



The Future of Rongoā Māori

Wellbeing and Sustainability

Summary
October 2008

***THE FUTURE OF RONGOĀ MĀORI: WELLBEING AND
SUSTAINABILITY***

A SUMMARY

INSTITUTE OF ENVIRONMENTAL SCIENCE AND RESEARCH LTD.

*Annabel Ahuriri-Driscoll
Virginia Baker
Maria Hepi
Maui Hudson*

TE WHARE WĀNANGA O AWANUIĀRANGI

*Carl Mika
Sarah-Jane Tiakiwai*

*in partnership with
NGĀ RINGA WHAKAHAERE O TE IWI MĀORI*

*Client Report
FW06113*

Introduction

Around 80% of the developing world's rural population depends on traditional medicines for its primary healthcare needs (World Health Organization (WHO) 2003). Since the late 1970s, the WHO has promoted traditional medicines internationally. Now the popularity of traditional medicines is increasing, and their use is spreading among urban populations in many industrialised countries.

The growth in interest in, and utilisation of, traditional medicine and healing practices has led to varying degrees of integration with the dominant westernised approach to medicine. However, scepticism remains among indigenous peoples about whether successful integration and acceptance within modern health systems is possible.

In New Zealand, traditional healing has a long history of usage and credibility among Māori. Recently, a research project was completed that looked into the current status of traditional Māori healing and its contribution to wellbeing, and the integration of rongoā Māori with mainstream healthcare to sustain the practice. A Māori research/inquiry paradigm guided the research. The project was informed by a national literature review, and focus groups and workshops with traditional healers and rongoā Māori stakeholders. This work provided direction about the research required to support the integration of rongoā Māori with mainstream healthcare.

This report summarises the findings of the research project and is based on the report 'The future of rongoā Māori: wellbeing and sustainability', prepared for Te Kete Hauora (Ministry of Health) by the Institute of Environmental Science and Research (ESR) Ltd. and Te Whare Wānanga o Awanuiārangi, in partnership with Ngā Ringa Whakahaere o te Iwi Māori.

Rongoā Māori scope and practice

Rongoā Māori or traditional Māori healing has developed out of Māori cultural traditions. It is a holistic system of healing comprising a range of diagnostic and treatment modalities, reflecting an approach to health that embodies wairuatanga (spirituality) as part of ‘the whole’, alongside physical, mental and social aspects of health. The literature describes rongoā Māori as a locally specific tradition, with bounds beyond that of a herbal health practice.

A broad range of healing practices is included within rongoā Māori – all are underpinned by a Māori worldview and conceptualisation of wellbeing (Durie et al., 1993). Several modalities are identified, including **ritenga and karakia** (incantations and rituals involved with healing), **rongoā** (physical remedies derived from trees, leaves, berries, fruits, bark and moss), **mirimiri** (similar to massage/physiotherapy), **wai** (use of water to heal), and **surgical interventions**. Healers do not practice uniformly, and considerable diversity exists in the application of particular modalities (Durie et al., 1993). Jones (2000a) relates this to cultural tradition and a long history of oral transmission of knowledge, leading to a specificity of traditional healing methods employed by Māori that vary according to region, iwi, hapū and whānau.

Sustainability issues and rongoā

Sustainable development applies to rongoā Māori in two primary ways: sustainability in terms of environmental resources supplying the rongoā (environmental wellbeing), and sustainability of the practice of rongoā Māori, encompassing knowledge retention, validation of the practice and its utilisation (cultural and social wellbeing). Economic wellbeing, although not often emphasised in considerations of rongoā Māori, is central to enabling healers to sustain their practice. These four pillars of sustainability form the basis of considerations for the future of rongoā Māori.

Impact of the changing environment on healing

Environmental resources supplying the rongoā are being degraded by chemicals, pests and changes in land use. Healers were disturbed by the appearance of 1080 during rongoā preparations and also voiced concerns about the destruction to rongoā as a result of aerial spraying. They cited the potential for rahui in these situations, in a bid to halt chemical applications. Workshop attendees also referred to the devastation to rongoā caused by possums and other pests. They feared that soon there would be no rongoā left to collect. Participants noted that rongoā is becoming harder to obtain, requiring them to travel further distances to access and harvest suitable rākau. Participants in some stakeholder workshops also noted the difficulties in accessing plentiful, healthy rākau, due to loss of land, deforestation and increasing pollution: *“the areas you can collect rongoā are fewer and fewer, and the population is growing”*. As another respondent stated: *“it’s not just about the people, it’s about Papatūānuku, the ngahere, it’s all sick”*.

Sustainability of traditional healing practice

Sustainability of the practice of rongoā Māori relates to knowledge retention and utilisation. Participants at the workshops mentioned the difficulties that practitioners face, particularly those who are called on frequently and are therefore overworked, or those who are simply ageing. Healers talked about struggles within their practice, in terms of dealing with considerable workloads, having to fulfill hefty administrative requirements and shouldering the responsibility of transmitting their knowledge to emerging healers. During the healers’ workshops it was noted that there is limited opportunity for training or side-by-side learning. Healers saw this as a risk to traditional healing knowledge in two respects; potentially limiting the transfer of information by those who possess the knowledge before they pass on, and subsequently losing some of the depth of mātauranga and tikanga Māori associated with rongoā. Retaining this mātauranga was seen as essential for maintaining an effective practice. The need to uphold and protect cultural and intellectual property rights associated with rongoā plants, knowledge, traditions and practice was noted by both healers and stakeholders.

Current status of rongoā Māori

Rongoā Māori has been in use from pre-European colonisation through to the current time. Over the last two decades there has been an encouraging revival in interest in traditional Māori healing, prompting calls for the practice to be formalised within the New Zealand public health system (Jones, 2000a).

Rongoā Māori infrastructure, funding and policy development

Following the development of a framework for purchasing traditional healing services (Durie, 1996), and production of Māori traditional healing standards (Ministry of Health (MoH), 1999), the Health Funding Authority funded 10 new services more substantially (MoH, 2006). Funding for rongoā Māori has steadily increased and currently, the MoH administers 16 rongoā Māori contracts with providers throughout the country, of which a small number (3) have also been funded intermittently by the Accident Rehabilitation Compensation Insurance Company (ACC) to deliver accident treatment and rehabilitation services. It is worth noting that several contracted rongoā Māori providers deliver services as part of primary health care. The Clinical Training Agency (CTA) funds a rongoā Māori training programme to support practicing and emerging healers; this is delivered through Te Wānanga o Raukawa. Through this funding, traditional Māori healing occupies a legitimate, albeit marginal position in the New Zealand health system. Short descriptions of rongoā Māori organisations, policy documents and support mechanisms are provided next.

Ngā Ringa Whakahaere

Ngā Ringa Whakahaere o te Iwi Māori (Network of Māori Traditional Healers) was established in 1993. Ngā Ringa Whakahaere advocates on behalf of affiliated members and for more formal recognition of traditional healing practices. The network has also formulated accreditation procedures for healers and contributed to the national traditional healing service standards (Durie, 1996; MoH, 1999).

‘Taonga Tuku Iho: treasures of our heritage’

This plan (MoH, 2006) aligns rongoā Māori development with the Māori health strategy, He Korowai Oranga (MoH, 2002a) through its overall aim of whānau ora and its key threads of rangatiratanga, building on gains and reducing inequalities. Through Whakatātaka, the Māori Health Action Plan 2002–2005 (MoH, 2002b), the actions to progress He Korowai Oranga are outlined, and within them, traditional healing is specifically noted as needing to be recognised and valued by the health and disability sector, alongside Māori models of health.

‘Taonga Tuku Iho’ outlines a framework for strengthening the provision of quality rongoā Māori services throughout the country in four main areas: improving the quality of rongoā Māori services; creating leadership to strengthen safe practice through networking and quality assurance; increasing the capacity and capability of rongoā Māori services; and constructing a workplan for research and evaluation activities (MoH, 2006).

Te Paepae Matua mō te Rongoā

Te Paepae Matua mō te Rongoā (Rongoā Taumata) is a newly established entity whose purpose is to protect, nurture and grow rongoā Māori. The Paepae Matua is made up of representatives of contracted clinics and will be supported by the Paepae Whenua (regional representative structure) and the Paepae Mahi (secretariat). While its development has been supported by the MoH, it is developing an operational model that maintains some independence from the Crown. It is envisaged that the kaumātua on the taumata, as ‘keepers of the knowledge’, will provide advice, help maintain the integrity of rongoā Māori, protect rongoā Māori now and for future mokopuna, and protect the mana of the taumata.

Contribution of traditional healing to wellbeing

Traditional Māori healing contributes to Māori wellbeing and development through

- The health benefits that its range of diagnostic and treatment modalities offer clients/patients, and employment and vocational opportunities associated with rongoā Māori service development, and
- The empowerment and strength that retention and revitalisation of mātauranga, tikanga and te reo Māori can bring for Māori people.

Health benefits

Like other forms of traditional healing, rongoā Māori has a long history of beneficial utilisation. Efficacy has been determined through practice based evidence rather than evaluation in controlled research settings. Indeed, the continued existence of particular treatments used to alleviate specific health conditions illustrates efficacy to some extent – based on the assumption that ineffective therapies would not be retained. Knowledge about rongoā Māori and its health benefits passes from one generation to the next, rather than being documented formally (Cram et al., 2003). Rongoā Māori practitioners wish to see rongoā Māori acknowledged as a genuine form of medicine, due to the tangible benefits provided to many who use it (McGowan, 2000). Patient satisfaction is considered by many traditional healers to be the only real validation required (Jones, 2000a).

Workshop participants were clear that the various rongoā Māori modalities, including wairākau, counselling, wai, mirimiri, and kōrero whakapapa all facilitate healing. Some healers believed that simply attending to the needs of community members results in wellbeing, maintaining that their spiritual knowledge is of great benefit to the community. Another healer, a proponent of hauwai, a particular form of healing, claimed that this modality is suitable for pain relief, often used with people who have cancer. The contribution of rongoā Māori to wellbeing was noted frequently in stakeholder workshops, although it was also an implicitly assumed starting point in the discussion of efforts and strategies to sustain rongoā Māori and integrate traditional healing within publicly funded health services.

Demand and utilisation

Evidence of demand for traditional healing has formed the basis of a rationale for publicly funded rongoā services (Durie, 1996). Jones (2000b) refers to use of rongoā Māori at levels exceeding the expectations and awareness of mainstream health professionals. The reported increase in demand is based on anecdotal information however, and has not been validated formally with empirical data (Jones, 2000a). There remains uncertainty about the extent to which traditional Māori healing is practiced and utilised at a national level.

Māori are motivated to use traditional healing because of limited access to and appropriateness of mainstream and primary health care services (Durie et al., 1993; NACCHDSS, 1995). A growing disillusionment with biomedical methods in treating ‘lifestyle’ illness/conditions, and the perceived strength of rongoā Māori to address broader cultural, psychosocial and spiritual dimensions of health and illness have also contributed to increased uptake of these services by Māori (Durie, et al., 1993; Jones, 2000a).

During the workshops, demand for rongoā Māori was discussed in terms of healers’ workloads – particularly those practitioners who are called on frequently. As one participant said, “*tohunga and matakite get worn out – the demand is increasing* “. Healers reported demand often outstripping availability, with the more successful practitioners being referred to constantly. Often, for instance, where hospitals are not servicing people well, these same people turn to alternatives such as rongoā. Another healer remarked that, “*when I go down to Murihiku I’m the only healer there. I go down to do 6 people and end up doing 60*”.

Employment and vocational opportunities

A survey commissioned by Te Kete Hauora in 1998 documented the service needs of 15 rongoā Māori clinics around the country. Most of the clinics surveyed had a client base of 500–3000 people, with one large provider sustaining 20,000 people. The number of workers employed by each clinic, both tohunga and kaiāwhina (assistants), ranged from 5–22 people (Jones, 2000a).

Māori self-determination and rongoā

Revaluing traditional practices and beliefs (including those associated with rongoā Māori) as part of the process of cultural revitalisation is a key element within the broader Māori quest for self-determination (Durie, 1993; Harmsworth, 2002). The notion of advancement encompasses strengthening of cultural (personal, whānau, hapū, iwi and Māori) identity, as well as the economic standing and social wellbeing of individuals and collective groupings (Durie, 1998). The ability to exercise power and control is integral to this development, giving Māori the influence and authority to inform and participate in decision-making that reflects Māori realities and aspirations.

Writers and research participants alike cite traditional healing strengthening people collectively as much as individually, and link sustaining the practice with advancing Māori wellbeing. The adherence to Māori values and principles, whakapono, tumanako and aroha, encompassing wairua, hinengaro and tinana in relation to the client/tangata is perceived to enhance this strengthening process and associated wellness outcomes.

Workshop participants often discussed rongoā Māori in relation to broader Māori development aims. For one stakeholder the importance of rongoā Māori extends beyond the realm of health: *“from my world, rongoā Māori is a lifestyle, is life itself, it doesn’t belong to health providers, it brings in waters, the bush...”* Another stakeholder placed traditional healing within an indigenous and ecosystemic view, contributing in a number of ways to positive outcomes: *“the land has supplied the medicine or food. There is reciprocity between man and the environment. When the language of the country is sung or chanted, the plant is revived, the land replenished. The heart, head, spirit, there is no separation, all is related, whole”*.

Many workshop participants viewed rongoā Māori as a means to address issues resulting from colonisation and urbanisation. Examples cited by stakeholders included combating loss of traditional knowledge, nurturing and transmitting te reo and tikanga Māori, establishing and utilising delivery structures that are more effective for Māori, providing Māori clients with increased choice and linking Māori health to iwi development, subsequently leading to a degree of empowerment, where Māori have knowledge of how, and a desire to, take responsibility for their own health and wellbeing.

Sustaining rongoā Māori through integration with mainstream healthcare

An increased interest in the revival of rongoā Māori has prompted calls for its formalisation within the public health system (Durie et al., 1993; Jones, 2000a). Recent attempts to incorporate rongoā Māori within the public health system belie the fact that Māori have integrated western and traditional health practices for generations. In a pathway towards self-determination/tino rangatiratanga, the formal integration of rongoā Māori within publicly funded health services is a significant step, enabling Māori consumers wider health service delivery choice, and culturally appropriate care that is consistent with Māori values and nurtures cultural identity (Jones, 2000a). This has the potential to improve Māori access to health care, reducing barriers associated with expense and appropriateness/appeal (Jones, 2000b). At a health systems level, availability and accessibility of rongoā Māori as a service validates and affirms the legitimacy of mātauranga Māori in relation to health and wellbeing. Incorporating traditional healing alongside western medical approaches is also compatible with objectives inherent in Māori development, providing potential to bolster existing health services and to reclaim a valuable Māori cultural asset (Jones, 2000a).

Approaches to integration

Several potential approaches to integration have been outlined, based on upholding the integrity of rongoā Māori and respecting it as a taonga, while acknowledging its contribution to health gain. The integration of traditional Māori healing within the health system has been under consideration since 1995 (NACCHDSS, 1995). The NACCHDSS committee considered whether to fund particular services publicly, based on proposed benefit, cost, effectiveness, fairness and alignment with community values. It found that rongoā Māori had a significant role to play in supporting community values, including cultural integrity and the promotion of partnerships between health professionals and Māori as part of efforts to improve Māori health status. In terms of fairness, delivery of rongoā Māori services was perceived as potentially improving Māori access to health services, encouraging those who tended not to attend such services by providing an appropriate access point into the system. Effectiveness was considered similarly to fairness, from the point of view that primary care should be effective for Māori, and if it could be provided in a form that encouraged use and access (i.e. through provision of rongoā Māori services), this could enhance health maintenance, health promotion and early intervention for Māori. In the absence of 'evidence' of benefit, the committee recommended funding of traditional Māori healing services if future studies could document or confirm this.

Subsequently, Durie (1996) proposed a framework to assist in policy development relating to the purchase and provision of traditional health services. The framework outlined the many factors to be taken into account with the formalisation of traditional healing within services, based on eleven criteria according to the acronym T.R.A.D.I.T.I.O.N.A.L: a **traditional** basis for healing activity, **relevance** to current day, **accessibility**, **demand**, development of an **integrated** body of knowledge to rationalise treatment, **training** of practitioners, establishment of **internal arrangements** for maintaining excellence, **openness** to other approaches, guarantee of **no harm**, **accountability** and **liaison** with other parts of the health sector.

Jones (2000b) presented a promising option based on partnerships between existing Māori primary health care providers and traditional healers. He argued that from a Māori health providers' perspective, adding traditional healing services would supplement and strengthen existing delivery. Traditional healing would thereby remain within a Māori context, and tino rangatiratanga, intellectual property rights and accountability would also stay under an iwi or similar authority. Furthermore, during the course of such collaboration, Māori networks and community development could be strengthened.

Health and community stakeholders are positive about rongoā Māori services for the provision of healing and therapeutic practice specifically, and as a way of engaging Māori in primary healthcare services more generally. Creating opportunities for healers and health providers to work together in developing service arrangements will be beneficial in the development of Māori healing. Te Kete Hauora's recent publication

of a plan for rongoā Māori development (2006) provides an overarching framework which healers themselves will ultimately be responsible for implementing. The plan is orientated towards addressing the issues expressed by healers and stakeholders in previous publications, which have been reiterated in this study.

All workshop participants expressed a desire to see rongoā Māori practice expand and grow in the future. This was based in general aspirations for Māori advancement, toward self-determination and improved life and health prospects for future generations, and recognition of the role rongoā Māori has to play in this. The common view held by stakeholders with regard to a vision for rongoā Māori, was “*rongoā Māori as a mainstream service, the first port of call for Māori and others*”. Thoughts on how this should happen varied among participants and across workshops, primarily due to the fundamental tensions and contradictions inherent in the coming together of two distinctly different worlds, te ao Māori and te ao Pākehā in the development of traditional Māori healing as a health service.

The long-term sustainability of traditional Māori healing practices depends on demonstrating its effectiveness in addressing contemporary health problems, and the continued development of processes and mechanisms to integrate traditional healing services with the health system. In the course of the research, healers and stakeholders spoke often of the inherent difficulties of integrating traditional practices within the contractual arrangements of the health system. However, there were examples where individual healers had developed relationships and processes that mitigated some of these concerns.

Raising awareness about rongoā to increase demand

Participants in the stakeholder workshops discussed demand for rongoā Māori as a key justification for maintaining, and potentially, increasing service delivery. From this perspective, demand would only be maintained or increased given the provision or availability of information and increased awareness about rongoā Māori services, how to access them and the potential advantages of doing so. Participants felt that understanding current rongoā Māori utilisation would assist in future marketing or targeting of rongoā Māori products and services. In the course of the workshops, participants discussed the growth of the rongoā Māori industry in Rotorua due to demand from tourists, and the general pattern that younger generations tend not to utilise rongoā Māori to the same extent as kaumātua and kuia. Linking particular rongoā Māori interventions to health demand (e.g. for a high priority health issue such as Type II diabetes) was also noted as important in demonstrating the contribution rongoā Māori could make to health gain. The issue of intellectual property rights was raised in relation to the development and marketing of rongoā Māori products, with participants agreed on the need for these and any benefits thereof to be retained by Māori.

Maintaining the integrity of rongoā Māori

Despite recognition of the significant contributions that traditional Māori healing makes, the practice nonetheless experiences a number of barriers to inclusion within the formal health system.

- To co-exist, there must be acknowledgement and acceptance of its validity by the dominant biomedical culture.
- To flourish as a service, it must be funded, which renders it subject to various validation and regulatory criteria.

Some rongoā Māori practitioners indicated that they were working against a tide of disbelief, and that scepticism toward their practice was an undermining force. The healers felt that greater communication with other healers elsewhere would affirm their practice, as well as allow for greater dissemination of substantive knowledge. In addressing these concerns, some healers proffered some solutions – for example normalising rongoā Māori for their whānau, so that it was not viewed as merely peripheral healthcare. The practitioners were concerned that allopathic medicine was considered the norm and felt that rongoā Māori had to “*stand on its own*” as a health practice.

Healers were primarily concerned about maintaining the integrity of rongoā Māori in any future developments. This was based on concerns about being able to resist potential external pressures (for instance, pressure to alter practice in response to the imposition of ‘mainstream’ service delivery standards/regulations), in addition to being able to deal with internal challenges, including ‘charlatan’, inauthentic or “*gung-ho*” practitioners.

Māori healers have not yet structured or formalised their diverse practice and service delivery activities as a singular ‘profession’, even though they are considered as a collective. The infrastructure of a health system that prefers to engage with professions rather than individual practitioners is thus a barrier to integration. Characteristics associated with professions and professional bodies including a specified scope of practice, certification, accreditation, registration and regulation raise many concerns for healers. Ngā Ringa Whakahaere o te Iwi Māori has prompted discussions with healers about these issues, but has encountered difficulties associated with developing and coordinating a national response, reflecting a broader debate in Māori communities regarding tino rangatiratanga and the limits of iwi and/or national mandates.

Regulation

Workshop participants were adamant that rongoā Māori practice should be regulated and monitored by others, for example, peers and, perhaps, an external regulatory body. It was agreed that with this in place, issues of liability would be resolved and assurances of safety could be made, further supporting the incorporation of rongoā Māori into health service delivery. It was emphasised that an external regulatory body would need to have cultural integrity, which would be more likely with “*a group of elders, put up by their own, as a group to advise on future developments at a national level*”.

Participants talked about the need for individual healers to establish a mandate for practice, which would be a beginning point of regulation: “*te whare oranga is the pito – it is the awa, maunga, whenua the whakapapa connections – this is where the potency of it comes from, it is beyond money and it gives you the mandate to work with people. The mandate doesn’t come from a Pākehā tohu, but a tohu from one’s own whānau*”. In pragmatic terms, participants recognised that a poor/low quality rongoā Māori practitioner would be distinguished by low demand for his/her services: “*anyone not practising in a way acceptable to Māori, you will see in people not accessing it. Word of mouth justifies credibility, quality control*”. This was not deemed a sufficient quality control measure on its own, however.

Concerns about quality

For participants, the notion of quality was closely associated with cultural authenticity: “*quality or not determined by kaumātua or people in the marae who could observe this. We need to show how this exists, there’s a support mechanism that already knows that, there’s a transparent framework around that*”. Potential mechanisms such as a wānanga process to talk through complaints, and kaumātua councils at national and provider levels to provide cultural guidance and oversee service management and delivery were suggested.

In considering the definition of quality, stakeholder participants posed the question ‘*according to whom?*’ From the stakeholders’ perspective, Māori should define and assess ‘quality’. The risk of subjecting rongoā Māori to inappropriate criteria was noted at several workshops as a fundamental tension: “*do we want to subject our taonga to these criteria/measures/boxes? You can’t fit a circle into a square, and that’s what we’re trying to do with rongoā in a Western health system*”. One participant commented on the contradictions inherent in the situation during the healers’ workshops “*we want to have our cake and eat it too. We want to be recognised and we want to drive it. How can you own it yourself but be accepted by the mainstream?*” Some feared that ‘*bastardising Māori healing*’ would be the ultimate price of integrating within mainstream health services and being subject to mainstream-defined regulations/prescribed requirements.

Validation of the practice

As the cornerstone of a ‘quality’ service or product, participants discussed the importance of demonstrating the effectiveness of rongoā Māori in terms of efficacy, appropriateness, technical competence and safety related to outcomes of delivery of care. Stakeholders recognised the importance of evidence-based practice/medicine in this regard: “do we need to go through a research process? Yes we do! We already know what works, but we need to document it”. This was perceived to be a necessary step in rongoā Māori gaining equal recognition to, or standing alongside mainstream medicine. However, the ongoing problem of applying western criteria to an indigenous traditional practice re-emerged as part of this discussion. Participants questioned what form evidence might take: “evidence is not necessarily what we think it is. It is not necessarily fitting into science boxes”. The question was also asked: “are we ploughing the wrong ground? What if there aren’t appropriate tick boxes?” These concerns were not fully resolved, but were later tempered by pragmatic considerations such as the recognised need to verify rongoā Māori practice in relation to health gain.

In the case of traditional Māori healing, participants noted that its evidence base is founded on knowledge about efficacy passed down from healer-to-healer, healers’ observations and client reports of positive outcomes, rather than clinical trials or research that identifies the scientific basis of its effectiveness. Rongoā Māori providers noted the considerable amount of information currently supplied to the MoH in service reporting, which, constituted a type of evidence, at least of service use and demand. Documentation of patient/client satisfaction was reported by a number of providers, providing knowledge of health status improvements and service excellence.

Durie (2006) has proposed evaluation of the effectiveness of rongoā Māori according to its three key aims: the alleviation of spiritual, emotional, physical or social distress, improved mental, spiritual, physical and social wellbeing and the modification of lifestyle including achievement of balance, review of patterns of living, consolidation of identity and development of positive relationships. By aligning potential outcome measures with existing aims, Durie hopes to ground measurement within a Māori worldview and avoid the imposition of inappropriate evaluation criteria. He provides a framework for outcome-based validation and legitimacy of rongoā Māori services/practice, providing a platform for further research and evaluation.

Cultural and intellectual property

The need to uphold and protect cultural and intellectual property rights associated with rongoā plants, knowledge, traditions and practice was noted by both healers and stakeholders. Discussions around cultural and intellectual property issues prompted varying reactions during the healer workshops. While there appeared to be a lack of specific knowledge in this area, the awareness of its importance was growing as a result of the WA1262 Flora and Fauna claim. Whether knowledge and its subsequent uses should sit in the public domain was a recurring sub-theme within the overarching discussion about cultural and intellectual property. Some workshop participants focused on the way knowledge might be used, highlighting that knowledge shared about traditional healing would not necessarily be used in line with the values of healers.

Education and training

Education and training was a key focus for healers and stakeholders alike. A general scepticism towards the validation of traditional Māori knowledge by western accreditation processes emerged during the healer workshops. Attendees found it difficult to see how western accreditation processes could be reconciled with tikanga. This highlighted the tension between having qualifications in healing to access funding and the requisite empiricist standards that attend the funding. Some healers continued this theme by alluding to the compromises made in engaging with mainstream funders. Some believed that their core practice would be undermined by the necessary focus on “learning the rules of the game”. Healers were more supportive of practice-based/internship-style training with those displaying particular attributes, as identified by older practitioners, while stakeholders focused on issues associated with training provision in formal institutions. Both agreed that there is a need for training to be embedded in or closely associated with te ao Māori, recommending mechanisms for tikanga and cultural guidance at the hands of kaumātua and kuia.

Similarly to discussions of internal regulation, it was asserted by some participants that “*in te ao Māori a mandate comes from your people not from a certificate.*” These participants thus advocated wānanga for healers so that other mandated practitioners could affirm their practice – not through certification but through words. Other attendees believed that learning about rongoā Māori had to occur early, preferably in kōhanga reo. They referred to the present reliance on “*Pākehā books*”, which they believed, were incapable of either teaching or accrediting the practice of rongoā Māori healing. In terms of meeting the needs of current rongoā Māori practitioners, the recent move toward certification was criticised as disrespectful and potentially undermining.

In order to provide training to ‘new recruits’, participants recommended a dual system entailing traditional/cultural guidance and support from healers, iwi, hapū and whānau structures, supplemented by institution-based curricula. This thereby incorporates quality assurance at the hands of established, experienced healers, meeting practical and cultural standards, in addition to the provision of a tohu/certificate to demonstrate compliance with educational standards.

Sustainability and the future of rongoā Māori

Sustainability is a topical issue given the environmental and cultural concerns facing indigenous communities. The natural environment is under threat from various impacts associated with continued development, and cultural knowledge and practices are likewise subject to the pressures of a globalising western society. Traditional Māori healers find themselves at the nexus of both of these issues and experience a unique set of tensions in their efforts to sustain a healing tradition dependent on the integrity of both the environment and mātauranga Māori.

A clear connection exists between sustaining rongoā Māori and advancing indigenous/Māori wellbeing. Ensuring indigenous wellbeing necessitates strengthening cultural identity, and the social and economic standing of individuals and collective groupings, in addition to self-determination sufficient for meaningful participation in decision-making, effective natural resource management and optimal land productivity.

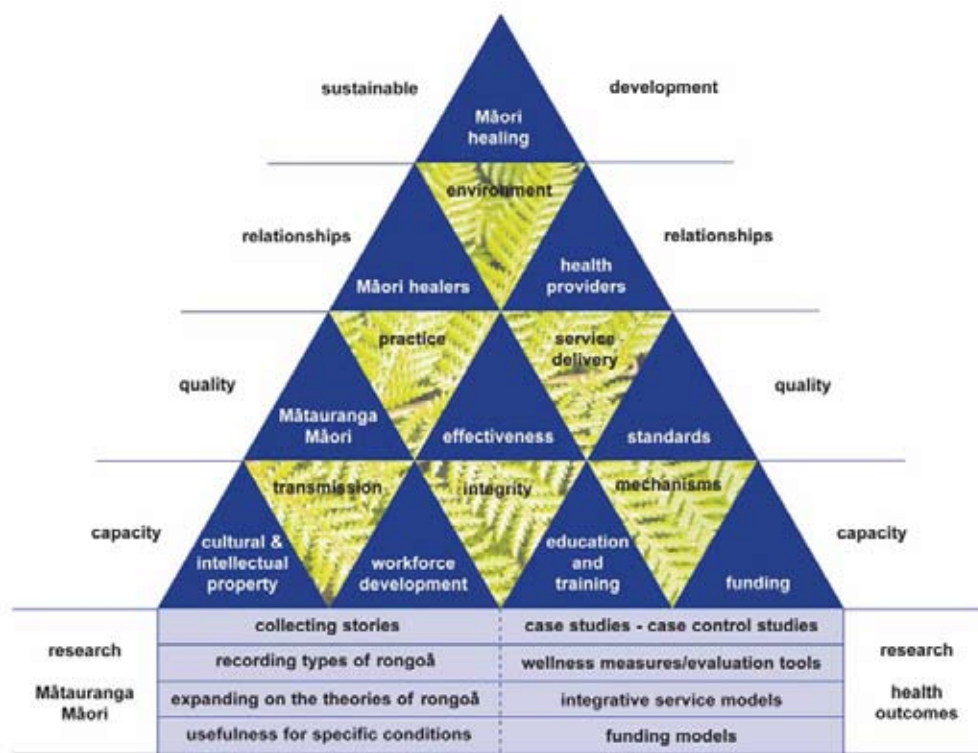


Figure 1: Key elements contributing to the sustainable development of Māori healing practices (adapted from pathways to whānau ora depiction, He Korowai Oranga (2002)).

Building upon findings from workshops/focus groups and reviews of relevant literature, Figure 1 outlines key elements that contribute to the sustainable development of Māori healing practices. The key areas to the side of Figure 1 reflect central themes that emerged from this research project, and they align with the goals of the Rongoā Development Plan (MoH, 2006). Combining these key elements with research ideas from the workshops has generated potential research pathways (see next section). The interrelated nature of the pyramids indicates that development of sustainable Māori healing is not a linear process but a set of interlinked activities. As a whole, the diagram is consistent with the issues identified and strategic objectives outlined for development of traditional medicine in the Western Pacific region, based on the work of WHO and the Western Pacific Regional Office in 2002 (WPRO/WHO, 2002).

Sustainable development

Sustainable development for traditional Māori healing refers to the recognition of rongoā Māori practices and services as a legitimate and viable option for clients/consumers of health services. For this to be achieved, services need to be widely available, in operation alongside, and with the support of healthcare providers. The holistic nature of Māori healing practice means that the issues that impact upon its sustainability will not only be confined to the traditional health sector. Other agencies, Māori and mainstream, at both national and local levels can contribute to the development of traditional Māori healing by supporting the following key areas; the establishment of relationships, the maintenance of quality, and the enhancement of capacity.

Suggested research pathways

- Ascertain a national picture of the numbers of active rongoā Māori practitioners.
- Identify consumer/community demand for rongoā Māori services.
- Collate stories relating to rongoā Māori use from kaumātua/kuia and traditional healers.

Relationships

Relationships have been central to the development of rongoā Māori services over the past decade and will remain an important feature for the foreseeable future. Healers are responsible for maintaining relationships with a growing number of parties to support their ongoing practice, increasingly with agencies from outside the health sector whose activities impact on their kaitiaki responsibilities in the environment. Effective leadership from healers, health providers, funders and environmental agencies will be required to progress relationships and develop effective policies at a national level.

Suggested research pathways

- Document examples of working relationships between traditional healers and health services.
- Document examples of working relationships between traditional healers and researchers.
- Identify non-health agencies (Department of Conservation, councils etc) whose activities impact on the collection of rongoā; explore potential for collaborative projects with these parties.

Quality

Quality is another key area supporting the sustainable development of Māori healing as a practice and a service. Maintaining the mātauranga Māori underpinning the practice of Māori healing and establishing quality standards to inform service specifications are equally important. This area also encompasses the development of a rigorous and robust evidence base to show the effectiveness of both the practice and specific services.

Suggested research pathways

- Develop case studies that demonstrate effective outcomes for clients.
- Develop indicators that measure progress towards wellness.
- Identify conditions that respond well to rongoā Māori.
- Document mātauranga Māori that supports the practice of traditional Māori healing.
- Identify the theories that underpin the rongoā Māori approach to healing.

Capacity

Capacity to deliver and sustain Māori healing was highlighted by a number of participants. Moving from local, individual healer-based practice towards coordinated profession-based activities requires an increase in the organisational capacity of practitioners, drawing upon expertise in administrative, legal, policy and research areas. This support is necessary to address issues ranging from the transmission of knowledge, acknowledgement and protection of cultural and intellectual property rights, and provision of training opportunities through to developing mechanisms that support funding and workforce development, including considerations of certification and registration.

Suggested research pathways

- Identify development pathways for professions and other indigenous healing traditions.
- Identify mechanisms to protect traditional health knowledge.
- Identify safe practices for emerging traditional healers.

Research and evaluation

Research and evaluation have a role to play in providing a supportive foundation for many of the elements identified in this framework. These functions will directly support the consolidation of the existing evidence base and can assist in further developing processes and measures to assess the effectiveness of Māori healing practices. Findings pertaining to the generation and documentation of mātauranga Māori may also result, that will support ongoing practice and potentially inform the development of future service standards. The focus of any further research will likely determine the most appropriate funding avenues. Research in the area of mātauranga Māori can potentially be funded by iwi, Te Puni Kōkiri or the Ngā Pae o te Māramatanga Research fund. Health service oriented projects could potentially be funded through Primary Health Organisations, District Health Boards or the Health Research Council.

Research and evaluation to support the development of rongoā Māori was viewed positively by most participants at stakeholders' and healers' workshops. Healers were particularly opposed to the idea of non-Māori leading any such research and asserted that any research should be in partnership with healers. Stakeholders supported the idea of Māori, iwi, hapū or healer-led research of rongoā Māori practice, but also recognised the need for health gain-oriented research focused on measurement of clinical outcomes.

Suggested pathways

- Establish targeted support for research into Māori healing practices.
- Develop a research strategy in conjunction with Māori healers.
- Evaluate data collected as part of contracted rongoā Māori services.

In addition to central themes and goals, Figure 1 identifies the pathways necessary for rongoā Māori development. These comprise a central focus, surrounded by relevant issues to be negotiated or particular parties to be engaged and are outlined in the next section.

Pathways for rongoā Māori development

Environment

The environment itself plays a central part in the philosophy and processes of Māori healing. The close connection of Māori healing to the natural environment places healers in the unique position of being able to develop relationships that span the 'divide' between environmental health and population health sectors and agencies. Healers are most likely to engage with the primary healthcare environment through existing health providers who can provide administrative support and provide strategic advice.



Practice

The practice of Māori healing has existed for centuries, however the structures that traditionally sustained it are slowly eroding. People and societies today are less connected with the natural environment, and traditional systems of education and training are not accorded the same status as in the past. For traditional Māori healing to move forward, it must be based on a sound understanding of mātauranga Māori in addition to knowledge of the effectiveness of specific interventions. This will likely require a change in the way mātauranga Māori is recorded and passed on.



Services

The delivery of Māori healing services will be optimised through a foundation comprised of evidence-based practice and quality standards. Demonstrating effective service delivery to funders or health providers will require robust standards, comprehensive record keeping and the development of an independent healer supported quality control organisation. In the course of the research it was evident that no single model of Māori healing service operation existed and that accordingly, a degree of flexibility is required in service structure to account for regional and individual differences.



Transmission

The transmission of mātauranga Māori is integral in ensuring continuity of rongoā Māori practitioners, and enabling them to carry on the work of their tīpuna. There is a discernable difference between the notion of healers as people responding to a ‘calling’ and those learning a trade. A distinction was made by healers themselves between those with in-depth knowledge and a deep spiritual connection as tohunga, and those who acquire skills associated with rongoā preparation and mirimiri as kaiāwhina. Unease associated with documenting mātauranga Māori remains, although a number of healers recognise the importance of this in retaining knowledge for future generations.



Integrity

The integrity of Māori healing is evident in the conduct and effectiveness of its interventions. Integrity, relating also to the notion and maintenance of tika, and tikanga Māori, is the essence of the practice and needs to be retained despite potential changes in the way future healers are educated and trained. Many stakeholders recognised that the development of services necessitates an increase in the number of healers and the advent of new styles of learning. Several training programmes were discussed as currently making valuable contributions towards these ends.



Mechanisms

The mechanisms used to develop service standards, funding models and education pathways must incorporate input from healers. Given the history of contempt towards Māori healing, there is an aversion on behalf of healers to processes associated with western healing professions. Processes of certification and registration associated with education pathways are viewed sceptically by some as mechanisms for exclusion, however the opportunity exists for healers to develop models that draw upon and integrate the best of both traditions and worldviews.



Funding is an equally contentious topic. Many healers would like to be recognised and funded on the basis of Treaty responsibility and their work in the community. However the criteria of funding agencies are oriented towards accountability and risk minimisation for both patients and funders. The fulfilment of these criteria, involving maintenance of detailed financial and clinical records places additional administrative workloads upon healers.

Effectiveness

Effectiveness occupies the centre triangle in this framework. This encompasses the accumulated knowledge of rongoā Māori practice that has developed over time and the focus of the current health environment with evidence-based practice. Integrating these two sets of knowledge to uphold the integrity of both is the key challenge. Research can provide a foundation for developments associated with each of the framework elements; however the most important area to progress will be validation of the effectiveness of Māori healing as a form of treatment. Most healers and stakeholders accepted the necessity for this type of research, with the proviso that principles of Kaupapa Māori research are adhered to, and that researchers work closely with healers in these endeavours. Building associations with skilled researchers will support the development and framing of research projects to ensure the usefulness and value of outcomes according to healers and key stakeholders. Healers can contribute to this process by applying the same level of rigour to the collection of information as that they apply in the collection of rongoā.

Conclusion

The practice of traditional Māori healing is likely to evolve and develop naturally, but concerted interventions will be required to balance gains against potential risks to rongoā as part of its further integration within the mainstream healthcare system. While practices such as rongoā Māori have potential to support sustainable development and health outcomes, these very practices are under threat due to changes in the natural environment and human society. Retaining and maintaining access to mātauranga and rākau, the two primary resources for traditional healing, and adapting to meet health system and consumer expectations of 'evidence'-based outcomes constitute significant tasks for the future. The challenge for healers and stakeholders is a fundamental one with dual accountabilities: to ensure that provision of rongoā Māori to meet demand maintains the integrity of traditional practice, while striving for health service credibility.

References

- Ahuriri-Driscoll, A., Baker, V., Hepi, M., Hudson, M., Mika, C., & Tiakiwai, S.J.. (2008). *The future of rongoā Māori: well-being and sustainability*. Christchurch: Institute of Environmental Science and Research (ESR) Ltd.
- Cram, F., Smith, L.T., & Johnstone, W. (2003). Mapping the themes of Māori talk about health. *New Zealand Medical Journal*, Vol 116(1170). Electronic document, accessed 27 September 2006. www.nzma.org.nz/journal/116-1170/357/
- Durie, M.H. (1996). *A framework for purchasing Māori traditional healing services: a report for the Ministry of Health*. Palmerston North: Te Pūmanawa Hauora, Massey University.
- Durie, M. (1998). *Te mana, te kawanatanga: the politics of Māori self-determination*. Auckland: Oxford University Press.
- Durie, M.H. (2006). Measuring the effectiveness of rongoā. *Conference: what is rongoā practice?* Otaki: Te Wānanga o Raukawa.
- Durie, M.H., Potaka, U.K., Ratima, K.H., & Ratima, M.M. (1993). *Traditional Māori healing: a paper prepared for the National Advisory Committee on Core Health & Disability Support Services*. Palmerston North: Massey University.
- Harmsworth, G. (2002). Indigenous concepts, values and knowledge for sustainable development: New Zealand case studies. *7th joint conference: 'preservation of ancient cultures and the globalisation scenario*. Hamilton: Te Whare Wānanga o Waikato.
- Jones, R. (2000a). *Rongoā Māori and primary health care*. Unpublished Master of Public Health thesis. Auckland: University of Auckland.
- Jones, R. (2000b). Traditional Māori healing. *Pacific Health Dialogue*, 7(1): 107-109.
- McGowan, Robert. (2000). *The contemporary use of rongoā Māori: traditional Māori medicine*. Unpublished Master's of Social Science and Anthropology thesis. Hamilton: University of Waikato.
- Ministry of Health. (1999). *Standards for traditional Māori healing*. Wellington: Ministry of Health.
- Ministry of Health. (2002a). *He korowai oranga: Māori health strategy*. Wellington: Ministry of Health.
- Ministry of Health. (2002b). *Whakatātaka – Māori Health Action Plan 2002–2005*. Wellington: Ministry of Health.
- Ministry of Health. (2006). *Taonga tuku iho – treasures of our heritage: rongoā development plan*. Wellington: Ministry of Health.
- National Advisory Committee on Core Health & Disability Support Services. (1995). *4th Annual Report*. Wellington: NACCHDSS.
- World Health Organization. (2002). *Traditional medicine strategy 2002-2005*. Electronic document, accessed 21 November, 2006. http://whqlibdoc.who.int/hq/2002/WHO_EDM_TRM_2002.1.pdf
- World Health Organization. (2003). *Factsheet No. 134: Traditional medicine*. Electronic document, accessed 21 November, 2006 and 3 April 2007: <http://www.who.int/mediacentre/factsheets/fs134/en/>



www.esr.cri.nz
Institute of Environmental
Science & Research Ltd.

Specialist Science Solutions

manaaki tangata taiao hoki
protecting people and their
environment through science

Mt Albert Science Centre
Hampstead Road, Mt Albert
Auckland 1142
Private Bag 92-021
Phone: (09) 815 3670
Fax: (09) 849 6046

Kenepuru Science Centre
34 Kenepuru Drive
Porirua 5240
PO Box 50-348
Phone: (04) 914 0700
Fax: (04) 914 0770

Christchurch Science Centre
27 Creyke Road, Ilam
Christchurch 8540
PO Box 29-181
Phone: (03) 351 6019
Fax: (03) 351 0010

ESR NCBID - Wallaceville
66 Ward Street
Wallaceville
Upper Hutt 5018
PO Box 40158
Upper Hutt 5140
Phone: (04) 529-0600
Fax:(04) 529-0601

