2018* from <http://www.sistersofmercy.org.nz/who-we-are/dsp-default.cfm?loadref=4>
- ^{ix} Pōmare, E. (2007). pp47
- ^x Pere, R. (1991). *Te wheke: Whaia te maramatanga me te aroha*. Gisborne, New Zealand: Ako Global. Pp3, cited in ^x Moeke-Maxwell et. al. (2014).
- ^{xi} Rauawaawa (2012), pp106 and Moeke-Maxwell, T et. al, (2014). End of Life Care and Maori, pp10
- ^{xii} Māori health literacy. (2014). Retrieved on January 7 2018. <http://Māori-health-literacy-communication-in-palliative-care-kaumatua-led-models-aug14.pdf>
- ^{xiii} Tate, H.A., (2010) *Some Foundations of a Systematic Maori Theology –He tirohanga anganui ki ētahi kaupapa hōhonu mō te whakapono Māori*. Melbourne College of Divinity.
- ^{xiv} Rauawaawa, (2012).
- ^{xv} Pōmare, E. (2007). *Hauora. Māori Standards of Health IV*. Published by Te Rōpū Rangahau Hauora a Eru Pōmare, School of Medicine and Health Sciences, University of Otago, Wellington, PO Box 7343, Wellington South.
- ^{xvi} Pōmare, E. (2007). *Hauora. Māori Standards of Health IV*. Published by Te Rōpū Rangahau Hauora a Eru Pōmare, School of Medicine and Health Sciences, University of Otago.

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